



AABC

AMERICAN ASSOCIATION
OF
BIRTH CENTERS

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Bringing Midwifery to Main Street™

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August 23, 2022

Bureau of Health Provider Standards
Department of Public Health
PO Box 303017
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Denise.milledge@adph.state.al.us

Re: Comments for Alabama Proposed "Birthing Center" Freestanding Birth Center Regulations 8-22-2022, Chapter 420-5-13 Birthing Centers

Dear Ms. Milledge:

Thank you for allowing us the opportunity to comment on these proposed regulations for freestanding birth centers in Alabama. American Association of Birth Centers (AABC) holds national expertise and decades of experience in the safe operation of birth centers. We are available to consult with the state DPH or to provide information or resources as needed in your work to license birth centers in Alabama.

Freestanding birth centers have demonstrated excellent outcomes for mothers and infants including reduced preterm and low birthweight rates, decreased cesarean rates, increased breastfeeding rates and over \$2000 cost savings to Medicaid for every mother/baby pair when compared to typical care (Alliman et al., 2019; CMS Informational Bulletin).

AABC recommends that the birth center regulations state very clearly that when a birth center is accredited by the Commission for Accrediting Birth Centers (CABC), that birth center will be deemed as licensed in the state of Alabama. AABC has model regulations that can be utilized with CABC accreditation as a basis, which simplifies and ensures the safety and consistency of birth center regulations.

The AABC Standards are the evidence-based standards that are recognized by national partners including the Society of Maternal Fetal Medicine (SMFM) and American College of Obstetricians and Gynecologists (ACOG). In the Levels of Maternal Care (2019), ACOG recognizes the freestanding birth center as a level of care within the larger perinatal care system and states that the AABC

Standards should be followed as the basis for that care and that CABC Accreditation be a requirement for licensure (Levels of Care).

Many of the provisions outlined in the proposed regulations are not in line with current evidence-based national standards or CABC accreditation. Since CABC accreditation will be required for all licensed birth centers in the state, CABC indicators should be used for licensure (Attachment- Table of Proposed Regulations compared with the AABC Standards). To include provisions in the regulations that are not aligned with AABC Standards or with evidence-based care could lead to confusion about required components of care and to potential problems with patient safety.

When AABC Standards and CABC Accreditation are used as a basis for licensure, then the state is not required to add new staff and cost for site visits. Minnesota is one state that uses CABC accreditation to deem licensure and when a birth center becomes accredited notification is sent to the state, then that birth center is deemed licensed. Their regulations give new birth centers a temporary license for 6 months to achieve accreditation, and another 6-month extension can be requested if needed (Minnesota, <https://www.revisor.mn.gov/statutes/cite/144.615>).

420-5-13-01. General. Definitions

d. Certified Nurse-Midwife is the only midwifery certification included in these proposed definitions. However, other Licensed Midwives with a national certification as Certified Professional Midwives are licensed in Alabama. Regulations for Licensed Midwives state they may practice “in the setting of the client’s choice except a hospital” (Alabama 582-X-3.03, 2018). The education and training of Certified Professional Midwives makes them appropriate providers for birth center practice. In fact, over half the birth centers in the US are owned and or staffed by CPMs. This omission is out of alignment with AABC Standards. Current studies that show improved outcomes with birth center care include birth centers staffed by Certified Professional Midwives, Certified Nurse-Midwives and Certified Midwives. (Alliman; Dubai; CMS).

p. Normal Uncomplicated Pregnancy

Risk scoring as described in the draft is no longer utilized in birth center practice. An ongoing risk assessment throughout the prenatal period, labor, birth and postpartum evaluates the patient status and documents whether the patient meets criteria to be admitted for care in the birth center. There may also be situations where due to longer distances from specialist prenatal care, collaborative care in partnership with a maternal fetal medicine provider may be offered, with some prenatal or postpartum care visits provided by birth center staff.

s. Risk Status Criteria (Appendix A)

Some of the risk criteria listed here are out of alignment with current evidence. Risk criteria are outlined in the AABC Standards and the CABC Indicators for Accreditation. They are specified in the birth center evidence-based Practice Guidelines. Risk screening is an ongoing process from the first prenatal visit throughout admission in labor, the labor, birth, and postpartum period. Risk criteria we disagree with 1) under Major medical problems --Diabetes Mellitus—birth centers may care for

diet-controlled gestational diabetes but not for those with preexisting diabetes, gestational diabetes requiring medication, or not well-controlled with diet. 2) Under Previous History of significant obstetrical complications, birth centers may care for those with five or more term pregnancies if they have a low risk medical and obstetrical history. 3) CABC Accreditation does not prevent birth centers from providing care for those choosing vaginal birth after a previous cesarean if other risk factors do not complicate the pregnancy or birth. Birth centers may also care for a nullipara over 40 years of age and will use clinical judgment on this risk factor for appropriateness for birth center admission in labor. For a malformed fetus, there may be cases where a congenital malformation is not compatible with extrauterine life. In these cases, the birth center should be an option as a place for birth of that fetus if the family chooses.

t. 4.

Stay in the birth center of no more than 23 hours

The length of stay in the birth center is measured as the length of the postpartum stay, which begins after the birth of the newborn. This is limited to no more than 23 hours, because the birth center is defined as an outpatient facility by NAICS and other agencies. The length of labor and birth will vary.

v. Transfer Agreement

The requirement that licensed birth centers obtain a written transfer agreement with a hospital within twenty-five miles of the birth center constitutes a barrier for midwife-led birth centers within the state. First, there are maternity care deserts in Alabama where there are no maternity care services. Childbearing people in these parts of the state must drive long distances for care. To address the current lack of care and resulting maternal and infant health disparities, maternity care must be provided in areas in need of services. Current evidence indicates that the imposition of a twenty-five-mile distance is not necessary because no difference in outcomes are found with a longer distance from transfer hospital.

Birth centers desire to enter into transfer agreements and establish good communication with local transfer hospitals, up to and including practice of transfer drills to ensure seamless transfer of patients when necessary. The ACOG/SMFM document—Maternal levels of care (attached) states that accredited birth centers are part of the health care system and promotes communication between the various levels of care. Where birth centers are not yet integrated into the healthcare system, hospitals may refuse to enter into signed transfer agreements. Thus the AABC Standards and CABC Accreditation require that if a signed agreement is not available, that the birth center must write in policies and procedures their detailed plans for safe transfer of patients.

420-5-13-03 Medical Staff

(a) Consultant Physician

This provision states that the Consultant Physician “must be available within a reasonable time to assist at the birth center.”

This requirement is not in alignment with current evidence or safe management of emergency situations. When a patient experiences a complication at the birth center, the staff are trained in stabilization and preparation for transfer. It is not recommended that a consultant physician come to the birth center in those situations, but that emergency service personnel come to the birth center and along with midwifery staff, stabilize and expedite transfer to meet the consultant physician at the hospital.

i. Certified Nurse-Midwifery and Physician Services

Requires that all policies and procedures follow the Standards of the “National Association of Childbearing Centers.” This is the former name of American Association of Birth Centers (AABC), so the name should be changed throughout.

