



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D. C. 20301-1200

HEALTH AFFAIRS

JAN 22 2004

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Implementation of Standardization of Family-Centered Obstetrical Services
in Military Treatment Facilities

This policy memorandum establishes the plan to improve obstetrical services in military treatment facilities (MTFs) through the implementation of family-centered care before, during and after childbirth. Today's military is a dedicated and resilient force composed of many young people who are starting families. Just as U.S. Service men and women are the Department's strongest asset, their families provide the social and emotional support needed to withstand difficult deployment experiences and dynamic operational tempos. As providers of care, we are privileged to participate at one of the most important events in the lives of our military families - the births of their children. We recognize that it is a family decision to use MTFs. Therefore, it is important for us to keep the family in the center of our model of care. Patient satisfaction data indicate we need to transform how we provide care and communicate with our patients and families during this important life event. Findings derived from MTF obstetric patient satisfaction surveys related to communication are contained in Attachment 1.

In the interest of quality improvement and patient satisfaction with obstetric care, all MTFs that offer obstetric services must comply with the following policy elements:

1. Implement the Department of Defense and the Veterans Health Administration Clinical Practice Guideline for Uncomplicated Pregnancy. This guideline provides clear expectations for patients and providers with the purpose of facilitating a healthcare partnership with individualized patient education and prenatal visits focused on the specific gestational age of the baby. The guideline is available at <http://www.oqp.med.va.gov/cpg/cpg.htm>.
2. Identify a primary obstetric provider for each prenatal patient. Patient satisfaction data from DoD surveys indicate a strong preference for continuity of care with a primary provider of obstetric services for the duration of the pregnancy and childbirth experience.
3. Utilize standardized obstetrical services and incentives that promote family participation and choice of MTFs for care. A list of the standardized obstetrical services is contained in Attachment 2.

HA POLICY: 04-003

4. Report quality and satisfaction measures to leadership. These measures are contained in the MTF Assessment Tool in Attachment 3.
5. Establish and support family advisory groups at MTFs to promote effective partnerships between families and professionals, provide an effective mechanism to receive family input, and provide increased emotional support and access to information for families. These groups help sustain the gains of initiatives and set the local standards for the achievement of local goals.

To assist each MTF in educating providers and staff regarding principles of family-centered care, implementing the recommended improvements, and designing communication and marketing materials, a toolkit is available on the TRICARE website at <http://www.tricare.osd.mil/familycare/default.cfm>.

The Department expects the Services to implement the principles of family-centered care to meet the needs of military families. Although the focus of this policy is on intact families, our intent is to provide patient-centered care for geographically separated or single parents as well. This initiative is the first phase in implementing family or patient-centered care in all clinical service areas in the MTFs with the goal of being the provider of choice for military families.

My points of contact for this initiative are Captain Katherine Surman at (703) 681-1703 or Katherine.surman@ha.osd.mil and Ms. Patricia Collins at (703) 681-0064 or Patricia.collins@tma.osd.mil.


William Winkenwerder, Jr., MD

Attachments:
As stated

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Director, Health and Safety, U.S. Coast Guard

Findings from MTF Obstetric Patient Satisfaction Surveys

Related to Communication

Over the past three years the Picker National Research Corporation data has indicated that patients desire more empathy, understanding, effective communication and interpersonal awareness from clinical staff. Patients recommend that staff:

- Treat patients with dignity and respect by being responsive to their needs for emotional support, privacy and personal preferences.
- Avoid talking with other staff in front of patients as if the patients weren't there.
- Explain test results in a manner that patients can understand and take the time to answer questions in a way patients can understand.
- Provide clear information to family members.
- Explain risk factors for patient and baby during prenatal, childbirth and postpartum care.
- Explain side effects of all medications and procedures.
- Provide consistent information from the multidisciplinary team.
- Offer patients the opportunity to discuss anxieties and fears.

