4 STRATEGY

Transition to Interprofessional Education That Supports Team-Based Care for Maternity Care Professionals

INTRODUCTION

The *Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing* aims to chart an efficient pathway to a maternity care system that reliably enables all women and newborns to experience healthy physiologic processes around the time of birth, to the extent possible given their health needs and informed preferences. The authors are members of a multistakeholder, multidisciplinary National Advisory Council that collaborated to develop this document.

Knowledge about the importance of perinatal physiologic processes for healthy maternal-newborn outcomes has come into sharper focus and garnered growing attention in recent years. Fostering healthy physiologic processes whenever possible is a preventive approach to health and safety for childbearing women and their newborns. Promoting, supporting and protecting these processes contributes to healthy outcomes in women and their fetuses/newborns. These processes facilitate such crucial matters as fetal readiness for birth and safety in labor, labor progress, reduced stress and pain in labor, safe maternal and newborn transitions and adaptations after birth, effective breastfeeding and secure maternal-newborn attachment. Growing evidence of longer-term effects of care around the time of birth also underscores the importance of fidelity to optimal maternal-newborn care. Leading professional organizations increasingly provide guidance for promoting, supporting and protecting these processes.

The Blueprint identifies six widely accepted improvement strategies to transform maternity care and a series of specific recommendations within each strategy. Each recommendation is presented with immediate action steps to directly or indirectly increase access to healthy perinatal physiologic processes. The recommendations and action steps address many barriers to optimal care in the current maternity care system.

The recommendations and action steps reflect unprecedented opportunities for innovation in the rapidly evolving health care environment. To realize system transformation, innovation must be accompanied by continuous evaluation and publication of results, refinement, and the scaling up and spreading of effective approaches.

This excerpt includes the full content from the Blueprint report for the fourth of the six improvement strategies, *Transition to Interprofessional Education That Supports Team-Based Care for Maternity Care Professionals*. View the full report and associated materials at **NationalPartnership.org/Blueprint**.

4 TRANSITION TO INTERPROFESSIONAL EDUCATION THAT SUPPORTS TEAM-BASED CARE FOR MATERNITY CARE PROFESSIONALS

STRATEGY OVERVIEW

The National Quality Strategy prioritizes preparing health care professionals and supporting career-long learning.[1] Developing, evaluating, refining and scaling up interprofessional, team-based care education models with shared teaching and learning is a promising approach to improving maternity care quality, outcomes, experiences and value. This approach already has broad support. Interprofessional education can prepare maternity care professionals to work effectively as a team to promote, support and protect physiologic childbearing. Maternity care professionals would benefit from a standardized interprofessional education model that includes a shared, foundational, full and up-to-date understanding of healthy maternal-newborn physiologic processes, how to foster these from pregnancy through the early postpartum period and the effects of common maternity care interventions on those processes. This knowledge should be integral to the undergraduate, graduate and continuing education of obstetricians, family physicians, midwives and nurses. Shared interprofessional teaching and learning fosters effective collaboration by helping members of the various disciplines understand and respect their complementary strengths and roles and prepare to work within high-functioning clinical teams to provide comprehensive, coordinated, high-value maternity care. A high-functioning, team-based care model encourages all team members to perform to the full extent and at the top of their education, certification, licensure and experience. Professional respect for expertise and scope of practice of all team members contributes to quality care, professional satisfaction and efficient use of resources. Continuous professional development of all team members can enable them to grow in skills and knowledge and engage in shared decision-making (SDM) and practice according to best current evidence.[2]

Recommendations here support interprofessional education of maternity care providers to appropriately support healthy physiologic processes, thereby improving outcomes, experiences and wise spending.

For recommendations on discipline-specific ways to build and strengthen the maternity care workforce, please see the following related section 5. Foster an Optimal Maternity Care Workforce Composition and Distribution.

4a EDUCATE USING AN INTERPROFESSIONAL MODEL

At undergraduate, graduate and continuing levels of education of maternity care clinicians, develop, implement, evaluate and publish results, refine and scale up interprofessional educational curricula and related educational and credentialing elements that ensure shared foundational knowledge and skills for fostering healthy perinatal physiologic processes and the appropriate use of obstetric interventions.