420-5-13-.15 Pharmaceutical Services

2 (a) Medicine storage

The references to a “drug room” do not take into account the need to have some emergency medications on hand in each birth room. For example, a supply of Pitocin for postpartum intramuscular administration should be kept in a locked cabinet in each birth room for ready use when needed. In most cases, the larger medication stocks will be kept in a locked room or in a locked cabinet in a clean utility room. AABC and CABC do not deem it necessary to have one room entirely designated for drugs or medications when primary patients are low risk without complications expected. The birth center shall always have an emergency cart with medications and resuscitation equipment ready for use.

420-5-13-.19 Physical plant

2. w. Corridors

AABC Standards require that construction of the birth center meet the level of Medical/Clinical office construction. The hallway width required for medical offices is sixty inches or five feet wide. This allows plenty of room for stretcher access. The requirement for a width of six feet as proposed in these regulations is excessive and out of alignment with evidence-based standards.

We have listed here some of the proposed regulations that are out of alignment with the current evidence and practice of birth centers in the US. If further information is needed, please do not hesitate to contact us for questions or clarification. Please also refer to the attached document showing comparison sections of the AABC Standards which are based on the most recent practice and clinical evidence.

We encourage you to bring all the stakeholders to the table to work on evidence-based and current birth center regulations, with a focus on the developing birth centers, midwives --both Certified Professional and Certified Nurse-Midwives, and the physicians who are already working in collaboration with midwives. We also encourage that the community groups working to reduce maternal and infant health disparities and improve outcomes for all be invited to work together on

these regulations. These are the experts in community birth, and they can help to improve access and health. AABC would be happy to participate in any way we can to help.

Sincerely,



Aubre Tompkins, MSN, CNM
President, AABC



Jill Alliman, DNP, CNM
Government Affairs Chair, AABC

The following resources are attached or linked below for reference

- Review of Proposed Alabama Birth Center Regulations Chapter 420-5-13 and AABC Standards for Birth Centers (table)
- Birth Centers Integrated in a Primary Care System (flow model diagram)
- A Picture of the Loss of Rural Obstetrical Service in Alabama 1980 to 2019 (map)
- Birth Centers Defined (article)
- AABC Toolkit: Best Practices in Birth Center Regulations (<https://www.birthcenters.org/page/regstoolkit>)
- AABC Standards for Birth Centers (<https://www.birthcenters.org/page/Standards>)
- CABC Indicators for Compliance with Standards for Birth Centers, Reference Edition 2.2 (<https://birthcenteraccreditation.org/go-get-cabc-indicators/>)
- ACOG and SMFM Consensus Statement 2. *Levels of Maternal Care*, 2019 (<https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care>)
- ACOG Committee Opinion 766. *Approaches to limiting interventions during labor*. 2019 (<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/02/approaches-to-limit-intervention-during-labor-and-birth>)
- ACOG Consensus Statement #1. *Safe prevention of the primary cesarean section*. 2014 (<https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2014/03/safe-prevention-of-the-primary-cesarean-delivery>)
- Research: Strong Start in birth centers: Socio-demographic characteristics, care processes, and outcomes for mothers and newborns (Alliman, et al. 2019) (<https://doi.org/10.1111/birt.12433>)
- Research: Improving Birth Outcomes And Lowering Costs For Women On Medicaid: Impacts Of 'Strong Start For Mothers And Newborns' (Dubay, et al. 2020) (<https://doi.org/10.1377/hlthaff.2019.01042>)
- Minnesota Statute 144.615. (<https://www.revisor.mn.gov/statutes/cite/144.615>)

Review of Proposed Alabama Regulations Chapter 420-5-13 Birthing Centers and AABC Standards for Birth Centers

Section	What it Does	Why it's Problematic	Evidence and Relevant AABC Standards
§ 420-5-13-.01	<p>General Definitions.</p> <p>d. Certified Nurse-Midwife is the only midwifery certification included in this section of proposed regulations.</p>	<p>Federal Statute states that birth attendants in licensed birth centers must be licensed or recognized in the state.</p> <p>AABC birth centers and birth center providers in research studies in attached materials include physicians, certified professional midwives, certified nurse-midwives, and certified midwives. Certified professional midwives provide care in and/or own half of the birth centers in the US.</p>	<p>Sec. 2301</p> <p>Sec. 1905 of Social Security Act (42 U.S.C.)</p> <p>“A State shall provide separate payments to providers administering prenatal labor and delivery or postpartum care in a freestanding birth center (as defined in subparagraph (B)), such as nurse midwives and other providers of services such as birth attendants recognized under State law, as determined appropriate by the Secretary. For purposes of the preceding sentence, the term ‘birth attendant’ means an individual who is recognized or registered by the State involved to provide health care at childbirth and who provides such care within the scope of practice under which the individual is legally authorized to perform such care under State law (or the State regulatory mechanism provided by State law)”</p>
§ 420-5-13-.01	<p>General Definitions.</p> <p>p. Normal Uncomplicated Pregnancy Describes a “risk scoring” process.</p>	<p>The process of “risk scoring” described here is not in alignment with the actual process in birth centers. Risk scoring is an ongoing process in the birth center that is included within every encounter from the first</p>	<p>Standard 7.A. Evaluation of Quality Care</p> <p>1. Policies, protocols, and clinical practice guidelines are evaluated to ensure that they are consistent with current national standards and best available scientific evidence including, but not limited to:</p>

Section	What it Does	Why it's Problematic	Evidence and Relevant AABC Standards
		<p>prenatal visit throughout pregnancy, upon evaluation for admission in labor, throughout labor, birth and postpartum</p>	<ul style="list-style-type: none"> a) Ongoing prenatal risk assessment and birth center eligibility b) Comprehensive perinatal care consistent with the birth center model c) Intrapartum care including policies supporting physiologic labor and birth d) Neonatal care including assessment and resuscitation e) Postpartum care of mother and infant including feeding practices f) Identification of deviations from normal g) Management of complications at the birth center when appropriate h) An established mechanism for transfer to appropriate levels of care when client conditions warrant
<p>§ 420-5-13-.01 Definitions and Appendix A.</p>	<p>s. Risk Status Criteria</p>	<p>Some of the risk criteria on this list are not in alignment with AABC Standards.</p>	<p>Standard 1.C. Services Provided</p> <p>1. The birth center provides or demonstrates availability of a mother-centered range of services to meet the physical, emotional, socioeconomic, informational and medical needs of the individual client including, but not limited to:</p> <ul style="list-style-type: none"> e) Ongoing risk assessment with adherence to eligibility criteria that includes, but is not limited to: <ul style="list-style-type: none"> 1) Compliance with regulatory

Section	What it Does	Why it's Problematic	Evidence and Relevant AABC Standards
			<ul style="list-style-type: none"> restrictions on eligibility 2) Gestational age limited to 36-42 weeks 3) Singleton pregnancy 4) Cephalic presentation 5) No medical, obstetric, fetal and/or neonatal condition precluding a safe labor, birth and postpartum period in a birth center
§ 420-5-13-.01 Definitions and Appendix A.	Prevents VBAC in a FSBC	Attendance of VBAC is not outside of the scope of a FSBC	AABC Standards don't include VBAC as a risk factor precluding birth center birth. Standard 1.C. Services Provided 1. The birth center provides or demonstrates availability of a mother-centered range of services to meet the physical, emotional, socioeconomic, informational and medical needs of the individual client including, but not limited to: <ul style="list-style-type: none"> e) Ongoing risk assessment with adherence to eligibility criteria that includes, but is not limited to: <ul style="list-style-type: none"> 1) Compliance with regulatory restrictions on eligibility 2) Gestational age limited to 36-42 weeks 3) Singleton pregnancy 4) Cephalic presentation 5) No medical, obstetric, fetal and/or neonatal condition precluding a safe

