Course Title: Out-of-Hospital Birth
Credits: 3.0

Course Description: In the United States, the re-emergence of home birth as a grassroots movement brought two concepts into focus in American culture: midwifery care and out-of-hospital birth. These ideas came at a time of highly interventional birth practices, and brought to light that birth is not necessarily safer in the hospital for low-risk women. In this course, students study midwives and out-of-hospital birth in their communities via biographies, live interviews, research and popular resources. In the context of this information, the course requires students to conduct multiple interviews with local care providers to understand the interactions and philosophies of care providers in and out of the hospital setting as they coordinate care for childbearing women. Students will engage with their communities in a way that may help to facilitate communication and coordination in future interactions.

NARM Skills
I. Midwifery Counseling, Education and Communication
   1)-I A. Provides interactive support and counseling and/or referral services to the mother regarding her relationships with her significant others and other healthcare providers
   (3)-I C. Provides education and counseling based on maternal health/reproductive/family history and on-going risk assessment
   (4)-I D. Facilitates the mother’s decision of where to give birth
   (5)-I E. Educates the mother and her family/support unit to share responsibility for optimal pregnancy outcome

III. Maternal Health Assessment
   (92)-III M. Establishes and follows emergency contingency plans for mother and/or newborn

Learning Activities:

A. Student reads appropriate sections from the Learning Materials/Resources.

B. Student answers the questions listed in the Learning Objectives by researching the Learning Materials/Resources for the course and correctly cites the sources and page numbers for each of their answers.

C. Student presents answers the questions listed in the Learning Objectives for review by preceptor.

D. Student participates in preceptor elaboration/discussion of Learning Objectives.

E. The student must research, prepare & present a summary of current best midwifery care/practices appropriate to a topic covered in this course from a current journal article/study, less than 5 years old.

F. Recommended Role-playing and/or Clinical Interactions
Note: The clinical requirement of NARM /Clinical Skills is completed at any time throughout the ASM apprenticeship during actual clinical practice and is NOT a requirement to complete this academic course.

Activities specific to NARM skills learned in this section:

Learning activities are located within the learning objectives for this course.

Learning Materials / Resources:
Please use textbooks less than 5 years old or most recent edition.


3. Declercq, Eugene PhD; Stotland, Naomi MD. Planned Home Birth. www.uptodate.com ©2012 UpToDate®

4. MEAC Abbreviated NARM Skills Form:

5. MEAC Essential Competencies:


7. Students must find 1 article/study less than 5 years old. Recommended internet links as needed for latest developments in midwifery care:
https://www.midwiferycollege.edu/resources-national-college-of-midwi

Evaluation Tools / Methods:
Minimum passing grade for each course is a cumulative 80% / B-. Students and preceptors are encouraged to work together until the student masters the information.

Final grade for the course is based on preceptor evaluation of the following:

A. Learning Objectives count for 50% of the final grade.
The preceptor evaluates each answer based on three elements:

1. Answers should reflect a thorough review of current literature regarding best current practices in midwifery care.
2. Each answer should be formed in the student’s own words or paraphrased from the text. The answer should be minimal, not a re-write of the entire text, but enough to show appropriate comprehension of the learning objective.

3. Student identification of sources and page numbers for each of the Learning Objectives. (Preceptor should do a random check to determine that sources cited are correctly identified.)

B. Enrichment Activities, including research essays and summaries of articles: 20%
C. Discussions: 15%
D. Tests and Exams: 15%

Course credit:
*One Academic credit equals approximately 15 hours of formal time plus 30 hours of additional study or homework. Formal time is defined as the amount of time taken to answer the Learning Objectives to the level of 80% and to complete any learning activities to the preceptor’s satisfaction, including any time spent face to face with the preceptor. Informal time includes any time spent actively reading relevant sources and textbook/s, researching Learning Objectives, and studying for examinations.*

Learning Objectives:

A-1. The student must research, prepare & present a summary of an aspect of current best midwifery care/practices appropriate a topic from this course from a current journal article/study.


