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## Home Birth Consensus Summit, October 2011, Statements of Common Ground

<http://www.homebirthsummit.org/>.

The Home Birth Consensus Summit brought a cross-section of the maternity care system into one room to discuss improved integration of services for all women and families in the United States. Delegates were a diverse multidisciplinary group of leaders with a passion for quality in maternity care and a commitment to work together to improve safety for women and babies across birth sites. The meeting was organized to explore diverse needs, to foster the discovery of common ground, and spark constructive action that will ultimately benefit all stakeholder groups. All perspectives and viewpoints were considered in this purposeful dialogue, while delegates explored every facet of the existing system and propose ways to move forward in the future.

### *Home Birth Summit Delegates*

The following stakeholder groups were identified. Delegates may belong to one or more of the following sectors, and had the opportunity to contribute their perspective from any they choose.

- Home Birth Consumers (parents and potential parents considering this option)
- Consumer Representatives (including doulas, childbirth educators, childbirth and women's health care reform and information agencies)
- Home Birth Midwives (CPM, CNM, LM, CM, traditional, etc.)
- Maternal-Child Health Collaborating Providers (including paediatrics, labor and delivery nursing, neonatal care providers, CNMs who facilitate access for hospital admission or consultation)
- Obstetricians and OB Family Practice Physicians
- Leaders with expertise in Health Care Models, Systems, and Hospital Administration
- Insurance (Liability and Payors)
- Health Policy, Legislators, Regulators, and Ethicists
- Public Health, Research, and Education

Delegates were those who were in positions to inform and influence a change process, and/or commit to measurable steps within their stakeholder groups.

# Common Ground

## The Statements

### Statement 1

We uphold the autonomy of all childbearing women.

All childbearing women, in all maternity care settings, should receive respectful, woman-centered care.

This care should include opportunities for a shared decision-making process to help each woman make the choices that are right for her. Shared decision making includes mutual sharing of information about benefits and harms of the range of care options, respect for the woman's autonomy to make decisions in accordance with her values and preferences, and freedom from coercion or punishment for her choices.

### Statement 2

We believe that collaboration within an integrated maternity care system is essential for optimal mother-baby outcomes. All women and families planning a home or birth center birth have a right to respectful, safe, and seamless consultation, referral, transport and transfer of care when necessary. When ongoing inter-professional dialogue and cooperation occur, everyone benefits.

### Statement 3

We are committed to an equitable maternity care system without disparities in access, delivery of care, or outcomes. This system provides culturally appropriate and affordable care in all settings, in a manner that is acceptable to all communities.

We are committed to an equitable educational system without disparities in access to affordable, culturally appropriate, and acceptable maternity care provider education for all communities.

### Statement 4

It is our goal that all health professionals who provide maternity care in home and birth center settings have a license that is based on national certification that includes defined competencies and standards for education and practice.

We believe that guidelines should:

- allow for independent practice,
- facilitate communication between providers and across care settings,

- encourage professional responsibility and accountability, and
- include mechanisms for risk assessment.

### **Statement 5**

We believe that increased participation by consumers in multi-stakeholder initiatives is essential to improving maternity care, including the development of high quality home birth services within an integrated maternity care system.

### **Statement 6**

Effective communication and collaboration across all disciplines caring for mothers and babies are essential for optimal outcomes across all settings.

To achieve this, we believe that all health professional students and practitioners who are involved in maternity and newborn care must learn about each other's disciplines, and about maternity and health care in all settings.

### **Statement 7**

We are committed to improving the current medical liability system, which fails to justly serve society, families, and health care providers and contributes to:

- Inadequate resources to support birth injured children and mothers;
- Unsustainable healthcare and litigation costs paid by all;
- A hostile healthcare work environment;
- Inadequate access to home birth and birth center birth within an integrated health care system; and,
- Restricted choices in pregnancy and birth.

### **Statement 8**

We envision a compulsory process for the collection of patient (individual) level data on key process and outcome measures in all birth settings. These data would be linked to other data systems, used to inform quality improvement, and would thus enhance the evidence basis for care.

### **Statement 9**

We recognize and affirm the value of physiologic birth for women, babies, families and society and the value of appropriate interventions based on the best available evidence to achieve optimal outcomes for mothers and babies.