Section	What it Does	Why it's Problematic	Evidence and Relevant AABC Standards
			labor, birth and postpartum period in a birth center
§ 420-5-13-.01 Definitions and Appendix A.	Prevents care for anyone with parity > 5	<p>Parity over five is not outside the scope of a FSBC.</p> <p>Current research has identified that the risks associated with grand multiparity are unclear and the data has been inconsistent. Current evidence is supportive that grand multiparity alone is not indicative of risk, and other factors and comorbidities should be considered.</p> <p>Risks that are considered 'probable' such as hemorrhage and abruption have inconsistent evidence to support these findings and may be related to the health status of the birthing person.</p> <p>The risk analysis and evaluation that is routine for all clients in midwifery care would identify many of the associated risks such as abnormal placentation, malpresentation, uncontrolled diabetes mellitus, and hypertension</p>	<p>https://www.uptodate.com/contents/grand-multiparity?source=history_widget</p> <p>Not included in AABC Standards as a risk factor precluding birth center birth.</p> <p>Standard 1.C. Services Provided</p> <p>1. The birth center provides or demonstrates availability of a mother-centered range of services to meet the physical, emotional, socioeconomic, informational and medical needs of the individual client including, but not limited to:</p> <p>e) Ongoing risk assessment with adherence to eligibility criteria that includes, but is not limited to:</p> <ol style="list-style-type: none"> 1) Compliance with regulatory restrictions on eligibility 2) Gestational age limited to 36-42 weeks 3) Singleton pregnancy 4) Cephalic presentation 5) No medical, obstetric, fetal and/or neonatal condition precluding a safe labor, birth and postpartum period in a birth center

Section	What it Does	Why it's Problematic	Evidence and Relevant AABC Standards
§ 420-5-13-.01	t.4. Stay in the birth center of no more than 23 hours.	The length of stay in the birth center is measured as the length of the postpartum stay, which begins at the birth of the newborn. Length of labor will vary (ACOG) and thus labor birth, and postpartum care could not be provided within that time frame.	Birth centers are defined by the North American Industry Classification System (NAICS) as an outpatient health care facility. (https://www.naics.com/naics-code-description/?code=621498)
§ 420-5-13-.01	v. Transfer Agreement	The requirement that licensed FSBCs obtain a written transfer agreement with a hospital within 25 miles of the birth center constitutes a barrier for access to midwifery led FSBCs within the state. Although FSBCs desire to enter into agreements and optimal communication with transfer hospitals, hospitals may refuse due to concerns about the risk of vicarious liability.	Standard 2.C. Administration 9. There are agreements and/or written policies and procedures for collaboration with other agencies, institutions or individuals for services to clients including, but not limited to: a) Laboratory and diagnostic services b) Childbirth education/parent education support services c) Obstetric consultation services d) Pediatric consultation services e) Transport services f) Obstetric/newborn acute care in licensed hospitals g) Home health care services
§ 420-5-13-03 Medical Staff	(a) Consultant Physician "must be available within a reasonable time to assist at the birth center."	Not in alignment with current evidence or safe management of emergency situations at the birth center. When a patient experiences a complication at the birth center, midwifery and nursing staff are trained in stabilization and	Standard 2.C. Administration 9. There are agreements and/or written policies and procedures for collaboration with other agencies, institutions or individuals for services to clients including, but not limited to: a) Laboratory and diagnostic services b) Childbirth education/parent education

Section	What it Does	Why it's Problematic	Evidence and Relevant AABC Standards
		<p>preparation for transfer. It is not recommended that a consultant physician come to the birth center, which could delay transfer. Along with midwifery and support staff, emergency personnel will expedite transfer to the acute care hospital to meet the consultant physician.</p>	<p>support services c) Obstetric consultation services d) Pediatric consultation services e) Transport services f) Obstetric/newborn acute care in licensed hospitals g) Home health care services</p>
<p>§ 420-5-13-.15 Pharmaceutical Services</p>	<p>2. (a) Medicine Storage</p>	<p>This section refers to a “drug room.” Whereas larger stocks of medications may be kept in a clean utility room in a locked cabinet, it is not necessary to have an entire room for medications in a low-risk birth center.</p> <p>It is also necessary to keep supplies of medications needed for a birth in the birth rooms in locked cabinets for rapid access when needed. These medication supplies or monitored in the same way as those in stock storage.</p>	<p>Standard 4.B. Equipment & Supplies 2. There is a system to monitor all equipment, medications, intravenous fluids and supplies. b) The inventory of supplies, intravenous fluids, and medications is sufficient to care for the number of women and families registered for care. c) Supplies such as needles, syringes and prescription pads are appropriately stored to avoid public access. d) Controlled medications are maintained in double-locked, secured cabinets with a written procedure for accountability. f) Medication management is in compliance with state and federal regulations</p>
<p>§ 423-5-13-.19 Physical Plant</p>	<p>2.w. Corridors</p>	<p>AABC Standards and national codes require that construction in the birth center meet the level of Medical or Clinical Office construction. A hallway width of 5 feet is required for this</p>	<p>Standard 4.A. Facility 10. Provides appropriate space to provide the following services for women and families including, but not limited to: e) Emergency care of the woman and/or</p>

Section	What it Does	Why it's Problematic	Evidence and Relevant AABC Standards
		<p>construction level. Requiring 6 feet wide corridors limits the use of existing buildings for birth centers and provides a barrier to access to care in some areas.</p>	<p>newborn f) Access by emergency medical service personnel</p>