Standardized Obstetrical Services

Family-centered care

Family-centered care is a partnership that strengthens the reciprocal relationship and trust between health professionals and families. Family-centered providers and hospital staff are committed to providing care that is responsive to patients' and families' needs for respect, emotional support, empowerment, choices and flexibility. Information sharing and collaboration among patients, families and health care staff equip women and their families to make choices and assume responsibility for their own care. The father, significant others and siblings are invited and welcome to participate in prenatal visits and birth. These practices cover the continuum of the maternity experience: preconception planning, prenatal care, the birthing experience, and postpartum care. Family-centered staff recognize the special importance of the first minutes, hours, and days of a baby's life in fostering parenting and positive, long-term parent/child relationships.

Continuity of prenatal, perinatal and postpartum care by individual or team

Patients will have an identified provider, who is part of a team that will discuss with the patient her emotional and medical needs. The continuity standard is a minimum of 75 percent of visits with the same provider for prenatal, perinatal and postpartum care. For those who use the Clinical Practice Guideline for Uncomplicated Pregnancy, this translates to four to five visits with the same provider. For those MTFs that use contracted services, assess the satisfaction of the patients with the model of care provided. MTFs with Residency programs that support obstetric services shall discuss appropriate coverage expectations with patients and assess patient satisfaction.

Quality communication between patient and provider

Effective verbal and nonverbal communication conveys flexibility, positive tone and emotional support by listening to patient observations and addressing the childbearing woman's beliefs, fears, and cultural preferences.

- Healthcare professionals will individualize prenatal and childbirth education to include classes, pamphlets, videos, websites based on the needs of the patient and her family.
- Information on nutrition and exercise shall also be individualized based on the needs of the patient and her family
- Healthcare professionals will provide opportunities for the development of individualized birth plans that reflect patient-family preferences.

Comprehensive personalized pain management

- Pain management in labor is a very personal choice for patients and their families. Healthcare providers are prepared to support patient choices for safe methods of

pain relief, including coaching, massage and visualization. Anesthesia departments are available 24 hours a day to help the patient and her family if they so choose. The comfort and the control of pain of childbearing women and their infants is important to their perceptions of the quality of care, and their families' perceptions, as well.

- Healthcare professionals will ensure the effectiveness of post-partum pain management to meet the expectations of the family.

Increased ease of getting appointments

MTFs will offer the next follow-up appointment prior to patient departing the MTF. In keeping with TRICARE guidelines for access to care, routine OB appointments shall be available either through TRICARE-On-Line or by telephone. Well-baby follow-up shall be scheduled prior to hospital discharge.

Ultrasounds

Medically necessary ultrasounds shall be provided during the second trimester. The ultrasounds should be capable of a minimum of an anatomic survey. If the MTF does not have ultrasound capability, patients should be referred to the network for ultrasounds.

Lactation support programs

Lactation support shall be available 24 hours a day, 7 days a week.

Admission/discharge paperwork at bedside

Admission and discharge paperwork shall be provided at the bedside as well as TRICARE and DEERS registration of newborns prior to discharge.

Improved parking

Reserved or valet parking for 3rd trimester pregnant women and mothers with newborns will be provided.

Private labor / delivery and post-partum rooms

MTFs will increase the number of labor and delivery rooms and the number of private post-partum rooms with private bathrooms. This may be a long range goal for those MTFs that require major renovation.

MTF TOOL ASSESSMENT GLOSSARY

| MTF Goals | Expectation | Progress Determination |
|--------------------------------------|---|---|
| Establish Ongoing Steering Committee | Every MTF will establish a multidisciplinary steering committee to guide improvement initiatives. | <p>Green: Has established committee and holds meetings on a regular basis.</p> <p>Yellow: Has established committee but is not holding regular meetings.</p> <p>Red: Committee has not been established.</p> |
| Improve provider continuity of care | Minimum of 75 percent of prenatal visits with the same provider | <p>Green: Greater or equal to 75 percent of appointments are with same provider.</p> <p>Yellow: 50 – 74 percent of appointments are with the same provider.</p> <p>Red: Less than 50 percent of appointments are with the same provider.</p> |
| | Individualized patient education | <p>Green: 95 – 100 percent of patients receive an individual orientation visit scheduled with a nurse or provider.</p> <p>Yellow: Some patients still attend a group orientation. Individual appointment is offered as exception.</p> <p>Red: Attendance at a group orientation class is required before a first appointment is scheduled with a provider.</p> |

