Melissa Cheyney: 20:14
So I'd like to introduce to you today Silke Akerson. She's the executive director of the Oregon Perinatal Collaborative and practiced as a home birth midwife for 23 years before moving into public health work. She leads the Community Birth Transfer Partnership, a statewide transfer improvement initiative here in Oregon, and is a consultant in quality improvement for maternal and infant health. So I'll turn it over to you, Silke.

Silke Akerson: 20:39
Thanks, Missy. Jeanette, can I do a sound check? Can you hear me?

Jeanette McCulloch: 20:45
You sound great. Go ahead.

Silke Akerson: 20:48
Okay, thank you. It's wonderful to be here. And I was really appreciating that last slide, which was showing all of these different domains overlapping and working together, because I'm here to talk about quality improvement, but there is no quality improvement without data, without workforce development, without policy change, and without systems integration. And also, all of those domains need quality improvement to feedback into them, to make them as effective as possible. Next slide. So I think quality improvement is centrally important to really making midwifery accessible to everyone in our country, because it's needed to deliver on the promise of community midwifery. We know that community midwifery can have these incredible outcomes for moms, birthing people and babies, and, and we know that it can be respectful care that really helps people have the optimal experience they can have in this big life transition. But that's not consistent in our communities. We see really high quality care. We see care where we have significant safety concerns and everything in between. And if we're going to scale up and have this kind of care accessible to more and more people, we need to be sure that the care being offered is high quality, safe, respectful care. And that's where quality improvement comes in. Quality improvement is this movement that's been happening not just in healthcare, but I'm going to talk about it in healthcare for a significant amount of time now, some decades, that really looks at problems from a systems level, looks at where are we having poor outcomes, where are we having clients experience, have poor experiences with care, where are we having concerns? And then looking at the whole system and thinking, how can this system work better? How can these providers, how can these parents, how can these other people working in the system be supported to provide optimal care? And there have started to be some inroads in working in quality improvement in community midwifery, but they're few and far between so far. And mostly people practicing in home birth or birth center practice are kind of on their own in assessing their practices, improving their practices, seeking out continuing education, and all of these other pathways that can help improve quality of care. So community midwives have a lot to learn about quality improvement. And then also our model has so much to offer in terms of helping improve the larger healthcare systems that we're a part of. I have worked on quality improvement mostly at the state level in Oregon, first in the community midwife realm, and then now in the larger realm in our state perinatal quality collaborative. And there are so many places that we can engage that really can offer support to practicing midwives and the families that they

serve. And some of the areas that I think are the most important for us to work on are transfer improvement. This is an area where there can be some really significant clinical misses as someone's transitioning from one care team to another. And also it's a time that's pretty fraught, emotionally, socially, interpersonally. There are also some really big opportunities for quality improvement around data collection so that we can actually see the outcomes of the care that we're giving. It's really hard to know about our care if we can't see the whole picture and know what our actual Outcomes are. There are some incredible models around quality improvement related to targeted continuing education for areas that we have recurrent concerns. Also, really important work that can be done around improving peer review and, and sentinel event review so that the learning doesn't just benefit the people who experience that case, but also feeds back to the larger midwifery community and helps us identify where we have problems in our systems and where we can make sure that learning from individual cases, especially rare occurrences, reaches everyone in the community to prevent future concerns. Next slide. So I think that this coordinated quality improvement in community midwifery could really transform our care. And that is something that would take some kinds of systems or structures that in most states we don't currently have. It would take, you know, statewide or national quality improvement organizations or patient safety organizations, or some kind of body that's holding a set of practices and then supporting midwives in learning how to do quality improvement at their practice level, at their community level. I've really seen that quality improvement can increase sustainability and lower risks for midwives. As workers and as human beings, we know that sustainability is a real issue in our profession. There are many, many people who train to become midwives who don't continue practicing for a very long period of time because of how high stress and high commitment this work is. And quality improvement can be one of these approaches to make sure that we don't have additional risk beyond what is really true to the reality of birth and that we create systems that actually support the people working in them. There are some really great models that are ready to go in Oregon and Washington and in the Step Up Together program and probably some other places as well that I'm not thinking of at the moment that are really ready to implement. So there are kind of a package of tools that are ready to go and ready to use. And then one of the other kind of huge opportunities around quality improvement that I've seen firsthand in Oregon is that when we engage in quality improvement in a system wide way, either through perinatal quality collaboratives or PQCs which exist in every state through our professional organizations or with state departments of health, we start to be seen more and more by other partners in the system as part of the whole. And that helps us move towards systems integration and can also help us move towards real, tangible policy change, we start to show up to our partners across the whole maternal health system and they start to understand where we are part of solutions, what expertise we have to offer and how we could contribute to larger problems, to solutions for larger problems. That affect everyone. Next slide. We do have some challenges in the quality improvement arena. One is that there's fairly minimal skill or experience with quality improvement in the midwifery workforce, and we would need some funding and support to rapidly scale up skill in quality improvement across our workforce. There's some partners, I think, who are really ready to do that work, and I think if we can structure it in some innovative ways, it could be pretty engaging, energizing, and gratifying for people as they get involved. Another challenge that we have is that historically it's been easy for us to identify problems in obstetrics and hospital care, but it's

sometimes hard for us to look at our own problems. And that sometimes means we have resistance for working on real problems that we do have around informed choice. In some communities, cumulative risk and neonatal mortality and the hospital, you know, home birth and birth center to hospital transfers are just such an essential part of quality improvement, but they require willing partners in hospitals. And we definitely still have some parts of our country and some communities where there's resistance to collaborative work with community midwives. So that's all I wanted to share. I think, hopefully I stayed in my time and I'm really excited to see how all of these pieces weave together.

Melissa Cheyney: 30:36
Thank you so much, Silke. We really appreciate it.