Step 5: Has Clearly Defined Policies, Procedures for Collaboration, Consultation, Links to Community Resources

The Coalition for Improving Maternity Services:

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ABSTRACT

Step 5 of the *Ten Steps of Mother-Friendly Care* ensures that the hospital, birth center, or home birth service has clearly defined policies and procedures for collaborating and consulting with other maternity services and for linking the mother and baby to appropriate community services during both the prenatal and the postpartum periods. The rationales and evidence in support of this step are presented.

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Keywords: continuity of care, collaborative care, continuity of caregivers, breastfeeding support

Step 5: Has clearly defined policies and procedures for:

- **collaborating and consulting throughout the perinatal period with other maternity services, including communicating with the original caregiver when transfer from one birth site to another is necessary; and**
- **linking the mother and baby to appropriate community resources, including prenatal and postdischarge follow up and breastfeeding support.**

Health systems that engage in collaborative and consultative care approaches embrace the tenets of collaborative care and the goals of maintaining continuity of caregivers. Hodnett (1998) notes that “continuity of caregivers” can be defined as care provided by the same caregiver or a small group of caregivers throughout the perinatal period. Collaborative care often incorporates elements of continuity of care; however, Jackson and colleagues (2003) stress that this approach can expand beyond clinical caregivers to collaboration with and among perinatal health educators, nutrition counselors, and social service agencies. Consequently, both approaches provide benefits to childbearing women.

Step 5: Has clearly defined policies and procedures for:

- *collaborating and consulting throughout the perinatal period with other maternity services, including communicating with the original caregiver when transfer from one birth site to another is necessary.*

For a description and discussion of the methods used to determine the evidence basis of the Ten Steps of Mother-Friendly Care, see this issue's “Methods” article by Henci Goer on pages 5S–9S.

Policies for Collaboration/Consultation

Rationale for Compliance	Evidence Grade
Women who receive continuity of care during pregnancy, childbirth, and the postpartum period:	
<ul style="list-style-type: none"> give birth with less frequent use of epidural anesthesia (Jackson, 2003). 	Quality: B Quantity: A Consistency: NA*
<ul style="list-style-type: none"> have babies who are less likely to need resuscitation after birth (Hodnett, 1998). 	Quality: A Quantity: A Consistency: A
<ul style="list-style-type: none"> have fewer episiotomies (Hodnett, 1998; Jackson, 2003). 	Quality: A Quantity: A Consistency: A
Women who do not receive continuity of care:	
<ul style="list-style-type: none"> are less likely to feel supported during labor (Hodnett, 1998). 	Quality: A Quantity: A Consistency: NA*
<ul style="list-style-type: none"> are less likely to feel prepared for parenthood (Hodnett, 1998). 	Quality: A Quantity: A Consistency: NA*
<ul style="list-style-type: none"> are less likely to discuss pregnancy and postpartum concerns and problems with their caregiver(s) (Hodnett, 1998). 	Quality: A Quantity: A Consistency: NA*
Collaborative care approaches also affect health outcomes. Women receiving this kind of care may have:	
<ul style="list-style-type: none"> more spontaneous vaginal births (Jackson, 2003). 	Quality: B Quantity: A Consistency: NA*
<ul style="list-style-type: none"> more access to supportive postpartum services (Jackson, 2003). 	Quality: B Quantity: A Consistency: NA*
A collaborative care model can affect the health of high-risk babies by reducing the likelihood of developing life-threatening illnesses, requiring admission to a pediatric intensive care unit and shortening the length of stay in such units (Broyles, 2000).	Quality: B Quantity: A Consistency: NA*
Retaining high-risk pregnant women and high-risk infants (e.g., infants weighing less than 2,000 g) in lower-level hospitals significantly increases mortality rates from potentially preventable causes in low- and very-low-birth-weight infants (Mayfield, 1990; Powell, 1995).	Quality: A Quantity: A Consistency: A
Failure to implement a collaborative system can affect appropriate patient transfer to facilities offering a higher level of care. For example, Wall (2004) reported that nonclinical factors, such as procedural or economic issues, can affect the transfer of babies weighing less than 1,250 g from one birth facility to another (Wall, 2004).	Quality: B Quantity: A Consistency: NA*