B. Student answers the questions below and cites the sources and page numbers.

For the following questions please reference Birth Emergency Skills Trainings 1: Critical Thinking in Emergencies

1. Discuss the elements that contribute to clinical judgment.

2. Discuss some of the stages of professional clinical development that occur between the novice and the expert.

3. What are some of the weaknesses in a beginner's approach?

4. What are some of the strengths of the expert midwife?

5. Discuss the importance of critical thinking skills in evaluating a clinical picture.

6. Discuss the role of intuition in critical thinking skills.

7. Why is intuition difficult to rely on?
8. What are the four questions that a midwife should have in mind during every labor?

9. Discuss the triage system suggested by Gruenberg.

10. Discuss which risk group is suited to out-of-hospital birth.

11. Briefly discuss the divergent views on out-of-hospital birth held by ACOG (the American College of Obstetricians and Gynecologist) and the WHO (World Health Organization).

12. What factors outside of maternal/fetal risk should be considered when deciding whether homebirth is a safe option?

13. Give some examples of client lifestyle and history aspects that might require consultation or co-management for an out-of-hospital birth.

14. Give some examples of client lifestyle and history aspects that might require referral for a hospital birth.

15. Give some examples of client disease states that might require consultation or co-management for an out-of-hospital birth.

16. Give some examples of client disease states that might require referral for a hospital birth.

17. Give some examples of obstetrical conditions that might require consultation or co-management for an out-of-hospital birth.

18. Give some examples of obstetrical conditions that might require referral for a hospital birth.

19. Give some examples of intrapartum complications that might require consultation or co-management for an out-of-hospital birth.

20. Give some examples of intrapartum complications that might require referral for a hospital birth.

21. Give some examples of postpartum complications that might require consultation or co-management for continuing care by a midwife.

22. Give some examples of postpartum complications that might require referral for hospital care.

23. Give some examples of newborn complications that might require consultation or co-management for continuing care by a midwife.

24. Give some examples of newborn complications that might require referral for a hospital birth.
25. Briefly discuss the opinions stated in the chapter regarding vaginal birth after cesarean (VBAC).

26. Briefly discuss why many birth attendants in an out-of-hospital setting prefer to have a second birth attendant.

27. Discuss the accountability that the midwife holds to her client and larger community.

28. Discuss some of the communication strategies that are recommended during emergency situations.

For the following questions please reference ACOG’s statement on homebirth.

29. How does ACOG state its perspective on birth as a natural process?

30. What are the limits, as stated in the article, to ACOG’s support of a woman’s decision of where to give birth?

31. Discuss why ACOG classifies homebirth as posing an “unnecessary risk” to mother and baby.

32. Discuss ACOG’s reasoning for the current high national cesarean rate.

33. Discuss ACOG’s opinion on research support out-of-hospital birth.

34. Discuss the circumstances under which ACOG supports birth with a midwife attending.

For the following questions please reference the literature review on Planned Home Birth by Eugene Declercq, PhD and Naomi E Stotland, MD

35. How does this article define "out of hospital"? List all locations where births can and do take place, planned or unplanned.

36. Discuss what the article says about the prevalence of homebirth.

37. Discuss what the article states about who the primary attendants of planned homebirths are.

38. Discuss the demographics of women who are choosing homebirth according to this article.

39. Discuss the outcomes associated with homebirth according to this article.

40. Discuss the limitations of available data on homebirth.

41. Discuss the meta-analysis performed on planned homebirth mentioned in this study.
42. How was data selected for inclusion in the meta-analysis?

43. Discuss the data included from prospective studies.

44. Discuss the data included from retrospective studies.

45. Discuss the difference in out-of-hospital plans of care for providers outside the US versus US-based providers.

46. Discuss the categories of providers that are given in the article.

47. Discuss how patient selection is done according to this article.

48. Discuss the levels of organization of the Dutch obstetrics system provided in this article.

49. Discuss how the article addresses hospital transport. What does it state are the ideal circumstances for transport?

50. Discuss the article’s recommendation regarding homebirth for low-risk clients.

51. Discuss what the article states is the minimum criteria for clients who wish to birth at home.

For questions 52-75 review three current articles (published within the last five years) regarding out-of-hospital birth and/or the out-of-hospital births attended by midwives. Provide a complete citation of the article and answer the following questions in regards to each.

