

NCHAM Quality Improvement Midwife Pilot Project Vermont



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Improving Hearing Screening Rate in the Out-of-Hospital Birth Population

- Why was this strategy tested?
 - Almost 3% of Vermont births are babies born at home.
- What was the process for identifying the strategy
 - Families and primary care providers
 - Less than 10% received a hearing screening
- What is the potential for the strategy to improve LTFU/D
 - Increase the number of infants screened.

Edeal Future GOAL BASELINE DATA AN Present Situation

Midwife Pilot Project

SETTING

- PDSA 1: Educate, train and mentor 4 homebirth midwives for hearing screening. Provided OAE screeners to share.
- PDSA 2: Expand to an additional 4 midwives.
- PDSA 3: Expand to an additional 6 midwives
- Adopt and expand to all practicing midwives in Vermont. Increased the number of OAE screeners with midwife practices.



Comparison to National 1, 3, 6 goals

Qualitative Study: Understanding the "Why." Midwives Perceptions of Collaborating with VTEHDI

Evaluation





Vermont Department of Health



Midwife Report Cards

New PDSA Cycles

PDSA 1: Introduce Midwife Report Cards to 2 midwife practices – Identify key elements and obtain feedback from midwife

PDSA 2: Introduce report card to 3 more midwife

practices

PDSA 3: Introduce to 4 additional practices

Adopt







Web Based Reporting Midwives: CHHS Database

PDSA 1: Train 2 midwives on web based reporting of screening and high risk factors.

PDSA 2: Train an additional 3 midwives

Evaluate: Web based satisfaction survey

Adopt Change

Vermont Department of Health



- Collaborative relationship with midwives
- Significant increase in hearing screening of infants born out-ofhospital.
- Participation of midwives on key stakeholder committees (Hearing Advisory Council).

RESULTS & REFLECTION



