

Essential Components of Successful Collaborative Maternity Care Models

The ACOG-ACNM Project

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KEYWORDS

- Collaborative practice • Maternity care • Interprofessional education
- Evidence-based care

KEY POINTS

- Mutual respect and trust were recurrent concepts in the collaborative practices that evolved and lasted over time; institutional culture should emphasize effective team work where all care providers are respected.
- An analysis of 12 articles describing successful collaborative practice models between obstetricians and midwives revealed common themes that can guide others planning to establish similar collaborative models.
- Regulation allowing the full scope of midwifery practice, including both state law and institutional credentialing, was essential to successful collaborative practice, although collaboration was possible in some cases where restrictive regulations remained.
- From these diverse practice settings and collaborative practice models, we provide evidence that collaborative practice not only works, but can lead to improved client and provider satisfaction and clinical outcomes.

Collaborative practice and interprofessional education are not new concepts, and have been highlighted by the Institute of Medicine (IOM) for 4 decades. These concepts and the principle of partnership were central to the recent American College of Obstetricians and Gynecologists (ACOG)/American College of Nurse-Midwives (ACNM) Joint Statement of Practice Relations Between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives¹ and the 2010 ACOG-ACNM Issue

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of the Year project.^{2,3} The purpose of this article is to describe this ACOG-ACNM successful and sustained collaborative practices project and to report the analysis of 12 of the 60 papers submitted for the project.

The 1972 IOM report, *Educating the Health Team*,⁴ proposed that academic health centers educate health professions students together and that other educational institutions affiliate with interdisciplinary education programs. The report further recommended that faculty become skilled in interdisciplinary teaching and model interdisciplinary practice. The IOM report authors envisioned that this cooperation would result in better use of the workforce and improvement in the quality of care.

The landmark IOM report *Crossing the Quality Chasm* provided a new focus on improving the quality of care through collaboration, recommending that our new health systems be “safe, effective, patient centered, timely, efficient, and equitable.” This goal can be reached by “redesigning the way health professionals are trained to emphasize the six aims for improvement, ... placing more stress on teaching evidence-based practice and providing more opportunities for interdisciplinary training.”^{5(pp3,6)} Building on that work, the IOM published *Health Professions Education: Building Bridges to Quality* in 2003 and emphasized that “all health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.”^{6(p3)}

More recently, the October 2010 IOM report *The Future of Nursing: Leading Change, Advancing Health* included these 2 important points: “nurses should practice to the full extent of their education and training” and “nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.”^{7(pp4,7)}

ACOG-ACNM JOINT PRACTICE STATEMENTS

ACOG and ACNM have developed several statements related to joint practice over a number of years. The first was published in 1971 as the *Joint Statement on Maternity Care* and clarified that high-quality maternity care could be provided by teams of physicians, nurse-midwives, obstetric nurses, and others. The document further stated that these teams would be “directed by a qualified obstetrician-gynecologist.”^{8(p1)} A supplemental statement published in 1975⁹ clarified that obstetrician team direction did not mean being always physically present, and clarified 3 principles:

1. A written agreement clarifying consultation and referral policies
2. Responsibility for team care accepted by the obstetrician-gynecologist
3. Arrangements for formal consultation with an obstetrician-gynecologist if team leadership is provided by a physician not trained in obstetrics and gynecology

A revised joint statement in 2001 removed the language of direction of the maternity team by an obstetrician, and referred to inclusion of an obstetrician with hospital privileges on the team to provide complete care.¹⁰

Recently, a more robust statement was published recognizing the common goal that obstetricians and certified nurse-midwives/certified midwives (CNM/CM) have for providing safe care to women through evidence-based care models.¹ The document clarifies that obstetricians and midwives are licensed, independent clinicians, and collaborate with each other based on client needs. It further states that care is enhanced by mutual respect and trust as well as professional responsibility.¹

During the period of development of the 2010 joint statement, the leadership of both organizations decided to ask ACNM member midwives and ACOG Fellows with successful and sustainable collaborative practices to describe their care models in

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