

Background

Collaborative Mission Statement:

“Virginia women want multiple options for quality prenatal care and birth for their children. Our organizations, the VMA, the Virginia Affiliate of ACNM, and the Virginia Chapter of ACOG are committed to promoting collaborative relationships and practice environments among all providers to ensure that happens through an entire system of care. These collaborative, open relationships among providers will promote quality outcomes for mothers and newborns, or, in the simplest terms, happy and healthy moms and babies.”

Stakeholders Involved:

- ◆ Virginia Chapter American College of Obstetricians and Gynecologists (ACOG)
- ◆ Virginia Affiliate of the American College of Nurse Midwives (ACNM)
- ◆ Virginia Midwives Alliance (VMA)

Purpose:

- ◆ The aim of this study was to assess the current state of interprofessional collaboration between OBGYNs, Certified Nurse-Midwives (CNMs), and Certified Professional Midwives (CPMs) in the State of Virginia, with the goal to facilitate and establish better interprofessional collaboration between these professions.
- ◆ Research Questions:
 - 1) What is the level of perceived satisfaction, trust, and demand for interprofessional collaboration between Certified Nurse-Midwives (CNMs), Certified Professional Midwives (CPMs), and obstetricians in Virginia?
 - 2) What can be done to improve collaboration?
 - 3) What attitudes exist among each profession regarding the other professions?
 - 4) What are the barriers to improving interprofessional collaboration between the professions?

Methods

Informational Interviews and Survey Development:

- ◆ Three individual interviews with volunteer representatives from the leadership of each participating organization
- ◆ Questions designed to assess the current state of collaboration between Virginia Ob-Gyns, CNMs, and CPMs
- ◆ Responses analyzed for common themes using Atlas.ti

Survey Design and Implementation:

- ◆ IRB approval from Virginia Tech
- ◆ Surveys tailored to each professional group
- ◆ Approx. 35 questions, administered using VT Qualtrics Survey Software
- ◆ Mixture of Likert-type and open-ended questions

Participants:

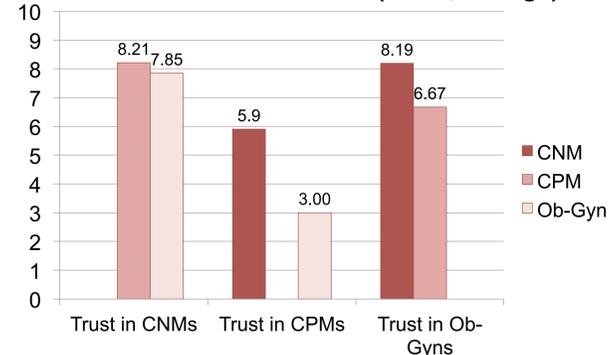
- ◆ Ob-Gyns (n=65), CNMs (n=73), CPMs (n=29)
- ◆ Participants were invited to voluntarily participate in the survey via email from respective membership organization

Data Analysis:

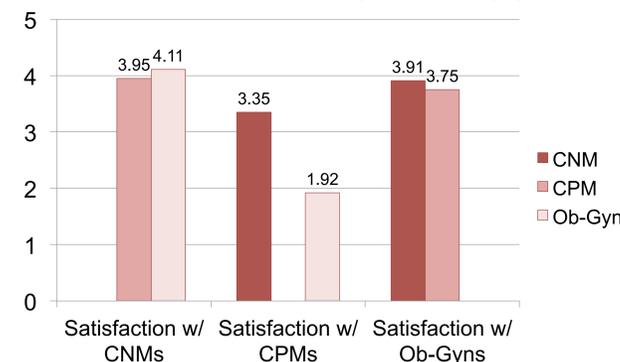
- ◆ Results analyzed using both qualitative (thematic analysis) and quantitative techniques

Quantitative Results

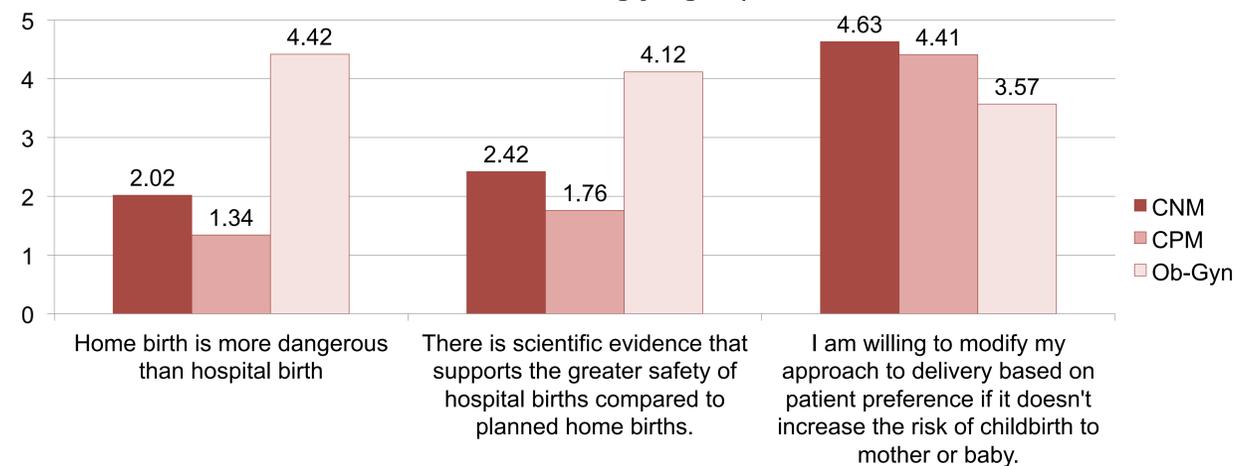
Mean Levels of Trust Between Groups Rated on a Scale of 1-10 (1=low, 10=high)