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| <p>Provide 24/7 Lactation Support</p> | <p>Available 24 hours a day, 7 days a week.</p> | <p>Green: Some lactation certified nurses are certified in lactation support are on staff. The lactation certified staff does not need to be on duty 24/7, but other staff are trained to ensure that patients' concerns can be addressed on a 24/7 basis.</p> <p>Yellow: Some lactation certified nurses on staff, but staff on duty 24/7 are not prepared.</p> <p>Red: No lactation certified nurses on staff.</p> |
| <p>Provide more convenient process for admission and discharge</p> | <p>Admission /discharge paperwork at bedside</p> | <p>Green: No general need for patient /father to make a separate visit to PAD office for admission or discharge paperwork. Convenient DEERS registration for newborn.</p> <p>Yellow: There may be some need for patient to visit patient affairs office for either admission or discharge.</p> <p>Red: No streamlined practice for bedside admission and discharge.</p> |

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| Provide Convenient Parking | Offer convenient parking for 3rd trimester pregnant women and mothers with newborns. | <p>Green: Parking spaces, designated by the hospital commander, are allocated for women between the 26th week of gestation through the 6th week postpartum.</p> <p>Yellow: Spaces are not dedicated but parking is generally convenient. Implementation of stork parking is underway, renovations.</p> <p>Red: Unreliable parking availability</p> |
| Provide Second Trimester Ultrasounds | Capability to provide anatomic survey with ultrasound. | <p>Green: Capable of providing medically necessary 2nd trimester ultrasounds at the MTF.</p> <p>Yellow: Possesses equipment capability to offer ultrasounds, but ultrasound technician staff shortage prevents full capacity.</p> <p>Red: Incapable of providing screening ultrasounds to more than 60 percent of the patients.</p> |
| Individualize Pain Management | Epidurals are available 24/7 | <p>Green: Anesthesia services available around the clock for epidurals.</p> <p>Yellow: Anesthesia services available for epidurals less than 16 hrs. per day.</p> <p>Red: Epidural anesthesia not available.</p> |

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| <p>Increase the number of private labor/delivery rooms and postpartum rooms</p> | <p>Private Labor/Delivery Rooms</p> | <p>Green: Private postpartum rooms with toilet/shower in room. Yellow: Some private rooms, Semi-private rooms with toilet/shower in room. Red: Semi-private rooms commonly used, hallway bath facilities.</p> |
| <p>Communicate improvements to patients and providers</p> | <p>Private Postpartum rooms with private bath wherever possible</p> | <p>Green: Private postpartum rooms with toilet/shower in room. Yellow: Some private rooms, Semi-private rooms with toilet/shower in room. Red: Semi-private rooms commonly used, hallway bath facilities.</p> |
| <p>Communicate improvements to patients and providers</p> | <p>Implement Local Marketing</p> | <p>Green: Clinic and public affairs staff are active in undertaking local marketing initiatives. Yellow: Use of national marketing materials only. Red: No staff attention to marketing.</p> |