ACTION STEPS

- The American Academy of Family Physicians, American College of Nurse-Midwives, American College of Obstetricians and Gynecologists and Association of Women's Health, Obstetric and Neonatal Nurses should collaborate to develop common interprofessional curricula that satisfy or appropriately extend the programmatic, accreditation and scope of practice requirements of each discipline. They should sequence content about healthy perinatal physiologic processes before content about complications and the use of interventions.[3]
- Both new and established medical, midwifery and nursing schools should pilot, evaluate and publish results and refine their curricula.[4] They should make evaluated curricula available to other schools, including through educational resources of the Association of American Medical Colleges and massive open online courses.
- Ensure that all levels of education provide opportunities for obstetricians, family physicians, midwives and nurses to observe, participate in and debrief about physiologic labor and birth and the initial postpartum period. These educational opportunities might involve midwifery services, birth centers, laborists who have honed the relevant skills and knowledge, the use of telehealth and – if other options are unavailable – the use of videos.
- Expand basic education of nurses to include the knowledge and skills needed to care for healthy, low-risk birthing women and newborns, as opposed to beginning to gain these through on-the-job training. Include this content in licensure exams for registered nurses. Before this transition, foster these competencies in high-quality, standardized on-the-job training programs.
- Ensure that all levels of education provide opportunities for the various types of maternity care clinicians to observe, participate in and debrief about team-based care that models appropriate division of labor and expertise, excellent communication, appropriate consultation and referral and mutual respect.[5]
- Support all members of maternity care teams in gaining the skills and confidence to overcome barriers to effective team-based care.[6]
- Ensure that all levels of education provide opportunities for doctors, midwives and nurses to interact with other members of the maternity care team, including doulas, childbirth educators, lactation personnel, social workers and mental health counselors to further foster understanding about respective roles, responsibilities, skills and expertise and high-functioning teams.
- Systematically incorporate knowledge and skills for fostering physiologic childbearing processes and knowledge of the impact of common maternity interventions on those processes into all aspects of education and credentialing, including core competencies, certification exams and maintenance of certification.
- To strengthen interprofessional education and team-based maternity care practice, use health information technology to enhance communication, coordination, collaboration and other aspects of high-value practice.
- In educational programs at all levels, emphasize that providing respectful care of childbearing women and fetuses/newborns includes respecting their innate capacities, supporting them as agents in their health and helping them experience and benefit from their bodies' healthy perinatal physiologic processes.

EDUCATE ON SAFETY AND QUALITY

Develop, implement, evaluate and publish results and refine prevention-focused professional education programs to improve quality and safety by fostering healthy perinatal physiologic processes and reducing the use of interventions and complications as an essential complement to prevailing rescue approaches.

ACTION STEPS

- Ensure that the education of obstetricians, family physicians, midwives and nurses provides skills to design, implement and evaluate quality improvement programs *(see: 1, Delivery and Payment)*.
- Ensure that quality and safety improvement initiatives encompass both fostering healthy physiologic perinatal processes and providing timely and appropriate interventions.[7]
- Develop, implement and evaluate structured training and simulation programs to ensure that all maternity providers have the fundamental skills and knowledge to facilitate safe vaginal birth, including external version, vaginal twin birth, vaginal breech birth, vaginal birth after cesarean, labor support, manual rotation of the occiput posterior fetus and use of vacuum and forceps *(see: 1, Delivery and Payment)*.[8]
- Develop and implement structured education programs to provide maternity clinicians with other foundational skills and knowledge for physiologic childbearing. These include intermittent auscultation, drug-free measures for labor progress and labor comfort, delayed cord clamping, early skin-to-skin contact of mother and baby (after vaginal and cesarean birth) and longitudinal breastfeeding support from pregnancy through the postpartum period *(see: 1, Delivery and Payment)*.[9]
- To increase accountability, incorporate the above skills and knowledge into Maintenance of Certification (obstetrics, family medicine), Midwifery Certificate Maintenance or Recertification and Continued Nursing Education programs.
- Expand the various perinatal safety courses to include essential skills and knowledge for fostering healthy perinatal physiologic processes, minimizing interventions, reducing complications and reducing the need for rescue. Present preventive approaches before rescue approaches *(see: 1, Delivery and Payment)*.[10]
- Incorporate into all levels of education the principles of the Sicily Statement on Evidence-Based Practice to help maternity care professionals understand them, acquire skills and provide evidence-based care. Inculcate a critical attitude to one's own practice and a lifelong habit of interpreting and applying best evidence to practice.[11]
- Incorporate into all levels of education skills and knowledge for effective SDM.[12]
- Encourage quality improvement uptake by informing maternity care clinicians about the association between rigorous maternity care improvement programs and steep declines in liability claims, payouts and premiums, as well as the potential for SDM to limit liability.[13]

Read the full Blueprint report at NationalPartnership.org/Blueprint.

Endnotes

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