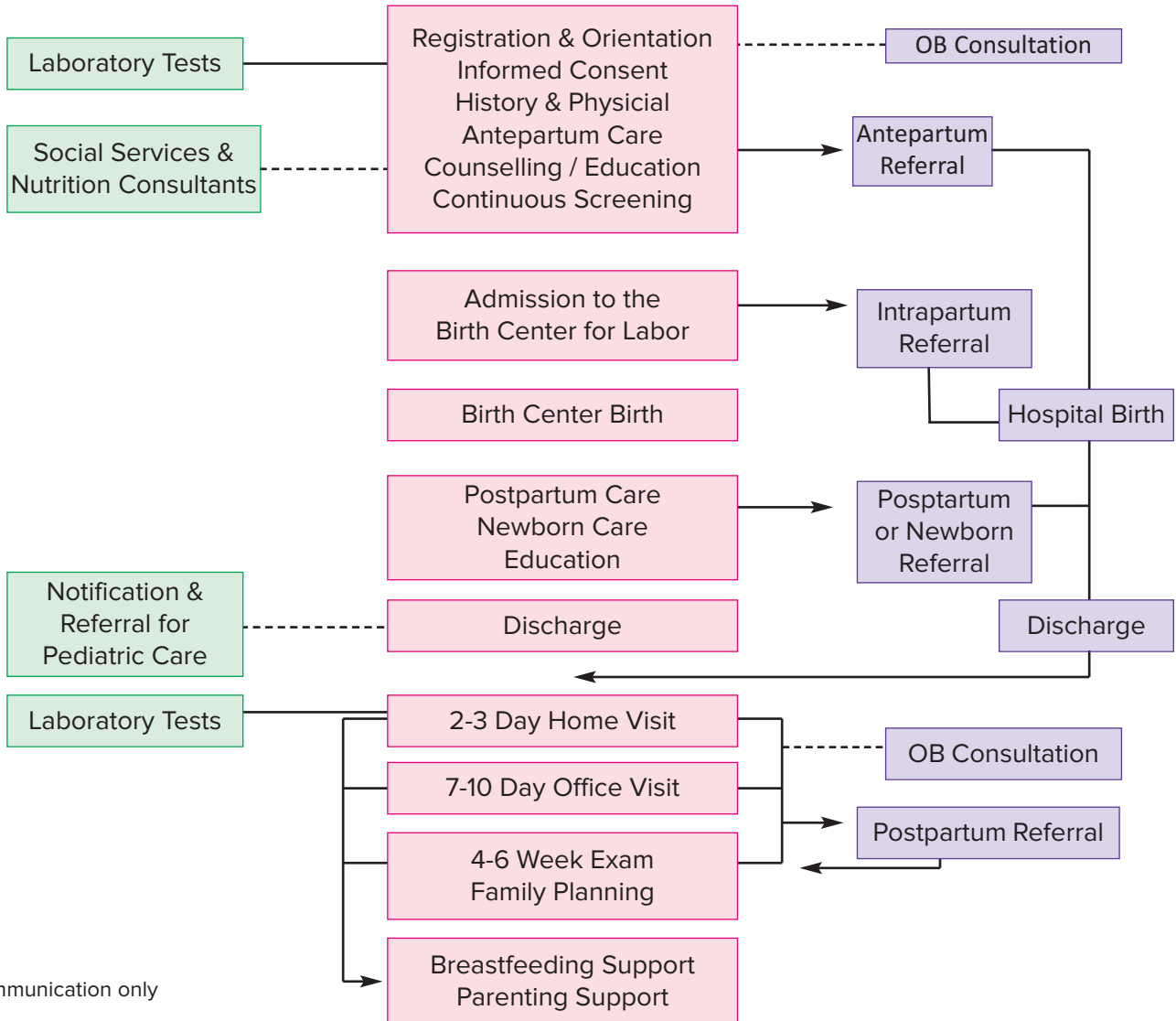
The Birth Center

Primary Care in an Integrated Health Care System

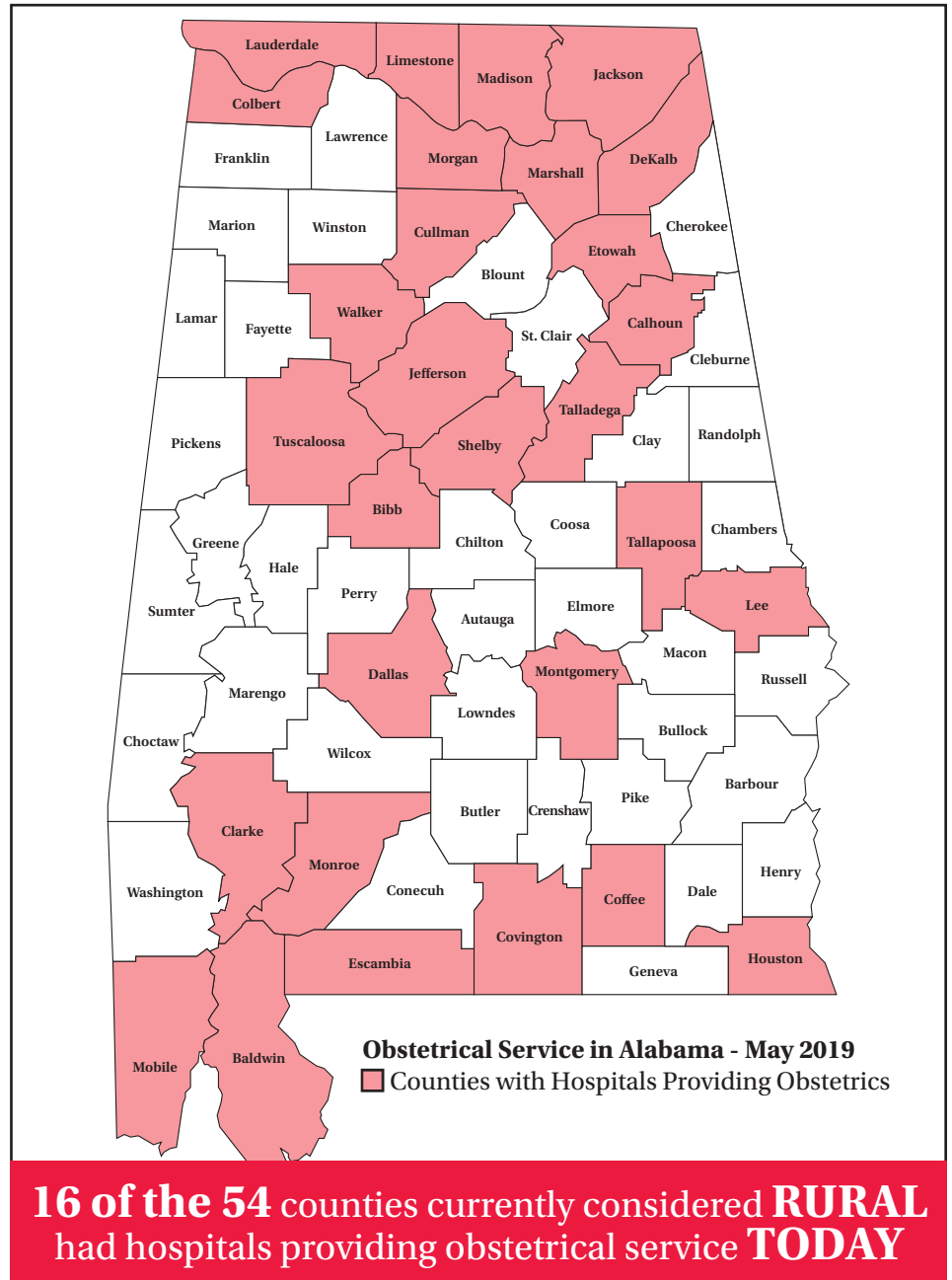
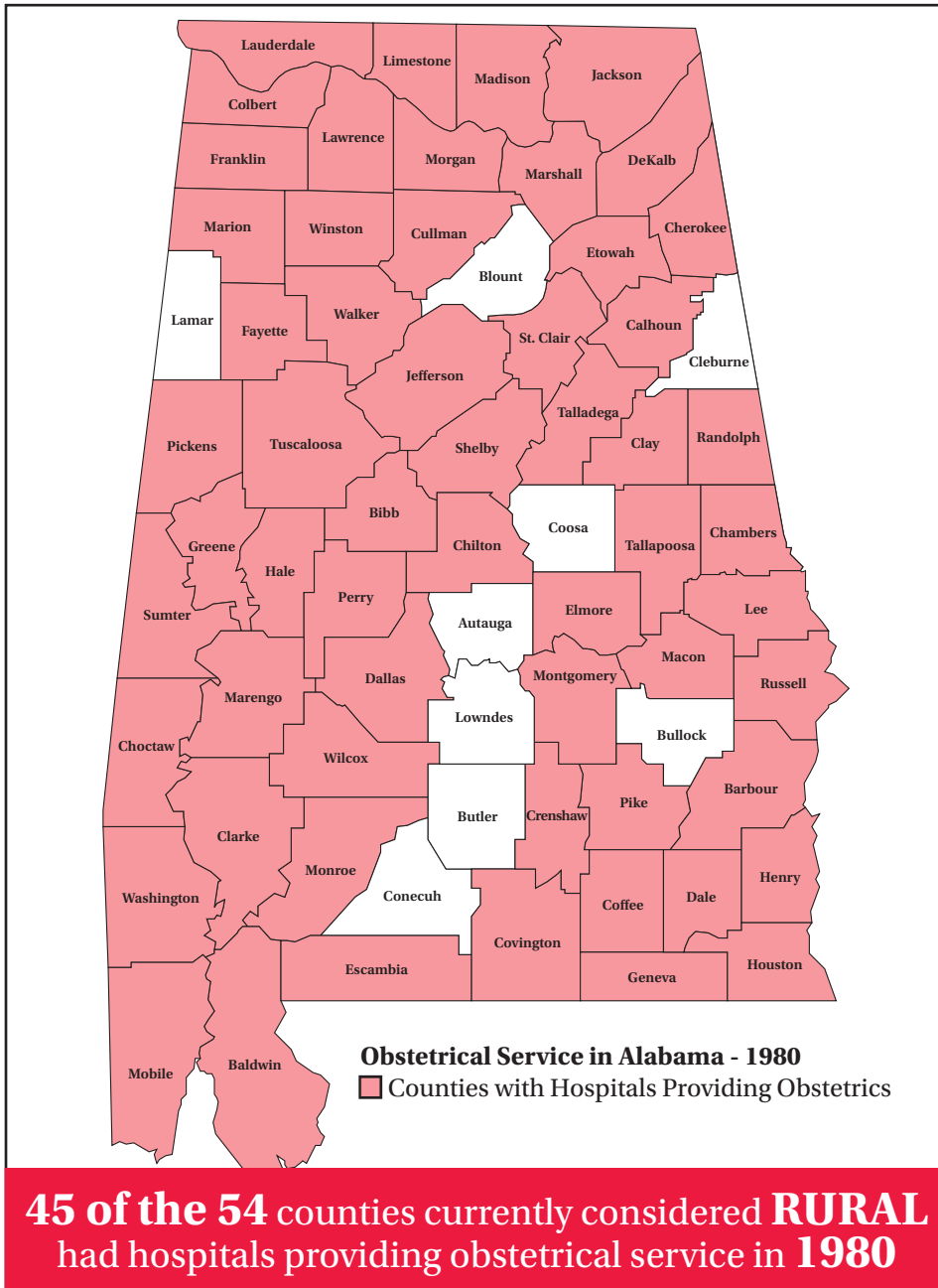
Ancillary Services