| KEY | | MTF Product Line Assessment Tool | | | | | | | | | | | | | Deliveries | | | |
|--|---------------------|--|-----------------------------|---|-----------------------|--------------|----------|---------|------------|-------------------------------------|-------------|-------------------------------------|----------------------------------|--|--|---------------------------|----------------------|-------------------------|
| <p>AMBER: Partially Capable <95% >=60%</p> <p>RED: Low Capability <60%</p> <p>White: Missing Data</p> <p>* Green: Greater or equal to 75%</p> <p>Amber: 50% to 74%</p> <p>Red: Less than 50%</p> | | Steering Committee | Private Labor Delivery Room | Private Postpartum room with private bath | *OB Clinic Continuity | Appointments | Children | Parking | Ultrasound | 24x7 Lactation Support Availability | Birth Plans | Epidural pain relief available 24x7 | Individualized Patient Education | Admission Discharge paperwork at bedside | DEERS registration of newborn at bedside | Implement Local Marketing | Number of Deliveries | Market Share Assessment |
| MTF/Goals | Installation | <p>Every MTF establish a multi-disciplinary steering committee to guide improvement initiatives</p> <p>Private Labor Delivery Room</p> <p>Private Postpartum room with private bath</p> <p>75% of Prenatal Visits with same provider (OB Clinic)</p> <p>Capability to offer next follow-up appointment prior to patient departing MTF</p> <p>Every MTF allow children to attend clinic visits or offer daycare at MTF</p> <p>Offers convenient parking for 3rd trimester pregnant women and mother's with newborns</p> <p>Capability to provide an anatomic survey</p> <p>24x7 Lactation Support Availability</p> <p>Birth Plans</p> <p>Epidural pain relief available 24x7</p> <p>Individualized Patient Education</p> <p>Admission Discharge paperwork at bedside</p> <p>DEERS registration of newborn at bedside</p> <p>Implement Local Marketing</p> | | | | | | | | | | | | | | | | |
| ARMY Facilities | | | | | | | | | | | | | | | | | | |
| DeWitt ACH | Ft Belvoir, VA | | | | | | | | | | | | | | | | 778 | 70% |
| Martin ACH | Ft Benning, GA | | | | | | | | | | | | | | | | 796 | 87% |
| WBAMC | Ft Bliss, TX | | | | | | | | | | | | | | | | 734 | 82% |
| WAMC | Ft Bragg, NC | | | | | | | | | | | | | | | | 2,879 | 91% |
| Blanchfield ACH | Ft Campbell, KY | | | | | | | | | | | | | | | | 1,695 | 90% |
| Evans ACH | Ft Carson, CO | | | | | | | | | | | | | | | | 1,031 | 85% |
| Guthrie AHC | Ft Drumm, NY | | | | | | | | | | | | | | | | 691 | ** |
| DDEAMC | Ft Gordon, GA | | | | | | | | | | | | | | | | 531 | ** |
| Darnell ACH | Ft Hood, TX | | | | | | | | | | | | | | | | 2,924 | 93% |
| Weed ACH | Ft Irwin, CA | | | | | | | | | | | | | | | | 351 | 88% |
| Ireland ACH | Ft Knox, KY | | | | | | | | | | | | | | | | 486 | 87% |
| Munson ACH | Ft Leavenworth, KS | | | | | | | | | | | | | | | | | N/A |
| Leonard Wood ACH | Ft Leonard Wood, MO | | | | | | | | | | | | | | | | 347 | 92% |
| MAMC | Ft Lewis, WA | | | | | | | | | | | | | | | | 1,684 | 92% |
| Bayne-Jones ACH | Ft Polk, LA | | | | | | | | | | | | | | | | 646 | 95% |
| Irwin ACH | Ft Riley, KS | | | | | | | | | | | | | | | | 717 | 92% |
| BAMC | Ft Sam Houston, TX | | | | | | | | | | | | | | | | - | * |
| Reynolds ACH | Ft Sill OK | | | | | | | | | | | | | | | | 719 | 91% |
| Winn ACH | Ft Stewart, GA | | | | | | | | | | | | | | | | 1,228 | 80% |
| Bassett ACH | Ft Wainwright, AK | | | | | | | | | | | | | | | | 589 | 96% |
| TAMC | Honolulu, HI | | | | | | | | | | | | | | | | 2,592 | 97% |
| WRAMC | Washington D.C | | | | | | | | | | | | | | | | 1 | * |
| Keller ACH | West Point, NY | | | | | | | | | | | | | | | | 153 | 73% |
| 121st Gen Hospital | Korea | | | | | | | | | | | | | | | | | 94% |
| Landsuhl RMC | Germany | | | | | | | | | | | | | | | | | 98% |
| Heidelberg MEDDAC | Germany | | | | | | | | | | | | | | | | | 81% |
| Wuerzburg MEDDAC | Germany | | | | | | | | | | | | | | | | | 74% |

