Childbirth Education: A Pathway to Safer and Supported Birth



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> NC Perinatal Systems of Care Taskforce June 24, 2019

Childbirth Education Training in NC

Mary Lou Moore, PhD, RNC, LCCE, FACCE, FAAN

- Former Associate Professor, Dept of OBGYN, Wake Forest School of Medicine
- Former Perinatal Outreach Education Training
- Former Director, Lamaze Childbirth Educator Program (Early 80's 2005)

Duke AHEC Program Office (2005 – 2016)

 The State Approved track was developed in collaboration with NC Medicaid and DPH/Women's Health Branch for NC Local Health Department (LHD) staff

NC Perinatal Association (2016 – present)

- NCPA Board of Directors voted to bring the program under the Association
- Offers the State Approved track for NC LHD staff
- Currently 2 3 seminars held each year

Evolution of Lamaze Childbirth Education

Lamaze Method Lamaze Philosophy Healthy Birth Practices

Confidence

Skills

Knowledge

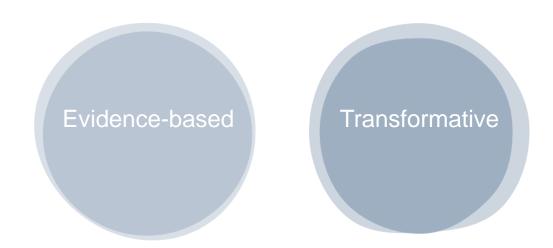
Lamaze Six Healthy Birth Practices

- 1 Let labor begin on its own.
- Walk, move around and change positions throughout labor.
- Bring a loved one, friend or doula for continuous support.
- Avoid interventions that are not medically necessary.
- Avoid giving birth on your back and follow your body's urges to push.
- Keep mother and baby together; it's best for mother, baby and breastfeeding.

www.lamaze.org

Lamaze Six Healthy Birth Practices

- Improves childbirth literacy
- Simplifies birth for positive outcomes



Point 3. Improve the quality of maternal care (includes prenatal, labor, delivery and

North Carolina's Perinatal Health Strategic Plar 2016-2020











3G. Provide evidence-based culturally competent patient education and anticipatory guidance.

- Provide evidence-informed childbirth education information to expectant families that includes:
 - Let labor begin on its own
 - Walk, move & change position in labor
 - Have continuous labor support during labor
 - No routine interventions in labor
 - Upright position for pushing
 - Keep baby with you: it's good for breastfeeding and immediate skin-toskin for the first hour or until the first feed
- Increasing perinatal health literacy by ensuring that families are provided with appropriate educational resources and support.

http://whb.ncpublichealth.com/

Messages that Contributes to Better Birth Outcomes

Evidence-informed Messages	Contributes to	Helps Hospitals Achieve
Let labor begin on its own	Lower induction rates Lower cesarean births	Jt. Commission Perinatal Care Measure Elective Delivery (PC-01), Cesarean Birth (PC-02)
Walk, move & change position in labor	Shorter duration of the first stage of labor	
Have continuous labor support during labor	Shorter labors, Decreased need for analgesia, Fewer operative deliveries, and Fewer reports of dissatisfaction with birth	
No routine interventions in labor	Lower cesarean birth rates	Jt. Commission Perinatal Care Measure Cesarean Birth (PC-02)
Keep baby with you & immediate skin-to-skin	Increased breastfeeding initiation rates Better temperature regulation for baby	Jt. Commission Perinatal Care Measure Exclusive Breast Milk Feeding (PC-05)

https://www.lamaze.org/p/cm/ld/fid=139; https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Approaches-to-Limit-Intervention-During-Labor-and-Birth

Family centered: relationships strengthened: support increased



Listening to Mothers 3 reports: See also Childbirth Connection http://www.nationalpartnership.org/issues/health/maternity/listening-to-mothers.html NCDHHS, Division | Presentation Title | Presentation Date