Birth Center / Primary Care

Hospital / Physician Care



A PICTURE OF THE LOSS OF RURAL OBSTETRICAL SERVICE IN ALABAMA 1980 TO 2019



Produced by the Alabama Department of Public Health, Office of Primary Care and Rural Health, May 17, 2019. The defining of counties as being rural or urban is based upon a definition that is used by the Alabama Rural Health Association.

Birth Centers Defined

Kate Bauer, MBA

How a birth center is defined is dependent on the audience or the purpose of the definition. Are you explaining the birth center to a consumer audience? Will the definition be used for regulatory purposes? In this article we will look at how and where birth centers are defined.

AABC Definition

The American Association of Birth Centers (AABC) defines a birth center as a health care facility for childbirth where care is provided in the midwifery and wellness model. The birth center is freestanding and not a hospital.

Birth centers are an integrated part of the health care system and are guided by principles of prevention, sensitivity, safety, appropriate medical intervention and cost-effectiveness. While the practice of midwifery and the support of physiologic birth and newborn transition may occur in other settings, this is the exclusive model of care in a birth center.

The birth center respects and facilitates a woman's right to make informed choices about her health care and her baby's health care based on her values and beliefs. The woman's family, as she defines it, is welcome to participate in the pregnancy, birth, and the postpartum period.

Approved by AABC Board of Directors: 4.23.2017

Standards for Birth Centers

A birth center is defined in the Standards for Birth Centers in Standard 1. Philosophy and Scope of Service:

The birth center is a health care facility for childbirth where care is provided in the midwifery and wellness model. The birth center is freestanding and not a hospital.

Birth centers are an integrated part of the health care system and are guided by principles of prevention, sensitivity, safety, cost-effectiveness, and appropriate medical intervention. While the practice of midwifery and the support of physiologic birth and newborn transition may occur in other settings, this is the exclusive model of care in a birth center.

The birth center respects and facilitates a pregnant person's right to make informed choices about their health care and their baby's health care based on her values and beliefs. The person's family, as they define it, is welcome to participate in the pregnancy, birth, and the postpartum period.

Ratified by AABC Membership: 10.7.2017

CMS (federal definition)

A birth center is a facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care as well as immediate care of newborn infants.

Centers for Medicare & Medicaid Services Place of Service Codes for Professional Claims Database

Birth Centers Defined in Federal Statute

The Patient Protection and Affordable Care Act added a statutory definition of "freestanding birth center" to section 1905(l)(3) of the Social Security Act:

42 U.S.C. § 1396(l)(3)

(B) The term "freestanding birth center" means a health facility –

(i) that is not a hospital;

(ii) where childbirth is planned to occur away from the pregnant woman's residence;

(iii) that is licensed or otherwise approved by the State to provide prenatal, labor and delivery or postpartum care and other ambulatory services that are included in the plan; and

(iv) that complies with such other requirements relating to the health and safety of individuals furnished services by the facility as the State shall establish.

United States Government. Social Security Act. 42 USC § 1396a(a)(10)(A)

Birth Centers in Levels of Maternal Care

The ACOG/SMFM Obstetric Care Consensus document "Levels of Maternal Care" defines accredited birth centers:

Care for low-risk women with uncomplicated singleton term vertex pregnancies who are expected to have an uncomplicated birth.

Obstetric Care Consensus: Levels of Maternal Care. August 2019

Birth Centers in the FGI Guidelines

The Facilities Guidelines Institute defines birth centers in the *FGI Guidelines for Design and Construction of Outpatient Facilities* (2018):

A freestanding birth center is exclusively dedicated to serving childbirth-related needs of women and their newborns. A birth center is any health facility, place, or institution that is not a hospital or in a hospital where birth is planned to occur away from the mother's residence following a normal, uncomplicated pregnancy.

