



AABC
AMERICAN ASSOCIATION
OF
BIRTH CENTERS

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Bringing Midwifery to Main Street™

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February 15, 2024

Dante Costa, JD/MPH
Public Health Policy Associate
Connecticut Department of Health
dante.costa@ct.gov

Dear Dante Costa,

RE: Connecticut Proposed Policies and Procedures for Licensing Birth Centers

Thank you for providing us the opportunity to comment on these proposed regulations for freestanding birth centers in Connecticut. 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 Connecticut.

Freestanding birth centers have demonstrated excellent outcomes for birthing people 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 those with similar risk profiles in typical care.¹

AABC supports the comments submitted by Dr. Kenneth Blau of the Connecticut Childbirth Center and the Commission for the Accreditation of Birth Centers.

AABC has developed resources for states developing birth center regulations. We recommend the Department of Health review the AABC Toolkit: Best Practices in Birth Center Regulations. It provides materials that define key terms, review common regulatory barriers and introduce model regulatory language to align birth center licensing with best practices and national standards. Access the toolkit at <https://www.birthcenters.org/products/toolkit-regs>.

We understand that the Department of Health has not been given authority to include deeming status in the regulations. AABC recommends that when CABAC accreditation is required in the birth center regulations that the state accept

evidence of CABC accreditation. By requiring birth centers to submit their application materials for CABC accreditation, the state is creating an unnecessary, burdensome duplication. Additionally, Section 19a.XX-3.b.3 of the regulations provides the commissioner with authority to negate the CABC accreditation process by disapproving the accreditation application information submitted by the birth center. AABC has model regulations that can be utilized with CABC accreditation as a basis, simplifying and ensuring birth center regulations' safety and consistency. These are included in the aforementioned toolkit.

In Section 19a-XX-5.c, the requirement for 3 million / 5 million coverage for liability insurance is excessive and unattainable for birth centers. AABC consulted with the top liability insurance providers for birth centers and midwives. They all agreed that requiring limits in excess of \$1 million / \$3 million would be cost prohibitive for birth centers and may not be available for independent birth centers to obtain.

When the regulations require compliance with national guidelines and additionally restate some of these same guidelines in the regulations, it creates potential conflict if the standards are revised when needed in the future. For example, Section 19a-XXX-15. requires compliance with the 2022 FGI Guidelines or the most current edition adopted by the department. In the same section, the minimum size of a birth room is delineated. The FGI Guidelines changed the minimum size requirement from the 2018 edition to the 2022 edition. Will the Department of Health be reviewing the regulations to ensure consistency with all referenced national guidelines?

In Section 19a-XXX-1.25 the term "midwife" is defined as a nurse-midwife. There are multiple types of national credentials for midwives including Certified Midwife, Certified Professional Midwife and Certified Nurse-Midwife. We recommend language in the definition of "midwife" to allow for the provision of additional licensed midwifery providers without having to revise the birth center regulations.

In Section 19a-XXX-6.g the clinical director is limited to a nurse-midwife or obstetrician. We recommend that this be changed to "licensed maternity care provider" to allow for other types of licensed midwifery providers as well as family physicians.

Thank you for the opportunity to comment on these proposed regulations for licensing birth centers. We are available to answer any questions you may have about these or other changes in the future. Our hope is that these new regulations preserve high quality evidence-based care that promotes increased access and decreased disparities.

Respectfully,



Kate E Bauer
Executive Director



Jill Alliman, DNP, CNM, FACN
Chair, AABC Government Affairs Committee