Mean Levels of Satisfaction Between Providers, Scale 1-5 (1=low, 5=high)



Views on Home Birth by Provider Type (Scale 1-5, 1=Strongly Disagree, 5=Strongly Agree)



Discussion

- ◆ Interprofessional collaboration between Ob-Gyns, CNMs, and CPMs is nuanced and complex.
- ◆ Facilitators to the relationships form an interweaving network and do not occur independent of the other.
- ◆ Overall barriers fall into three categories: **interpersonal** barriers, **interdisciplinary** barriers, and **organizational** barriers
- ◆ The issues fracturing the relationship between Ob-Gyns and CNMs are repairable structural and personal barriers, however, the obstacles preventing Ob-Gyns and CPMs from effectively collaborating occur at a significantly deeper level, representing conflict over differing views on birth and medical care as a whole.
- ◆ The issues of home birth, models of care, and best medical practices (a barrier found in the collaborations between all three groups) entails a deeper understanding of the different, yet legitimate, scopes of practice and models of care between Ob-Gyns, CNMs, and CPMs.

Conclusion

- ◆ While there are varying degrees of agreement between the three groups, the most positive relationship exists between Ob-Gyns and CNMs, and the most contentious relationship exists between Ob-Gyns and CPMs.
- ◆ In order for these groups to truly pursue a collaborative relationship, each profession must identify a path toward a better understanding of each other's scope of practice and views on birth.
- ◆ More research is needed to understand effective strategies to improve collaboration between the groups.

Acknowledgement:

This research was conducted in collaboration with the Virginia Chapter of the American College of Obstetricians and Gynecologists (ACOG), the Virginia Affiliate of the American College of Nurse Midwives (ACNM), and the Virginia Midwives Alliance. Support from these organizations was essential in the development and implementation of the survey.

Qualitative Results

What is the perceived satisfaction, trust, and demand for interprofessional collaboration between CNMs, CPMs, and Ob-Gyns in the state of Virginia?

- ◆ CNMs and Ob-Gyns reported a higher level of satisfaction and trust with each other than Ob-Gyns and CPMs

What attitudes exist among each profession regarding the other professions?

- ◆ Ob-Gyns generally have positive views of CNMs, but some question their education, training, and judgment
- ◆ Ob-Gyns report generally negative views of CPMs, citing a lack of trust in their education and a distrust of the safety of out-of-hospital births
- ◆ Some CPMs reported distrust and fear of Ob-Gyns
- ◆ CNMs and CPMs report working well together, but some CNMs reflect a distrust in their education and judgment

What are the barriers to improving interprofessional collaboration between the professions?

- ◆ **Interpersonal barriers:**
 - Distrust of the other professional's judgment
 - Lack of respect, both individually and for the patient
 - Lack of communication
- ◆ **Interdisciplinary barriers:**
 - Disagreement regarding the safety of home births
 - Disagreement about what patients are appropriate for home births
- ◆ **Organizational barriers:**
 - Liability concerns
 - Employment and fee structures

What can be done to improve collaboration?

- ◆ Increased communication and respect
- ◆ Improving personal relationships
- ◆ Sharing common goals
- ◆ Understanding scope of practice
- ◆ Increased autonomy

Selected Quotations:

“Not all CNM's are the same. Some are supportive of CPM's and out of hospital birth. Some CNM's are hostile and very unkind towards us.” – CPM

“I would love to work independent and with more respect that physicians would give us. More as an equal.” – CNM

“The CPMs are delivering planned out of hospital births and only present to us at the hospital when problems arise. The patients do not trust or know us and it stinks to deal with that. Bad situation and no relationship.” – Ob-Gyn

“It would be even better if it would be guaranteed that the OB was professional, kind even supportive of the client and provider who have made alternative, but informed choices.” – CPM

“I appreciate it when a physician trusts my judgment and is readily available when I need them.” – CNM