Article 1

52. Who designed the study in this article?

53. What are some of the potential biases of the authors of this article?

54. Does this article look at primary data or is it a review of many studies done by other researchers?

55. How large is the population in this study?

56. What are the specific parameters that the study puts forth for the data that it is looking at?

57. Discuss the results of the study. Are the results clear or ambiguous?

58. Discuss the conclusions that the author(s) draw from their results.

59. Do you agree or disagree with these conclusions? Why?

Article 2
60. Who designed the study in this article?

61. What are some of the potential biases of the authors of this article?

62. Does this article look at primary data or is it a review of many studies done by other researchers?

63. How large is the population in this study?

64. What are the specific parameters that the study puts forth for the data that it is looking at?

65. Discuss the results of the study. Are the results clear or ambiguous?

66. Discuss the conclusions that the author(s) draw from their results.

67. Do you agree or disagree with these conclusions? Why?

Article 3

68. Who designed the study in this article?

69. What are some of the potential biases of the authors of this article?

70. Does this article look at primary data or is it a review of many studies done by other researchers?

71. How large is the population in this study?

72. What are the specific parameters that the study puts forth for the data that it is looking at?

73. Discuss the results of the study. Are the results clear or ambiguous?

74. Discuss the conclusions that the author(s) draw from their results.

75. Do you agree or disagree with these conclusions? Why?

The following activities are aimed at increasing your understanding of the opinions and beliefs held about out-of-hospital birth.

76. Create a 5-question survey that seeks information regarding perceptions on out-of-hospital birth.

77. Administer the survey to at least 10 people.

78. Identify the common perceptions held by the group of people you surveyed.
79. Do the people you surveyed share similar or differing opinions about out-of-hospital birth?

80. What factors do you believe might be influencing their opinions about out-of-hospital birth?

81. Do you think that your personal interaction with them regarding the survey influenced the survey results?

Questions 82-111 are related to birth that takes place in and outside of a hospital setting in your community. You may answer these questions in a bulleted or essay format including a complete discussion of each aspect outlined below. If you do not know the answer to some of these questions you may request information from other professionals and cite them as sources.

82. What are the qualifications of the birth attendants operating out-of-hospital in your community?

83. What is the legal status of out-of-hospital birth attendants?

84. What types of facilities are available to out-of-hospital birth attendants?

85. Estimate the numbers of clients per year that are cared for in an out-of-hospital setting in your community.

86. What is the basis for this estimate?

87. What methods are used to track out-of-hospital birth outcomes in your community?

88. Describe the types of in-hospital birth services in your community.

89. What are the qualifications of the birth attendants operating in a hospital setting in your community?

90. What is the legal status of hospital birth attendants?

91. Estimate the numbers of clients per year that are cared for in a hospital setting in your community.

92. What is the basis for this estimate?

93. What methods are used to track hospital birth outcomes in your community?

94. Describe the consulting and referral relationships between the out-of-hospital providers and the in-hospital providers in your community.
95. List the strengths of these relationships and describe what makes these aspects strengths.

96. List the challenges of these relationships and describe what makes these aspects challenging.

97. List all the consulting and referral relationships necessary to provide complete care for out-of-hospital clients and their families. Defend the necessity of each.

98. Describe the communications that must take place between consultants and providers to insure risk-reduction for out of hospital clients.

99. List all the preparations out-of-hospital birthing women should make to insure risk reduction in their outcomes and defend each.

100. List all the preparations in hospital birthing women should make to insure risk reduction in their outcomes and defend each.

101. Compare and contrast the preparations made by in and out of hospital birthing women.

102. Defend your opinion of the cause of the differences in preparation.

103. Describe the duties of the delivery room nurse.

104. List all the ways that these differ from the duties of the out of hospital labor assistant.

105. Describe the duties of the delivering practitioner in the hospital.

106. List all the ways that these differ from the duties of the out of hospital practitioner.

107. Describe the delivery room equipment setup for birth.

108. Describe the out-of-hospital setup for birth.

109. Defend your opinion of the cause of the differences in setup.

110. List the rules for women giving birth in hospital at the hospital geographically closest to you.

111. List the rules for out of hospital birth in the practice of your geographically closest out of hospital birth provider.

For the following questions interview a labor and delivery room nurse in your community or a community close by.