A = good, B = fair, NA = not applicable, NEB = no evidence of benefit

Quality = aggregate of quality ratings for individual studies

Quantity = magnitude of effect, numbers of studies, and sample size or power

Consistency = the extent to which similar findings are reported using similar and different study designs

*only 1 study

INCLUDED STUDIES

Broyles, R. S., Tyson, J. E., Heyne, E. T., Heyne, R. J., Hickman, J. F., Swint, M., et al. (2000). Comprehensive follow-up care and life-threatening illnesses among high-risk infants: A randomized controlled trial. *Journal of the American Medical Association*, 284(16), 2070–2076.

Hodnett, E. D. (1998). Continuity of caregivers for care during pregnancy and childbirth (Review). *Cochrane Database Systematic Reviews*, Issue 3. Art. No: CD000062. DOI: 10.1002/14651858.CD000062.

Jackson, D. J., Lang, J. M., Swartz, W. H., Ganiats, T. G., Fullerton, J., Ecker, J., et al. (2003). Outcomes, safety, and resource utilization in a collaborative care birth

For more information on the Coalition for Improving Maternity Services (CIMS) and copies of the Mother-Friendly Childbirth Initiative and accompanying Ten Steps of Mother-Friendly Care, log on to the organization's Web site (www.motherfriendly.org) or call CIMS toll-free at 888-282-2467.

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- Powell, S. L., Holt, V. L., Hickok, D. E., Easterling, T., & Connell, F. A. (1995). Recent changes in delivery site of low-birth-weight infants in Washington: Impact on birth weight-specific mortality. *American Journal of Obstetrics and Gynecology*, 173, 1585–1592.
- Wall, S. N., Handler, A. S., & Park, C. G. (2004). Hospital factors and nontransfer of small babies: A marker of perinatal care? *Journal of Perinatology*, 24, 351–359.
- EXCLUDED STUDIES**
- Brousseau, D. C., Meurer, J. R., Isenberg, M. L., Kuhn, E. M., & Gorelick, M. H. (2004). Association between infant continuity of care and pediatric emergency department utilization. *Pediatrics*, 113, 738–741. **Reason:** Small sample size.
- Cabana, M. D., & Jee, S. H. (2004). Does continuity of care improve patient outcomes? *The Journal of Family Practice*, 53(12), 974–980. **Reason:** Not relevant. This systematic review (SR) dealt with sustained continuity of care in outpatient settings.
- D'Amour, D., Goulet, L., Labadie, J. F., Bernier, L., & Pineault, R. (2003). Accessibility, continuity and appropriateness: Key elements in assessing integration of perinatal services. *Health & Social Care in the Community*, 11(5), 397–404. **Reason:** Not relevant. Study evaluated whether care met clinical guidelines.
- Davey, M., Brown, S., & Bruinsma, F. (2005). What is it about antenatal continuity of caregiver that matters to women? *Birth*, 32(4), 262–271. **Reason:** Poorly designed: 1) Survey response rate from targeted participants was less than the standard 70%, calling into question its generalizability; and 2) questionnaire was sent 5 months after birth and relied exclusively on participants' memories of who they saw (and the nature of their appointments) during their antenatal care.
- Ekström, A. E., Widström, A., & Nissen, E. (2006). Does continuity of care by well-trained breastfeeding counselors improve a mother's perception of support? *Birth*, 33(2), 123–130. **Reason:** Poorly designed. Inconsistency in follow-through of study protocol by the health professionals trained in breastfeeding counseling and support rendered it difficult to assess impact of intervention.
- Gill, J. M., & Mainous, A. G., III. (1998). The role of provider continuity in preventing hospitalizations. *Archives of Family Medicine*, 7, 352–357. **Reason:** Have better-quality, more relevant research.
- Mainous, A. G., III, Goodwin, M. A., & Stange, K. C. (2004). Patient-physician shared experiences and value patients place on continuity of care. *Annals of Family Medicine*, 2(5), 452–454. **Reason:** Have better-quality, more relevant research.
- Morgan, E. D., Pasquarella, M., & Holman, J. R. (2004). Continuity of care and patient satisfaction in a family practice clinic. *The Journal of the American Board of Family Practice*, 17, 341–346. **Reason:** Have better-quality, more relevant research.
- Rooks, J. P., Weatherby, N. L., & Ernst, E. K. M. (1992). The National Birth Center Study. Part III—Intrapartum and immediate postpartum and neonatal complications and transfers, postpartum and neonatal care, outcomes, and client satisfaction. *Journal of Nurse-Midwifery*, 37(6), 361–397. **Reason:** Study superseded by Hodnett (1998) SR.
- Saultz, J. W., & Albedaiwi, W. (2004). Interpersonal continuity of care and patient satisfaction: A critical review. *Annals of Family Practice*, 2(5), 445–451. **Reason:** Not relevant. Review included studies of military veterans and retired men.
- Waldenström, U., Brown, S., McLachlan, H., Forster, D., & Brennecke, S. (2000). Does team midwife care increase satisfaction with antenatal, intrapartum, and postpartum care? A randomized controlled trial. *Birth*, 27(3), 156–167. **Reason:** Have better-quality, more relevant research.