MTF Product Line Assessment Tool

| MTF/Goals | Installation | Steering Committee Every MTF establish a multi-disciplinary steering committee to guide improvement initiatives | Privacy Issues Private Labor Delivery Room Private Postpartum room with private bath | OB Clinic Continuity 75% of Prenatal Visits with same provider (OB Clinic) | Appointments Capability to offer next follow-up appointment prior to patient departing MTF | Children Every MTF allow children to attend clinic visits or offer daycare at MTF | Parking Offers convenient parking for 3rd trimester pregnant women and mother's with newborns | Ultrasound | | | | 24x7 Lactation Support Availability | Birth Plans | Epidural pain relief available 24x7 | Individualized Patient Education | Admission/Discharge paperwork at bedside | DEERS registration of newborn at bedside | Implement Local Marketing | Deliveries | | | |
|--------------------------|-------------------------------------|--|--|---|---|--|--|--|------|------|------|-------------------------------------|-------------|-------------------------------------|----------------------------------|--|--|---------------------------|----------------------|-------------------------|------|--|
| | | | | | | | | Capability to provide an anatomic survey | 24x7 | 24x7 | 24x7 | | | | | | | | Number of Deliveries | Market Share Assessment | | |
| Navy Facilities | | | | | | | | | | | | | | | | | | | | | | |
| Medical Centers | | | | | | | | | | | | | | | | | | | | | | |
| | INMC Bethesda | | | | | | | | | | | | | | | | | | | 1954 | | |
| | NMC Portsmouth | | | | | | | | | | | | | | | | | | | | 3249 | |
| | NMC San Diego | | | | | | | | | | | | | | | | | | | | 3408 | |
| CONUS Facilities | | | | | | | | | | | | | | | | | | | | | | |
| | NH Beaufort (network deliveries) | | | | | | | | | | | | | | | | | | | | 513 | |
| | NH Bremerton | | | | | | | | | | | | | | | | | | | | 693 | |
| | NH Camp Lejeune | | | | | | | | | | | | | | | | | | | | 1519 | |
| | NH Camp Pendleton | | | | | | | | | | | | | | | | | | | | 1618 | |
| | NH Charleston (network deliveries) | | | | | | | | | | | | | | | | | | | | 407 | |
| | NH Cherry Point | | | | | | | | | | | | | | | | | | | | 519 | |
| | NH Great Lakes (network deliveries) | | | | | | | | | | | | | | | | | | | | 118 | |
| | NH Jacksonville | | | | | | | | | | | | | | | | | | | | 1233 | |
| | NH Lemore | | | | | | | | | | | | | | | | | | | | 308 | |
| | NH Pensacola | | | | | | | | | | | | | | | | | | | | 608 | |
| | NH Oak Harbor | | | | | | | | | | | | | | | | | | | | 394 | |
| | NH Twentynine Palms | | | | | | | | | | | | | | | | | | | | 460 | |
| OCONUS Facilities | | | | | | | | | | | | | | | | | | | | | | |
| | USNH Guam | | | | | | | | | | | | | | | | | | | | 356 | |
| | USNH Guantanamo Bay | | | | | | | | | | | | | | | | | | | | 32 | |
| | USNH Keflavik | | | | | | | | | | | | | | | | | | | | 91 | |
| | USNH Nupres | | | | | | | | | | | | | | | | | | | | 199 | |
| | USNH Okinawa | | | | | | | | | | | | | | | | | | | | 1056 | |
| | USNH Roosevelt Roads | | | | | | | | | | | | | | | | | | | | 168 | |
| | USNH Rota | | | | | | | | | | | | | | | | | | | | 141 | |
| | USNH Sigonella | | | | | | | | | | | | | | | | | | | | 148 | |
| | USNH Yokosuka | | | | | | | | | | | | | | | | | | | | 556 | |

