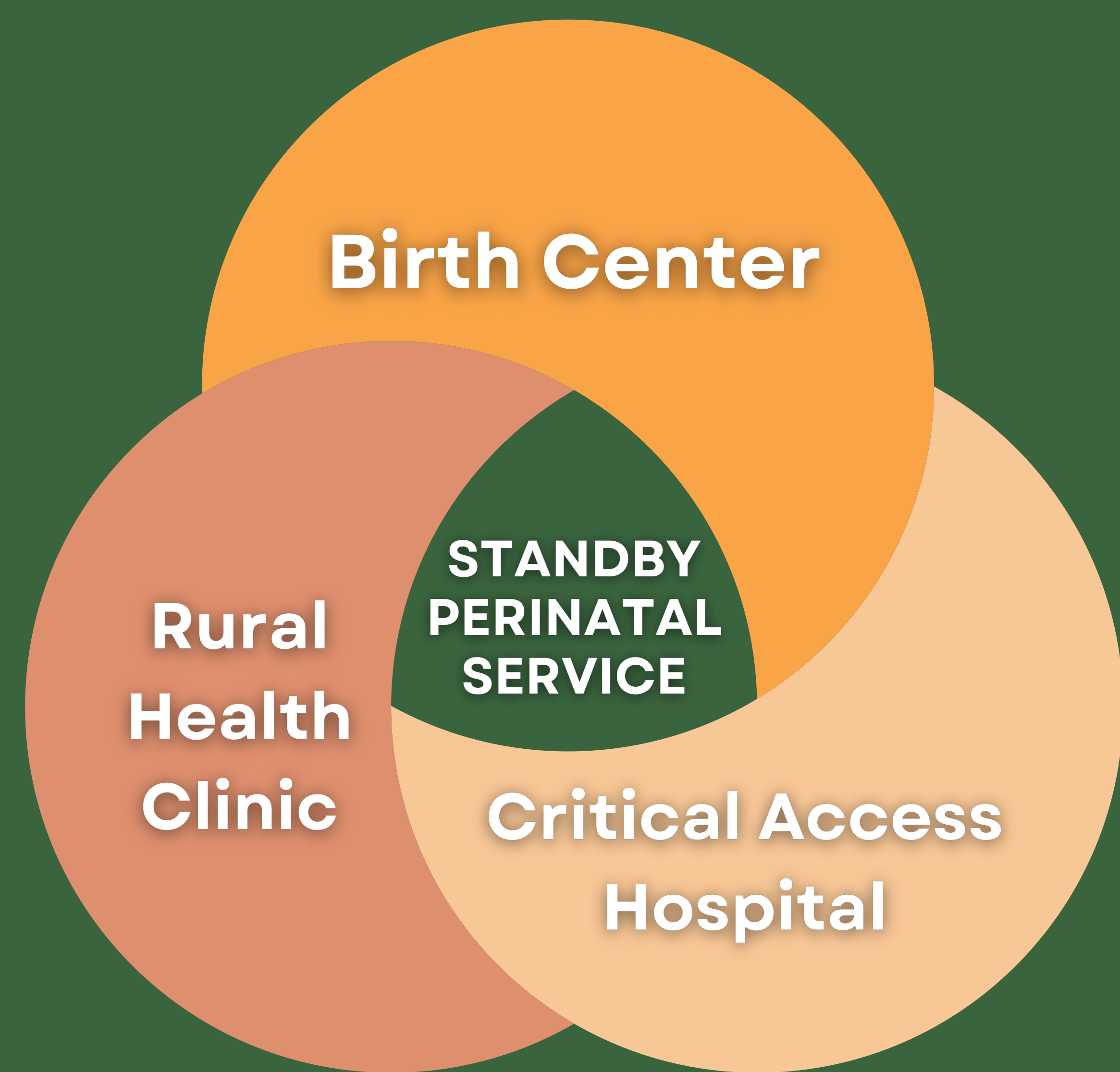


A New Maternity Model Is Needed

The Plumas Model

Creating a maternity oasis
in rural northeastern
California



**OB TEAM
ON CALL**
Staffed by:
1 CNM - 1 RN - 1 MD

WHY

Current minimum hospital staffing standards not designed for low volume units
Travel hazards delay care and increase risk for adverse outcomes
Retain local childbirth services

PURPOSE

Provide local access to community perinatal care and birthing
Reduce OB deliveries in the ED
Ensure competent staff for high quality perinatal care

NEXT STEPS

Recognize *Standby Perinatal Service* through federal & state legislation

Services:

Midwifery model low risk birthing
State perinatal education program

Minimized costs:

Opens only for deliveries & classes

Birth Center

Supports consumer preferences
Maintains local access

Services:

Perinatal, newborn, and womens' care
Triage OB risk and coordinate care

Reimbursement:

Cost-based reimbursed salaries

Rural Health Clinic

Ensures financial viability

Services:

OB and newborn emergency stabilization
Key medical interventions
Emergency delivery and C-section

Financial Consideration:

Hospitalist call covers cost of OB Physician

Critical Access Hospital

Meets staff requirements with
OB on call team

Provides Key Medical Interventions

1. IV/IM antibiotics
2. IV/IM uterotonic drugs
3. IV/IM anticonvulsants
4. Manual removal of the placenta
5. Removal of retained products of conception
6. Basic neonatal resuscitation
7. Emergent C-section
8. Blood transfusion

**LEARN
MORE &
TAKE
ACTION**



SCAN ME!