Validation of an Online Data Registry: A Pilot Project
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Problem
In spite of relatively healthy women, intervention in childbirth is high in United States. Listening to Mothers II, survey conducted by advocacy group Childbirth Connection, found lack of choices in childbirth, limited support for physiologic birth, and pervasive use of interventions that are not evidence-based.

Evidence
Meta-analysis by Cochrane collaborative found women randomized to midwife-led care less likely to experience regional analgesia/anesthesia, instrument delivery, and episiotomy; and more likely to experience spontaneous birth, breastfeeding initiation, and perception of control during labor. Evidence is needed regarding practices in midwifery model of care that contribute to achieving these outcomes.

Strategy
Providers need data about process and outcomes of their care in order to translate evidence into practice, and develop effective quality improvement programs. The American Association of Birth Centers Uniform Data Set™ (UDS) is an online data registry for prospective data collection in all birth settings. UDS™ includes evidence-based practices and practices that are commonly used but for which there is little evidence.

Practice Change
This project is pilot for multicenter, prospective, observational study of midwifery care. Purpose was to begin to validate UDS™ and evaluate study design for the large study.

Evaluation
Data for 36 key variables from 5 nurse-midwifery practices and 6,200 women were analyzed and results described. Site visits were done comparing UDS™ data with medical records to begin to validate the instrument.

Results
Over 97% of variables showed consistency between UDS™ and medical record. Perinatal outcomes are consistent with previous studies of midwifery-led care, including cesarean section rate of 9.3%.

Recommendations
Midwifery model achieves excellent outcomes. Further study is needed to evaluate level of evidence-based care in the model.
Lessons Learned
Pilot suggests that UDS™ can be used to collect reliable data for national study of midwifery care, and level of consistency with evidence on maternity care practices. Measures suggested to improve data accuracy and enhance use of UDS™ data for quality improvement activities at practice level.

Bibliography