Step 5: Has clearly defined policies and procedures for:

- *linking the mother and baby to appropriate community resources, including prenatal and postdischarge follow-up and breastfeeding support.*

Policies for Linking to Community Resources

Rationale for Compliance	Evidence Grade
In-home postpartum care improves breastfeeding outcomes for mothers of term newborns (McKeever, 2002).	Quality: A Quantity: A Consistency: NA*
Postdischarge home visits are cost-effective for reducing need for hospital-based services for dehydration and jaundice (Paul, 2004).	Quality: A Quantity: A Consistency: NA

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Policies for Linking to Community Resources

Rationale for Compliance	Evidence Grade
Peer support received consistently throughout the perinatal period improves breastfeeding initiation and duration (Haider, 2000; Kistin, 1994).	Quality: A Quantity: A Consistency: A
Volunteer (unpaid) postpartum support does not affect breastfeeding outcomes (Graffy, 2004).	Quality: B Quantity: B Consistency: NA*

A = good, B = fair, NA = not applicable

Quality = aggregate of quality ratings for individual studies

Quantity = magnitude of effect, numbers of studies, and sample size or power

Consistency = the extent to which similar findings are reported using similar and different study designs

*only 1 study

INCLUDED STUDIES

- Graffy, J., Taylor, J., Williams, A., & Eldridge, S. (2004). Randomised controlled trial of support from volunteer counsellors for mothers considering breast feeding. *BMJ*, 328, 1–6.
- Haider, R., Ashworth, A., Kabir, I., & Huttly, S. (2000). Effect of community-based peer counselors on exclusive breastfeeding practices in Dhaka, Bangladesh: A randomized controlled trial. *Lancet*, 356, 643–647.
- Kistin, N., Abramson, R., & Dublin, P. (1994). Effect of peer counselors on breastfeeding initiation, exclusivity, and duration among low-income urban women. *Journal of Human Lactation*, 10(1), 11–15.
- McKeever, P., Stevens, B., Miller, K., MacDonell, J., Gibbins, S., Guerriere, D., et al. (2002). Home versus hospital breastfeeding support for newborns: A randomized controlled trial. *Birth*, 29(4), 258–265.
- Paul, I., Phillips, T., Widome, M., & Hollenbeak, C. (2004). Cost-effectiveness of postnatal home nursing visits for

prevention of hospital care for jaundice and dehydration. *Pediatrics*, 114(4), 1015–1022.

EXCLUDED STUDIES

- Gagnon, A., Dougherty, G., Jimenez, V., & Leduc, N. (2002). Randomized trial of postpartum care after hospital discharge. *Pediatrics*, 109(6), 1074–1080. **Reason:** Not relevant. No group did not receive postpartum care.
- Morrell, C., Spiby, H., Stewart, P., Walters, S., & Morgan, A. (2000). Costs and effectiveness of community postnatal support workers: Randomized controlled trial. *BMJ*, 321, 593–598. **Reason:** Not applicable. Control group received extensive postnatal support as well.

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