



## AABC Statement on Neonatal Mortality in Birth Centers

The American Association of Birth Centers (AABC) is aware of recent research presented at the 2021 American College of Obstetricians and Gynecologists (ACOG) Clinical and Scientific Meeting, reporting safety concerns for consumers receiving care at freestanding birth centers. The research is not published in peer-reviewed literature, and is not publicly accessible at this time. For this reason, we are unable to comment on the merits of the findings.

While neonatal mortality is a rare event in birth centers, we acknowledge that healthy childbearing people with low medical risk can experience neonatal mortality. Most importantly, AABC extends our deepest sympathies to the families who have experienced trauma and loss across all birth settings. According to previous research, the rate of neonatal mortality in birth centers has remained stable throughout the past several decades, and has been demonstrated to be similar to or lower than the rate for similar populations in hospitals (0.23-1.3 per 1000 births).<sup>1,2,3</sup>

The American Association of Birth Centers is the professional organization representing the birth center movement, dating back to 1975. AABC has maintained a culture of transparency regarding maternal and newborn quality and safety data throughout the past four decades. As an example of this commitment, the AABC maintains one of the largest prospective perinatal data registries in the United States. A list of research related to the use of this registry can be found [here](#).

The current state of the science, constituting decades of research regarding the birth center model of care, supports the safety of birth center birth for both mothers and babies. Most recently, research from the Center for Medicare & Medicaid Innovation's [Strong Start](#)

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<sup>1</sup> Illuzzi, J. L., Stapleton, S. R., & Rathbun, L. (2015). Early and total neonatal mortality in relation to birth setting in the United States, 2006-2009 [letter to the editor]. *American Journal of Obstetrics and Gynecology*, 212(2), 250. [doi:10.1016/j.ajog.2014.10.005](https://doi.org/10.1016/j.ajog.2014.10.005)

<sup>2</sup> Rooks, J. P., Weatherby, N. L., Ernst, E. M., Stapleton, S.R., Rosen, D., & Rosenfield, A. (1989). Outcomes of care in birth centers: The National Birth Center Study. *New England Journal of Medicine*, 321(26), 1804-11. [doi.org/10.1056/NEJM198912283212606](https://doi.org/10.1056/NEJM198912283212606)

<sup>3</sup> Stapleton, S. R., Osborne, C., & Illuzzi, J. (2013). Outcomes of care in birth centers: Demonstration of a durable model. *Journal of Midwifery & Women's Health*, 58(1), 3-14. [doi.org/10.1111/jmwh.12003](https://doi.org/10.1111/jmwh.12003)

[for Mothers and Newborns Initiative](#) demonstrated that consumers receiving care within the Birth Center model of care had better experiences of care, and similar and in some cases superior birth outcomes, while achieving lower costs.<sup>4</sup> The Strong Start researchers used propensity score reweighting to control for medical and social risks, and analyzed both birth certificate and Medicaid claims data to measure the impact of the Birth Center model of care.

The topic of neonatal mortality and birth site is not a new area of research. Previous studies have been challenged by known methodologic flaws. In 2020, the National Academy of Science (NAS) released a report, [Birth Settings in America: Outcomes, Quality, Access and Choice](#), detailing the complexities of place of birth research including clear descriptions of the multiple limitations to using birth certificate data to capture neonatal mortality.<sup>5</sup> AABC recommends that further research on this topic be conducted by interprofessional teams including both physicians and midwives, as experts in normal birth. This research will help families make informed decisions because they can understand the benefits and risks of community birth. We are aware of more than one study on this topic currently underway, and look forward to supporting and promoting the dissemination of research findings once published in peer-reviewed journals.

Finally, in an era where maternal health organizations have seen unprecedented interdisciplinary cooperation to address the maternal health crisis in the United States, it is inappropriate for the media to sensationalize a conference presentation. It has been previously acknowledged that widespread media reporting of research presented at scientific meetings should be discouraged, or interpreted with caution.<sup>6</sup> According to the [Association of Health Care Journalists](#), it is of questionable ethics to publish inflammatory and sensational news stories prior to peer review.<sup>7</sup> Such publication exploits a traumatic and rare issue relating to the 3.6 million childbearing people and their newborns annually in the United States.

AABC: 5.7.2021

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<sup>4</sup> Dubay, L., Hill, I., Garrett, B., Blavin, F., Johnston, E., Howell, E., Morgan, J., Courtot, B., Benatar, S., & Cross-Barnet, C. (2020). Improving birth outcomes and lowering costs for women on Medicaid: Impacts of 'Strong Start for Mothers and Newborns.' *Health Affairs Journal*, 39(6), 1042-1050. [doi.org/10.1377/hlthaff.2019.01042](https://doi.org/10.1377/hlthaff.2019.01042)

<sup>5</sup> National Academies of Sciences, Engineering, and Medicine. (2020). *Birth settings in America: Outcomes, quality, access, and choice*. Washington, DC: The National Academies Press. [doi.org/10.17226/25636](https://doi.org/10.17226/25636)

<sup>6</sup> Woloshin, S., & Schwartz, L. M. (2006). Media reporting on research presented at scientific meetings: More caution needed. *Medical Journal of Australia*, 184(11), 576-580. [doi.org/10.5694/j.1326-5377.2006.tb00384.x](https://doi.org/10.5694/j.1326-5377.2006.tb00384.x)

<sup>7</sup> Association of Health Care Journalists. (2021). *Statement of principles of the Association of Health Care Journalists*. [healthjournalism.org/principles](https://healthjournalism.org/principles)