

# Obstetrical Transport Training Project

By Ingrid Andersson, Certified Nurse Midwife

Since 1995, the number of women who have planned to give birth at home has more than doubled in Dane County and has increased by 50 percent throughout Wisconsin. While most healthy women with low-risk pregnancies can have problem-free births at home, occasionally a mother or baby requires medical attention in the hospital. As a nurse midwife who serves Dane County women planning to give birth at home, I have launched the Obstetrical Transport Training Project to strengthen home-to-hospital transition care, making it accessible, safe, and efficient for the mother and infant.

Emergency medical technicians, or EMTs, play an integral part in home birthings that require medical attention. To date, EMTs receive minimal training in obstetrics and newborn care and, therefore, often feel least secure in dealing with childbirth. If they do respond to a birth, it usually involves a family who is unprepared for the mother to give birth at home. Labor, oftentimes, is precipitated by panicked par-

ents who are looking to the first responders for calm direction and expertise. Occasionally, there is a call to respond to a mother's complication, such as bleeding in pregnancy or postpartum seizures.

In a planned home birth, few EMTs recognize the scope of practice of the certified nurse midwife (CNM)—a registered nurse with advanced training in pregnancy and childbirth who can run IVs and administer drugs and is trained in neonatal and cardiopulmonary resuscitation. Given proper training, EMTs can better understand what to expect from the CNM when arriving at the scene of a birthing needing medical attention.

After a year of conducting informal area surveys with families, home-birth midwives, hospital ER directors, and EMT members and station directors, I was able to identify education and management planning needs among initial responders and paramedics, as well as among home helpers, such as partners or *doulas*. In February 2005, a certified professional midwife and I offered obstetrical transport training at the Black Earth/Mazomanie

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Ingrid Andersson with new mother and baby.

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Emergency Medical Station. Soon after, emergency medical stations in the south central Wisconsin cities of Cambridge, Oregon, and Cottage Grove requested training. Thanks to the generous funding of this project by the Nurses' Alumni Organization, my colleague and I expect to complete obstetrical transport training in the Dane County service area by February 2006. We

will then target counties west of Dane, where planned home births are also increasing.

As a part of the training, three levels of obstetrical transport from home are addressed—emergent, urgent, and non-emergent. Each level is defined, and its context and treatment are discussed. EMT members are informed of the scope of practice of the certified nurse midwife in home birthings. The in-service ends with sharing of specific

transport experiences and questions.

Because of the cooperative efforts of EMTs, the planned home birth, which has been shown in repeated research to be as safe as hospital birth for low-risk women and infants, is on its way to becoming even safer. Many thanks are owed to EMT members and the NAO for supporting the Obstetrical Transport Training Project.