Facilities Guidelines Institute. FGI Guidelines for Design and Construction of Outpatient Facilities 2018. 3.4-1

Birth Centers in the NFPA Life Safety Code

The National Fire Protection Association defines birth centers in the *Life Safety Code*:

3.3.34 Birth Center. A facility where low-risk births are planned to occur following normal, uncomplicated pregnancy, providing professional midwifery care to women during pregnancy, birth, and postpartum

A.3.3.34 Birth Center. A birth center is a low-volume service for healthy, childbearing women, and their families, who are capable of ambulation in the event of fire or fire-threatening events. Birth center mothers and babies have minimal analgesia, receive no general or regional anesthesia, and are capable of ambulation, even in second-stage labor.

National Fire Protection Association. NFPA Life Safety Code 2021

Birth Centers in Billing Standards

1. Facility Taxonomy – Birthing, 261QB0400X – Based on Type: Level III Area of Specialization, “a freestanding birth center is a health facility other than a hospital where childbirth is planned to occur away from the pregnant woman’s residence, and that provides prenatal, labor and delivery, and postpartum care, as well as other ambulatory services for women and newborns.” (Source: Washington Publishing Co. & Social Security Act [42 U.S.C. §1396d(1)(3)(B)] [1/1/2013: added definition])
2. Facility Billing Codes – The “Type of Bill” is 084x for Freestanding Birthing Center; and the “Revenue Code” is 0724 for labor room or delivery at a Birthing Center. (Source: National Uniform Billing Committee, NUBC - publishes the UB-04/CMS 1450)
3. Provider Billing Codes – The “Place of Service Code” is 25 for Birthing Center and 11 for Hospital. (Source: National Uniform Claim Committee, NUCC – publishes the CMS 1500)

Birth Centers in Industry Classifications

North American Industry Classification System (NAICS) is a system for classifying establishments (individual business locations) by type of economic activity.

621498 = All Other Outpatient Care Centers (includes birth centers)

NAICS United States, 2022 Manual

American Public Health Association

The American Public Health Association defined birth centers in their policy statement “APHA Guidelines for Licensing and Regulating Birth Centers”:

Any health facility, place, or institution which is not a hospital or in a hospital and where births are planned to occur away from the mother's usual residence following normal, uncomplicated pregnancy.

APHA Guidelines for Licensing and Regulating Birth Centers, January 1982

Birth Centers Defined in State Regulations

Thirty-nine states and the District of Columbia have birth center specific regulations for licensing birth centers. In each of these state regulations birth centers have been defined for regulatory purposes. Many of these definitions are based on the *APHA Guidelines for Licensing and Regulating Birth Centers* (see above).

Alabama

No birth center regulations.

Alaska

7 AAC 12.401. Determination of a free-standing birth center; scope of services

(a) Subject to (b) of this section, the department will consider an entity to be a free-standing birth center if the entity

(1) is a publicly or privately owned facility, place, or institution that is constructed, renovated, leased, rented, or otherwise established;

(2) is a place

(A) where midwifery services are provided;

(B) that is physically separate from acute care obstetrical services;

(C) that is administratively autonomous from a hospital or other health facility; and

(D) that has a separate and required staff, including administrative staff;

(3) is located within 20 miles by road from a hospital that provides the services required under 7 AAC 12.405(g); and

(4) provides planned, nonemergency midwifery services for low-risk maternal clients

(A) away from the client's residence; a birth center may not offer or provide labor or delivery services at a location other than its licensed premises;

(B) after a documented period of prenatal care for a normal, uncomplicated pregnancy that is determined to be low-risk through physical examinations, and through risk assessments conducted in accordance with the standards developed under 7 AAC 12.403(f); and

(C) who do not require hospitalization.

(b) Notwithstanding (a)(2)(B), (C), and (D) of this section, a hospital or other health facility may own and operate a birth center if

(1) the birth center is physically separate from the hospital's obstetrical unit;

(2) each primary care provider in the birth center is a midwife;

(3) the birth center operates as an administratively autonomous department and is responsible for reporting directly to the governing body of the hospital or health facility on all matters concerning the birth center; and

(4) the birth center is licensed separately.

Arizona

“Birth center” means a health care facility that is not a hospital and is organized for the purpose of delivering newborns

Arkansas

Free-Standing Birthing Centers -any facility which is organized to provide family centered maternity care in which births are planned to occur in a home-like atmosphere away from the mother=s usual residence following a low-risk pregnancy. The facility shall not provide operative obstetrics, including use of forceps, vacuum extractions, Caesarean sections, or tubal ligations. The Free-Standing Birthing Center must be located within thirty (30) minutes of a hospital (via ambulance) which offers obstetric and nursery services, and which maintains an on-call team to provide emergency C-sections and stabilization of infants.

California

An "alternative birth center" means a clinic that is not part of a hospital and that provides comprehensive perinatal services and delivery care to pregnant women who remain less than 24 hours at the facility.

Colorado

Birth Center – Any public or private health facility or institution which is not licensed as a hospital or as part of a hospital and provides care during delivery and immediately after delivery for generally less than twenty-four hours.

Connecticut

Regulated under “maternity hospital” – freestanding birth center not defined

Delaware

“Birthing Center” means a public or private health facility other than a hospital which is established for the purpose of delivering babies and providing immediate postpartum care. Non-emergency births are planned to occur away from the mother’s usual residence following a documented period of prenatal care for a normal uncomplicated pregnancy which has been determined to be low risk through a formal risk scoring examination.

District of Columbia

Maternity center - a facility or other place, other than a hospital or the mother's home, that provides antepartal, intrapartal, and postpartal care for both mother and newborn infant during and after normal, uncomplicated pregnancy.

Florida

A birth center is a licensed facility that is not an ambulatory surgical center, hospital or located within a hospital where births are planned to occur (following a normal, uncomplicated, low-risk pregnancy) away from the mother’s usual place of residence.

Georgia

"Birth Center", "Birthing Center" or "Center" means a facility, other than the laboring woman's legal residence, which admits persons for the purpose of childbearing and which facility has not been classified and licensed by the Department as a hospital.

Hawaii

"Freestanding birthing facility" means a public or private facility whose only purpose is the reception of maternity patients and the providing of care during pregnancy, delivery, and the immediate postpartum period. The service is limited to the low risk maternity mother and her newborns. It shall not have direct financial or administrative connection with a broad service hospital.

Idaho

No birth center regulations.

Illinois

Birth Center - A birth center is defined in the Alternative Healthcare Delivery Act (Public Act 095-0445) as an alternative healthcare delivery model that is exclusively dedicated to serving the childbirth-related needs of women and their newborns and has no more than 10 beds. A birth center is a designated site in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy that is away from the mother's usual place of residence.

Indiana

A birthing center is a freestanding entity that has the sole purpose of delivering a normal or uncomplicated pregnancy. A birthing center does not include a hospital licensed as a hospital under Indiana Code 16-21-2.

Iowa

"Birth center" means any facility, institution, or place, which is not an ambulatory surgical center or a hospital or in a hospital, in which births are planned to occur away from the mother's usual residence following a normal, uncomplicated, low-risk pregnancy.