Messages that Contributes to Better Birth Outcomes

Evidence-informed Messages	Aligns with ACOG recommendations
Let labor begin on its own	6 cm is the new 4 cm41 weeks gestation is the new 40 weeks
Walk, move & change position in labor	Enhances maternal comfort and promote optimal fetal positioning
Have continuous labor support during labor	 Continuous one-to-one emotional support provided by support personnel, such as a doula OR Teach labor-support techniques to a friend or family member

https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Approaches-to-Limit-Intervention-During-Labor-and-Birth

https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery

The Kenya Childbirth Education Movement



Messages that Contributes to Better Birth Outcomes

Evidence-informed Messages	Aligns with ACOG recommendations
Upright Positions for Pushing	 Delayed pushing/laboring down 1st time moms – allowed to push up to 3 hours
No routine interventions in labor	 Delayed admission to labor and delivery when status is reassuring Intermittent monitoring for low-risk No routine IV fluids
Keep baby with you & immediate skin-to-skin	 Promotes breastfeeding Enhanced thermal regulation Colonization of the newborn to maternal flora (protects against infection and promotes breastfeeding) Release of hormones that facilitate mother-baby bonding

https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Approaches-to-Limit-Intervention-During-Labor-and-Birth; https://www.lamaze.org/p/cm/ld/fid=139

 $\underline{https://www.acog.org/Clinical-Guidance-and-Publications/Obstetric-Care-Consensus-Series/Safe-Prevention-of-the-Primary-Cesarean-Delivery}$

Skin to Skin in the OR: educated consumers push evidence based practices



Lamaze Childbirth Educator Training

Certification Track

- \$400
- Self-study, online modules on AHEConnect Learning Management System
- Attend 2 day (16 hours of training)
- Teaching demonstration
 - Assess competency of content and interactive facilitation skills
- Develop a teaching curriculum, using sample curriculum provided
- Purchase the Lamaze Learning Guide (required)
- Eligible to take the Lamaze Certification Exam within 3 years of seminar date.

State Approved Track

- \$300
- Self-study, online modules on AHEConnect Learning Management System
- Attend 2 day (16 hours of training)
- Teaching demonstration
 - Assess competency of content and interactive facilitation skills
- Develop a teaching curriculum, using sample curriculum provided
- File Certificate of Completion and approved curriculum/topic list by LHD Supervisor as documentation for Medicaid. NOTE: Women's Health Branch Nurse Consultants monitor for appropriately trained staff and billing, if the LHD is offering classes.
- LHD eligible to bill Medicaid

Childbirth Education in NC

Clinical Coverage Policy No: 1M-2

- https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/1m2.pdf
- Sets minimum content for childbirth education

To qualify for reimbursement for childbirth education classes, a provider must:

a. be certified as a childbirth educator by a nationally recognized organization for childbirth education or meet State-approved childbirth education program requirements;

and

b. be a licensed practitioner operating within the scope of his or her practice as defined under State law;

or

c. be under the personal supervision of an individual licensed under State law to practice medicine.

NC LHD Childbirth Education Survey (Jan 2016)

58 LHDS responsed

29% (n=17) were offering childbirth education classes.

71% (n=41) were NOT offering childbirth education classes; however, 36% (n=15 LHDs) indicated interested in getting staff trained

82.6% were billing Medicaid for their childbirth education classes.

Over 50% of LHDs indicated that classes are offered in group format and in the evenings.

Medicaid Reimbursement for CBE

Billable in unit (1 hour) increments	1 unit = 1 hour = \$8.69 reimbursed/hour
	 4 units/hour per day per beneficiary can be
	billed
Maximum number of units per pregnancy	• 10 units
January 2019 – April 2019 Local Health Department-Health Services Analysis (LHD-HSA)	Nine local health departments submitted claims for reimbursement, totaling 4,545 units

Recommendations

- 1. NC Local Health Departments, private OB practices and birth facilities will provide consumer opportunities for basic education during pregnancy and after birth.
- 2. Classes that will prepare mothers for making informed decisions in birth, such as *Lamaze evidence informed childbirth education, baby care classes, breastfeeding classes and infant safety/CPR classes.
- 3. Birth facilities should offer discounted or free registrations, as needed, for breastfeeding classes since the expectation is to promote breastfeeding for all infants.
- 4. Regularly offer free hospital tours that includes information on the Neonatal and Maternal Levels of Care and gives information on how to obtain higher levels of service, if needed.
- 5. Providers should develop measures to assure women are enrolled into appropriate educational opportunities during each trimester as well as opportunities during the postpartum period, like breastfeeding support, NICU support groups, bereavement groups, etc.
- 6. The Division of Health Benefits will continue to allow for the reimbursement for childbirth education for beneficiaries at or above the existing per unit rate.
- 7. The Division of Health Benefits will continue to recognize the NC Perinatal Association Lamaze Childbirth Educator program as the State-approved program to train agency staff who will teach Medicaid beneficiaries and be able to bill for Medicaid reimbursement.

^{*}Medicaid reimbursement is available so a process should be set up to offer these classes at all facilities that care for Medicaid patients.