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Noteworthy: A Conversation with a CABC-Accredited Birth Center

Interview with Patricia Hinck, APRN, CNM, Director of Midwifery; Anna Hepso, RN, IBCLC, Director of Nursing; and Claudia Jennings, Administrative Director; at Minnesota Birth Center

This is the next installment in the series, "Noteworthy: A Conversation with a CABC-Accredited Birth Center"

Minnesota Birth Center has two locations: Minneapolis opened in 2012 and St. Paul in 2015. Both have been accredited since their inception. Patricia Hinck, Anna Hepso, and Claudia Jennings recently sat down to talk with CABC during the AABC Birth Institute.

It all started with Dr. Steve and Cindy Calvin's vision. Frustrated with a complicated system, Steve believed midwives could make a difference. So, he sought out midwives and OB physicians. They collaborated in the design of a midwife-led model that cares for mothers in two independent birth centers, but with continuity of care provided in a nearby hospital if needed.

Can you describe your client population?

Minneapolis and St. Paul serve a population that is mostly Caucasian and middle-class, however, our women of color population is increasing. In 2016, we cared for 32 women of color and in 2018, 57. We closely track our outcomes for this population and benchmark to other practices. The primary CS rate for this population from 2016 to 2018 was 9.45%. Additionally, there is religious diversity in Minnesota. Consumers range from not identifying with a religion to devout Christianity.

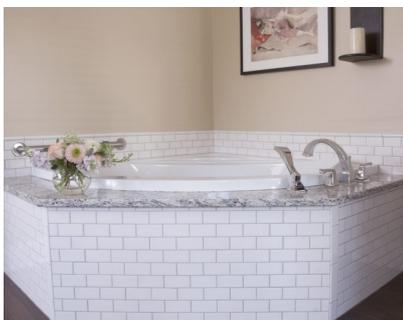


Has your birth center changed how something is done at the hospital? If so, what?

When Minnesota Birth Center first opened, it was the first time the hospital had seen a midwife in 25 years! Since then, we have established good collaborative relationships. The midwives have been able to educate nurses about the midwifery model of care. They have also introduced the hospital to waterbirths with a midwife.

Do you have any exciting plans for the birth center?

Prenatal group care is new for 2019. Called "Prenatal Circle Care," it is offered every trimester for 6-8 women and their support person with similar due dates. The goal of group prenatal care is to improve patient education and include opportunities for social support.



Have an idea for a future newsletter topic? Let us know!

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Commission for the Accreditation of Birth Centers



Why do you think it's important to be CABC-accredited?

First, the language used in the Standards and Indicators is helpful when dealing with insurance companies. They understand that it is the equivalent of JCAHO. And, re-accreditation is a motivation to continually monitor and review our P&P's.

Have you changed anything about your birth center or how you do something as a result of CABC-accreditation?

The birth center was started with accreditation and licensure in mind, so the birth center did not need to change in the beginning. However, as the Standards change, we review our policies and make changes as needed. For example, our policy on prolonged labor was updated.

What is your birth center's biggest challenge?

Staffing and retention. It can be hard to sustain the right balance.

What is the best thing that has happened for your birth center in the past year?

We have a robust IBCLC program and rolled out more breastfeeding support. We now have daily appointments and the program is growing! Anna [Hepso] became an NRP Instructor. And we were designated as Triple Aim Best Practices by ACNM.

What's that?

It recognizes practices that meet the Institute for Healthcare Improvement "Triple Aim" of improving the patient experience, reducing cost of care, and improving the health of populations. For example, by high breastfeeding rates, low preterm birth and caesarean rates, and reporting fiscal variables.



What advice would you give to someone who is thinking about opening a birth center?

Don't undercut yourself! Always negotiate when dealing with insurance companies.



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