Kansas

"Maternity center" means a facility which provides delivery services for normal, uncomplicated pregnancies but does not include a medical care facility as defined by K.S.A. 65-425 and amendments thereto.

Kentucky

Alternative birth centers are establishments with permanent facilities which provide prenatal care to low risk childbearing women. An alternative birth center provides a homelike environment for pregnancy and childbirth including prenatal, labor, delivery, and postpartum care related to medically uncomplicated pregnancies.

Louisiana

Medicaid Definition

Birthing Centers are facilities for the primary purpose of performing low-risk deliveries but are not a hospital or licensed as part of a hospital. "Low-risk pregnancy" means a normal, uncomplicated prenatal course as determined by documentation of adequate prenatal care and the anticipation of a normal, uncomplicated labor and birth, as defined by reasonable and generally accepted criteria adopted by professional groups for maternal, fetal, and neonatal health care. Neither general nor epidural anesthesia shall be provided in the birthing center.

Hospitals – Alternative Birthing Units – A unit located within a hospital in which delivery is expected following a low risk, normal and uncomplicated pregnancy. Care and services provided prior to, during and following childbirth are under the direction of a certified nurse-midwife.

Maine

"Birthing center" means any non-hospital health facility, institution, or place designed to accommodate mothers giving birth away from home at the culmination of normal, uncomplicated pregnancies.

Maryland

(3) Freestanding Birthing Center.

(a) "Freestanding birthing center" means a facility that provides nurse midwife services through individuals licensed to practice under Health Occupations Article, Title 8, Subtitle 6, Annotated Code of Maryland.

(b) "Freestanding birthing center" does not include:

- (i) Birthing services that are licensed or accredited as a unit of a hospital; or
- (ii) The private residence of the patient.

Massachusetts

A Birth Center is a home-like facility where low risks births are planned to occur following normal, uncomplicated pregnancy. A birth center has sufficient space to accommodate participating family members and support people of the women's choice. A Birth Center provides professional midwifery practice to childbearing women during pregnancy, birth, and puerperium and to the infant during the immediate newborn period by nurse-midwives or by an obstetrician or family practitioner with obstetrical privileges in a nearby hospital licensed in Massachusetts or operated by the Commonwealth. A Birth Center has specified access to acute care obstetric and newborn services.

Free-standing Birth Center means a birth center which is not maintained and operated by a hospital. For purposes of licensure, a free-standing birth center is a clinic.

Hospital-affiliated Birth Center means a birth center which is maintained and operated by a hospital. The birth center must be nearby but not be physically attached in any manner, including

connection by corridors, to any other hospital services including the obstetrics service. A birth center is not a birth room or birthing suite or other short stay in-patient service.

Free-standing birth centers are required to obtain clinic licensure pursuant to M.G.L. c. 111, §§ 51 through 56 and to comply with the licensure and administrative requirements set forth in 105 CMR 140.000: Subpart A (105 CMR 140.100 through 140.199).

Hospital-affiliated birth centers are required to operate under a hospital license issued pursuant to M.G.L. c. 111, §§ 51 through 56 and to comply with the requirements of 105 CMR 130.000: Hospital Licensure with the exception of those standards governing obstetric and newborn services (105 CMR 130.600 through 130.699).

Michigan

No birth center regulations.

Minnesota

"Birth center" means a facility licensed for the primary purpose of performing low-risk deliveries that is not a hospital or licensed as part of a hospital and where births are planned to occur away from the mother's usual residence following a low-risk pregnancy.

<https://www.revisor.mn.gov/statutes/?id=144.615>

Mississippi

15.16.43.2. Birthing Center. A "Birthing Center" shall mean a publicly or privately owned facility, place or institution constructed, renovated, leased or otherwise established where non-emergency births are planned to occur away from the mother's usual residence following a documented period of prenatal care for a normal uncomplicated pregnancy which has been determined to be low risk through a formal risk scoring examination. Care providing in a birthing center shall be provided by a licensed physician, or certified nurse midwife and a registered nurse. Services provided in a birthing center shall be limited in the following manner:

- a) Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or caesarean sections
- b) Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor
- c) Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conducted anesthesia shall not be administered at birthing centers
- d) Patients shall not remain in the facility in excess of twenty-four (24) hours.
- e) Hospitals are excluded from the definition of a "birthing center" unless they choose to and are qualified to designate a portion or part of the hospital as a birthing center, and nothing herein shall be construed as referring to the usual service provided the pregnant female in the obstetricgynecology service of an acute care hospital. Such

facility or center, as heretofore stated, shall include the offices of physicians in private practice alone or in groups of two (2) or more; and such facility or center rendering service to pregnant female persons, as stated heretofore and by the rules and regulations promulgated by the licensing agency in furtherance thereof, shall be deemed to be a "birthing center" whether using a similar or different name. Such center or facility if in any manner is deemed to be or considered to be operated or owned by a hospital or a hospital holding leasing or management company, for profit or not for profit, is required to comply with all birthing center standards governing a "hospital affiliated" birthing center as adopted by the licensing authority.

3. Hospital Affiliated Birthing Center. "Hospital affiliated" birthing center shall mean a separate and distinct unit of a hospital or a building owned, leased, rented or utilized by a hospital and located in the same county as the hospital for the purpose of providing the service of a "birthing center". Such center or facility is not required to be licensed separately and may operate under the license issued to the hospital if it is in compliance with Section 41-91-1 et seq., where applicable, and the rules and regulations promulgated by the licensing agency in furtherance thereof.
4. "Freestanding" Birthing Center. "Freestanding" birthing center shall mean a separate and distinct facility or center or a separate and distinct organized unit of a hospital or other defined persons [Section 41.7.173(q)] for the purpose of performing the service of a "birthing center". Such facility or center must be separately licensed and must comply with all licensing standards promulgated by the licensing agency by virtue of this act. Further, such facility or center must be a separate, identifiable entity and must be physically, administratively and financially independent from other operations of any hospital or other health care facility or service and shall maintain a separate and required staff, including administrative staff. Further, any "birthing center" licensed as a "freestanding" center shall not become a component of any hospital or other health care facility without securing a "certificate of need"
5. Hospitals. Hospitals are excluded from the definition of a "birthing center" unless they choose to and are qualified to designate a portion or part of the hospital as a birthing center, and nothing herein shall be construed as referring to the usually service provided the pregnant female in the obstetric-gynecology service of an acute care hospital. Such facility or center, as heretofore stated, shall include the offices of physicians in private practice alone or in groups of two (2) or more; and such facility or center rendering service to pregnant female persons, as stated heretofore and by the rules and regulations promulgated by the licensing agency in furtherance thereof, shall be deemed to be a "birthing center" whether using a similar or different name. Such center or facility if in any manner is deemed to be or considered to be operated or owned by a hospital or a hospital holding leasing or management company, for profit or not for profit, is required to comply with all birthing center standards governing a "hospital affiliated" birthing center as adopted by the licensing authority.

Missouri

(B) Birthing center—A facility, not licensed as part of a hospital, which provides maternity care away from the mother’s usual residence and where low risk births are planned to occur following a normal uncomplicated pregnancy;

Montana

Not defined

Nebraska

A Freestanding Birth Center means a health facility- 1. That is not a hospital; 2. Where childbirth is planned to occur away from the pregnant woman’s residence; 3. That is licensed or otherwise approved by the State to provide prenatal labor and delivery or postpartum care and other ambulatory services; and 4. That complies with such other requirements relating to the health and safety of individuals furnished services by the facility as the State shall establish.