112. Discuss what this nurse likes best about her/his job.
113. Discuss what she/he likes least about their job.

114. Discuss what they would change to reduce maternal risk in their facility if they could.

115. Describe the evidence on which they are basing this desired change.

116. Discuss whether they feel like the hospital they work in following evidence-based practice.

117. Discuss their overall satisfaction with the way that birth is attended in the setting where they work.

For the following questions interview an out-of-hospital birth assistant in your community or a community close by.

118. Describe what she/he likes best about her/his job.

119. Discuss what she/he likes least about their job.

120. Discuss the greatest obstacle they face in reducing risk for moms and babies out-of-hospital.

121. Report what they would change to reduce maternal risk in their out-of-hospital setting if they could.

122. Describe the basis of this desired change.

123. Discuss whether they follow evidence-based practice.

For the following questions interview a hospital-based birth provider in your community or a community close by.

124. Describe what she/he likes best about her/his job.

125. Discuss what she/he likes least about their job.

126. Discuss the greatest obstacle they face in reducing risk for moms and babies in a hospital setting.

127. Report what they would change to reduce maternal risk in their hospital setting if they could.

128. Describe the basis of this desired change.

129. Discuss whether they follow evidence-based practice.
For the following questions interview an EMT at the ambulance service closest to you.

130. Describe an experience the EMT has had with transporting pregnant or birthing women to the hospital.

131. Discuss the skill(s) that this EMT believes is/are integral to reducing risk for birthing women.

132. Discuss whether the EMT feels his/her training around birth and obstetrical emergencies was sufficient for what he/she has encountered in the field.

133. Discuss the EMT’s opinion on the safety of births that occur outside of a hospital setting.

134. What is the reasoning behind these opinions?

Interview an ultrasound technician who provides diagnostic ultrasound for pregnant women.

135. List 5 different diagnostic ultrasound studies this technician performs most commonly for pregnant women.

136. List the study this provider feels is the most useful for risk reduction.

137. Discuss how the ultrasound technician views the role of obstetrical ultrasounds in decreasing risk.

138. How does this ultrasound technician practice evidence-based medicine?

Interview a perinatologist or perinatal consultant who provides consults for possible high-risk pregnancies.

139. List the 5 most common types of consults she/he provides.

140. List the two screening mechanisms this provider feels are the most helpful in reducing risk.

141. Discuss this provider’s opinion on how risk to mothers and babies could be further reduced through screening.

142. Discuss the use of evidence in this provider’s practice.

Interview a pediatrician who provides care for babies transferred from out-of-hospital settings.

143. List the 3 top causes for transfer to this physician.
144. List the three interventions this provider feels are most effective for reducing risk in the transferred population.

145. Discuss this provider’s opinion on the optimal location for low-risk women to give birth to low-risk newborns.

146. Discuss how evidence is used in this provider’s practice.

Interview a neonatal intensive care nursery nurse who provides care for ill newborns.

147. List the 3 top causes for transfer to this facility.

148. List the three interventions this provider feels are most effective for reducing risk in the population of infants that are transferred to their care.

149. Discuss this provider’s opinion on how the setting where birth takes place affects the risks that ill newborns face.

150. Discuss how evidence plays a role in this provider’s practice.

Interview a lactation consultant who provides advice for nursing mothers who have given birth in hospital or out of hospital.

151. List the 3 top reasons she/he is consulted.

152. Describe the techniques most commonly used by this provider to remedy nursing problems.

153. Discuss the factors that this provider feels contribute to breastfeeding problems.

154. Discuss the provider’s opinion about how these factors could be altered to reduce breastfeeding problems.

155. Discuss how evidence plays a role in this provider’s practice.

Interview a doula who provides services for in-hospital and out-of-hospital birthing women.

156. List the 3 interventions she/he utilizes most commonly to reduce the use of pain medication during labor and birth.

157. Discuss the differences the doula has observed in pain reduction in and outside of a hospital setting.

158. Discuss his/her opinions on how to reduce the risk of intervention during labor and birth.

159. Discuss his/her opinions on the affect of the birth attendant on the mother’s birth experience.
160. Discuss what she thinks are her client’s greatest risks in a hospital setting.

161. Discuss what she thinks are her clients’ greatest risks in an out-of-hospital setting.

162. Describe the three main differences you’ve identified between in hospital and out of hospital birth.


165. Describe three strategies for reducing risk when a transfer from out-of-hospital to in-hospital is necessary. Defend your rationale.