Agenda

- Transition time (5 min)
- Presentation- recorded (30 min)
- Discussion- not recorded (20 min)
- Post survey (5 min)

Real N&B Lak Things to consider when looking into

different practice

settings for your

first midwifery j<mark>oh</mark>

3/2/2022

12-1PM PS7

Diana Rumbo, CNM PRACTICE SETTINGS

Midwife Practice Settings

THINGS TO CONSIDER WHEN LOOKING INTO DIFFERENT PRACTICE SETTINGS FOR YOUR FIRST MIDWIFERY JOB

BY DIANA RUMBO, CNM (SHE/HER)

ABOUT ME : Diana

- Bachelors in Biology from University of California - Riverside in 2012
- Bachelors in Nursing from Johns Hopkins University in 2014
- L&D Nurse in District of Columbia and San Francisco
- MSN in Midwifery and Women's Health from University of California - San Francisco in 2019
- Worked in: private practice, free standing birth center, and currently working at an in- hospital birth center in Ventura, California



TERMINOLOGY

- **Ambulatory Care** : providing in office appointments (antenatal, postpartum, gynecology, family planning, and primary care)
- Inpatient Care/Hospitalist : providing care in a hospital setting (intrapartum and postpartum care)
- **Community Based Setting**: providing services in clients' home, an office, or a birth center

PRACTICE SETTINGS

Community Birth Settings

- Clients' home
- Private offices
- Free standing birth centers
- Combination of multiple settings

Inpatient/Hospitalist

- Teaching hospital
- Labor and delivery units with or without hospitalists
- Delivering providers: midwives, OBGYN, family medicine, private practice

Ambulatory Clinics

- Federally Qualified Health Centers
- Community Clinics
- Private Practice

COMMUNITY SETTINGS

ADVANTAGES

- Focus on holistic care
- Longer appointments
 - Continuity of care
- Practice independence

DISADVANTAGES

- Services might not be covered by insurance thus limiting access to care
 - On call schedule
 - Less employee benefits

AMBULATORY CARE

BENEFITS

- Predictable schedule
 - Continuity of care
- Variety of specialties

DOWNSIDES

- Focus on productivity leading to shorter appointment times and more clients scheduled
- Time spent doing administrative work (follow up on labs, consults)
 - CODING

INPATIENT CARE

PRIVATE PRACTICE

- Only provide care to clients
 who are seen by that specific
 practice
- Oftentimes take call from home and only come in if their clients are admitted to the hospital

TEACHING HOSPITAL

- Care is provided by multiple providers (students, residents, attendings)
- Generally, there is always a provider on the unit supervising care

MULTIPLE SERVICES

- Each service has an on-call provider (midwives, OBGYN, family practice)
- One model: Low- risk clients are delivered by the midwives or family practice and complicated cases are cared for by OBGYN
- Another model: clients are taken care of by pre-assigned on-call provider (for example, if a client is being seen by a midwife for their prenatal care, then the oncall midwife will evaluate that client)

QUESTIONS TO ASK

- How many practice settings are you expected to be at?
- How much time will you spend at each practice setting?
- Which type of providers work at each setting?







Post Survey (5min)