AABC
AMERICAN ASSOCIATION OF BIRTH CENTERS

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Bringing Midwifery to Main Street™

August 9, 2024

Dante Costa, JD/MPH
Public Health Policy Associate
Connecticut Department of Health
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RE: Birth Center Regulations (Sec. 19a-566-1 to 19a-566-19)

Dear Dante Costa,

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

We appreciate the response to some of the recommendations we made in our previous comments (2.12.24)

There exist several areas in the regulations that are not aligned with best practice, national standards or will create barriers to birth center access.

Section 19a-566-1(28). 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.

Section 19a-566-3 (b)(3)(B). By requiring birth centers to submit their application materials for CABC accreditation, the state is creating an unnecessary, burdensome duplication. These rules provide the commissioner with authority to negate the CABC accreditation process by disapproving the accreditation application information submitted by the birth center. A review of Connecticut healthcare facility regulations in Connecticut showed that this is not required of other outpatient facilities.

Sec 19a-566-4(d). We appreciate the change to the provision of policies and procedures on request. However, the requirement to provide the proprietary information of Policies and Procedures to current and prospective patients and their families is excessive. This is not required of other outpatient facilities. We echo the CABC recommendation to delete this requirement and instead require evidence that the birth center is providing both written and verbal information about the birth center's model and scope of care, risk criteria that will require transfer to physician and hospital care, and transfer process in place for antenatal, intrapartum, postpartum, and neonatal transfer, and outcome statistics.

Section 19a-566-6(f)(2). Birth center staffing is dependent on many factors. We repeat the CABC's concerns that setting a specific number of required staff based only on patient/staff ratio is unhelpful and can place unnecessary burdens on birth centers.

Section 19a-566-6(g)(1). We recommend that this be changed to "licensed maternity care provider" to allow for other types of licensed maternity care providers including family physicians.

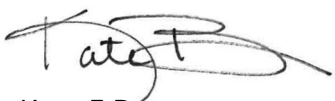
Section 19a-566-7(i)(4). The Standards for Birth Centers prohibit electronic fetal monitoring (continuous or intermittent) in birth centers. Intermittent Auscultation (IA) of fetal heart tones in labor is the standard of care.

Section 19a-556-17(a)(7). Structured case review of all cases is excessive. We recommend a structured case review of all adverse events and hospital transfers, and a random sampling of cases to ensure ongoing evaluation of compliance with established risk criteria.

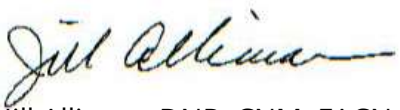
Section 19a-556-17(b). Root cause analysis of all transfers is not required for CABC accreditation. We support CABC's recommendation to eliminate the requirement for a root cause analysis of every transfer in the absence of an adverse outcome or a deviation from established transfer procedure.

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



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