Nevada

“Freestanding birthing center” means a facility that provides maternity care and birthing services using a family centered approach in which births are planned to occur in a location similar to a residence that is not the usual place of residence of the mother

New Hampshire

“Birthing center” means a facility that is not located in a licensed acute care hospital, and which provides prenatal care through postnatal care, and which instructs and assists women in natural childbirth.

New Jersey

“Birth center” means a health care facility or a distinct part of a health care facility which provides routine prenatal and intrapartum care to low-risk maternity patients who are expected to delivery neonates of a weight greater than 2,499 grams and of 36 weeks gestational age and who require a stay of less than 24 hours after birth. “Routine intrapartum care” means labor and delivery services not requiring surgical intervention.

http://www.njaasc.org/aws/NJAASC/asset_manager/get_file/103579

New Mexico

Birth center” (BC) means a freestanding birth center licensed by the state for the primary purpose of performing low-risk deliveries that is not a hospital, attached to a hospital or in a hospital, and where births are planned to occur away from the mother’s residence following a low-risk pregnancy.

New York

D&TC Birth Center - An Article 28 diagnostic and treatment center certified to provide birthing services, to low-risk patients during pregnancy, labor, and delivery who require a stay of less than 24 hours after birth. Services are provided by a physician or licensed midwife to women during a

normal and uncomplicated pregnancy, labor, birth, and puerperium. Birth center services are based on a philosophy that promotes a family-centered approach to care and views pregnancy and delivery as a normal physiological process requiring limited technological and pharmacological support. The licensed midwife or physician provides care for the low-risk woman during pregnancy and stays with her during labor from the time of admission to the birth center through the immediate postpartum period providing continuous physical and emotional support, evaluating progress, facilitating family interaction and assisting the woman in labor and delivery. Nurse practitioners may provide prenatal and post-partum care to birthing center patients. They may also provide supportive care during labor and delivery, but the attending provider for birth must be a physician or licensed midwife.

Midwifery Birth Center - Facility licensed pursuant to Article 28 of the Public Health Law that is engaged principally in providing prenatal and obstetric care, and where such services are provided principally by midwives. The facility provides prenatal, childbirth, and postpartum care and primary preventive reproductive health care to patients at low risk. Services are provided by a midwife, licensed pursuant to Article 140 of the Education Law, to patients at low risk, during pregnancy, labor, delivery, and who require only a stay of less than 24 hours after birth. Midwifery birth center services are based on a philosophy that promotes a home-like setting and family-centered approach to care and views pregnancy and delivery as a normal physiological process requiring limited technological and pharmacological support. The attending provider for birth must be a licensed midwife.

North Carolina

Medicaid Definition

A freestanding birthing center is a facility which is not a part of a hospital and provides comprehensive obstetrical care to women in which births are planned to occur away from the mother's usual residence following a normal, uncomplicated low risk pregnancy.

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North Dakota

No birth center regulations.

Ohio

"Freestanding birthing center" or "center" means a facility, or part of a facility, which provides care during pregnancy, delivery, and the immediate postpartum period to the low-risk expectant mother. "Freestanding birthing center" does not include a hospital registered under section 3701.07 of the Revised Code, or an entity that is reviewed as part of a hospital accreditation or certification program.

Oklahoma

"Birthing center" means a freestanding facility, place or institution, which is maintained or established primarily for the purpose of providing services of a certified midwife or licensed

physician to assist or attend a woman in delivery and birth, and where a woman is scheduled in advance to give birth following a normal, uncomplicated, low-risk pregnancy.

Oregon

Free Standing Birth Center" ("Birthing Center" or "Center") means any health care facility (HCF), licensed for the primary purpose of performing low risk deliveries that is not a hospital, or in a hospital, and where births are planned to occur away from the mother's usual residence following normal, uncomplicated pregnancy.

Pennsylvania

Birth center—A facility not part of a hospital which provides maternity care to childbearing families not requiring hospitalization. A birth center provides a home-like atmosphere for maternity care, including prenatal labor delivery and postpartum care related to medically uncomplicated pregnancies.

Rhode Island

"Birth Center", hereinafter referred to as center, means any public or private establishment, place or facility, geographically distinct and separate from a hospital or the mother's residence, staffed, equipped and operated to provide services to low risk mother (as defined in section 1.8 herein, during pregnancy, labor, birth and puerperium.

A hospital birth center service, maintained and operated by a hospital on its licensed premises shall be subject to the standards for birth center services as set forth in the Rules and Regulations for the Licensing of Hospitals (R23-17-HOSP) and shall operate under the hospital license.

"Birth center service" means a distinct and identifiable unit in a hospital with an obstetrical service, staffed, equipped and operated to provide services to low risk mothers-to-be (as defined in section 40.2.1 herein), or mothers during pregnancy, labor, birth and puerperium.

South Carolina

Birthing center means a facility or other place where human births are planned to occur. This does not include the usual residence of the mother or any facility which is licensed as a hospital.

South Dakota

"Birth center," any health care facility licensed under this article at which a woman is scheduled to give birth following a normal, uncomplicated pregnancy, but does not include a hospital or the residence of the woman giving birth;

<http://www.sdlegislature.gov/rules/DisplayRule.aspx?Rule=44:69&Type=All>

Tennessee

Birthing Center. Any institution, facility, place or building devoted exclusively or primarily to the provision of routine delivery services and postpartum care for mothers and their newborn infants.

<http://share.tn.gov/sos/rules/1200/1200-08/1200-08-24.20161016.pdf>

Texas

"Birthing center" means a place, facility, or institution at which a woman is scheduled to give birth following a normal, uncomplicated pregnancy, but does not include a hospital or the residence of the woman giving birth.

Utah

(b) "Birthing center" means a freestanding facility, receiving maternal patients and providing care during labor, delivery and immediately after delivery.

Vermont

No birth center regulations.

Virginia

No birth center regulations.

Washington

"Birthing center" or "childbirth center" means any health facility, not part of a hospital or in a hospital, that provides facilities and staff to support a birth service to low-risk maternity clients: PROVIDED, HOWEVER, That this chapter shall not apply to any hospital approved by the American College of Surgeons, American Osteopathic Association, or its successor.

West Virginia

4.2. Birthing Center - A type of facility which is a building, house or the equivalent organized to provide facilities and staff to support a birthing service for pregnant clients. A birthing center should be an adaptation of a home environment to a short-stay ambulatory health care facility where low risk births are planned to occur away from the mother's usual residence following normal uncomplicated pregnancy.

3.2.1. A birthing service or center operated as a service within a hospital shall be licensed under hospital licensure regulations as promulgated under Chapter 16, Article 5B of the West Virginia Code of 1931, as amended.

Wisconsin

No birth center regulations.

Wyoming

Birthing Center - any health facility, place, professional office or institution which is not a hospital or in a hospital and where births are planned to occur away from the mother's residence following normal uncomplicated pregnancy