MTF Product Line Assessment Tool

| | | Steering Committee Every MTF establish a multi-disciplinary steering committee to guide improvement initiatives | Privacy Issues Private Labor Delivery Room Private Postpartum room with private bath | *OB Clinic Continuity 75% of Prenatal Visits with same provider (OB Clinic) | Appointments Capacity to offer next follow-up appointment prior to patient departing MTF | Children Every MTF allow children to attend clinic visits or offer daycare at MTF | Parking Offers convenient parking for 3rd trimester pregnant women and mother's with newborns | Ultrasound Capability to provide an anatomic survey | 24x7 Lactation Support Availability | Birth Plans | Epidural pain relief available 24x7 | Individualized Patient Education | Admission Discharge paperwork at bedside | DEERS registration of newborn at bedside | Implement Local Marketing | Number of Deliveries | Market Share Assessment |
|-----------------------------|--|--|--|--|---|--|--|--|-------------------------------------|-------------|-------------------------------------|----------------------------------|--|--|---------------------------|----------------------|-------------------------|
| Air Force Facilities | | | | | | | | | | | | | | | | | |
| MTF/Goals | Installation | | | | | | | | | | | | | | | | |
| | ALTUS AFB - 97TH MED GRP* | | | | | | | | | | | | | | | 240 | |
| | ANDREWS AFB - 89TH MED GRP | | | | | | | | | | | | | | | 762 | |
| | AVIANO AB - 31ST MED GRP | | | | | | | | | | | | | | | 235 | |
| | BARKSDALE AFB - 2ND MED GRP* | | | | | | | | | | | | | | | 300 | |
| | DOVER AFB - 436TH MED GRP* | | | | | | | | | | | | | | | 288 | |
| | EGLIN AFB - 96TH MED GRP | | | | | | | | | | | | | | | 845 | 79.9% |
| | ELMENDORF - 3RD MED GRP | | | | | | | | | | | | | | | 652 | 94.1% |
| | KEESLER AFB - 81ST MED GRP | | | | | | | | | | | | | | | 735 | 96.6% |
| | LAKEHEATH - 48TH MED GRP | | | | | | | | | | | | | | | 536 | |
| | LANGLEY AFB - 1ST MED GRP | | | | | | | | | | | | | | | 1,015 | 136.4% |
| | LUKE AFB - 56TH MED GRP* | | | | | | | | | | | | | | | 474 | 75.5% |
| | MISAWA AB - 35TH MED GRP | | | | | | | | | | | | | | | 257 | |
| | MT HOME AFB - 366TH MED GRP | | | | | | | | | | | | | | | 281 | |
| | NELLIS AFB - 99TH MED GRP | | | | | | | | | | | | | | | 492 | |
| | OFFUTT AFB - 55TH MED GRP | | | | | | | | | | | | | | | 516 | |
| | SCOTT AFB - 375TH MED GRP | | | | | | | | | | | | | | | 420 | |
| | SHAW AFB - 20TH MED GRP | | | | | | | | | | | | | | | 313 | |
| | SHEPPARD AFB - 82ND MED GRP* | | | | | | | | | | | | | | | 278 | 79.8% |
| | SPANGDAHLEM - 52ND MED GROUP | | | | | | | | | | | | | | | 244 | |
| | TRAVIS AFB - 60TH MED GRP | | | | | | | | | | | | | | | 592 | 82.7% |
| | WILFORD HALL - 59TH MED WING, LACKLAND | | | | | | | | | | | | | | | 1,846 | 97.0% |
| | WRIGHT PATTERSON AFB - 74TH MED GRP | | | | | | | | | | | | | | | 447 | |
| | YOKOTA AB - 374TH MED GRP | | | | | | | | | | | | | | | 268 | |
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* Deliver in civilian facilities using AF OB providers