TRANSFORMING MATERNAL HEALTH

Viable solutions to the maternal health crisis

WHAT IS A BIRTH CENTER?

and what it is not

DEFINITION BY FEDERAL LAW

A freestanding birth center (FSBC) is defined at 42 USC §1396d(l)(3)(B) as 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

WHAT BIRTH CENTERS DO

What we do:

- Care for low-risk pregnancy, birth, postpartum, and newborn care including common ailments, disorders, and emergencies. (up to 90% of all birth)
- Ultrasound, infusion therapy, injections, immunizations, minor procedures
- Lactation
- Gynecological primary care
- Family primary care
- Case management
- Referrals, community resource integration
- Childbirth education

What we don’t do:

- Inductions, epidurals, narcotics, cesareans

OVERSIGHT

LICENSURE

- Granted and maintained by the state
- Includes 100s of laws & administrative rules

ACCREDITATION

- Granted and maintained by the CABC
- Includes 7,000+ criteria

MALPRACTICE

- Maintained by all contract-seeking birth centers
- Standard 1M/3M policy

PROVIDERS

- Licensed, Board-certified
- ACNM, OSBN, NARM, OHA/OHLO, LDM-B

ACOG

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS AND THE SOCIETY OF MATERNAL AND FETAL MEDICINE BOTH RECOGNIZE FREESTANDING BIRTH CENTERS AS **FIRST-LINE HEALTHCARE** FOR PREGNANCY AND BIRTH.

BUT WHY?

GLOBAL STANDING

The US's 2020 world ranking for maternal mortality

64

Maternal Mortality Ratio

The number of developed nations according to OECD

34

25
20
15
10
5
0

Malaysia
Lebanon
United States
Gaza Strip
West Bank
Uruguay
Latvia
Ukraine
Oman
Tajikistan
Turkey (Turkiye)
Egypt
Bahrain
Saudi Arabia
Hungary
Chile
Russia
Kazakhstan
Portugal
Moldova
Canada
United Kingdom
Romania
Serbia
United Arab Emirates
Lithuania
Korea, South
Finland
Albania
France
Greece
Qatar
Bulgaria
Singapore
New Zealand
Kuwait
Switzerland
Montenegro
Bosnia and...
Luxembourg
Slovenia
Slovakia
Sweden
Croatia
Austria
Denmark
Belgium
Italy
Estonia
Ireland
Turkmenistan
Germany
Netherlands
Japan
Seychelles
Czechia
Malta
Iceland
North Macedonia
Israel
Spain
Australia
Norway
Poland
Belarus

NUMBER OF BIRTH CENTERS

Number of Birth Centers in States

WA 35
MT 3
ND 0
MN 9
OR 13
ID 12
WY 3
SD 1
WI 10
MI 9
ME 3
VT 0
NH 5
NY 8
MA 1
CT 1
RI 0
NV 1
UT 14
CO 7
NE 1
IA 0
IL 5
IN 6
OH 3
PA 5
NJ 5
MD 1
DE 1
DC 1
CA 48
KS 4
MO 1
KY 0
WV 1
VA 24
AZ 13
NM 4
OK 5
AR 0
TN 2
NC 4
SC 4
MS 0
AL 1
GA 3
TX 92
LA 6
FL 33
AK 8
HI 0

Birth Center Licensure + Medicaid Recognition

BC Specific Regulations | Under Other Regulations | No Licensure/Recognized by Medicaid | No Licensure/No Medicaid Recognition

★ Certificate of Need (CON) Required for Birth Center

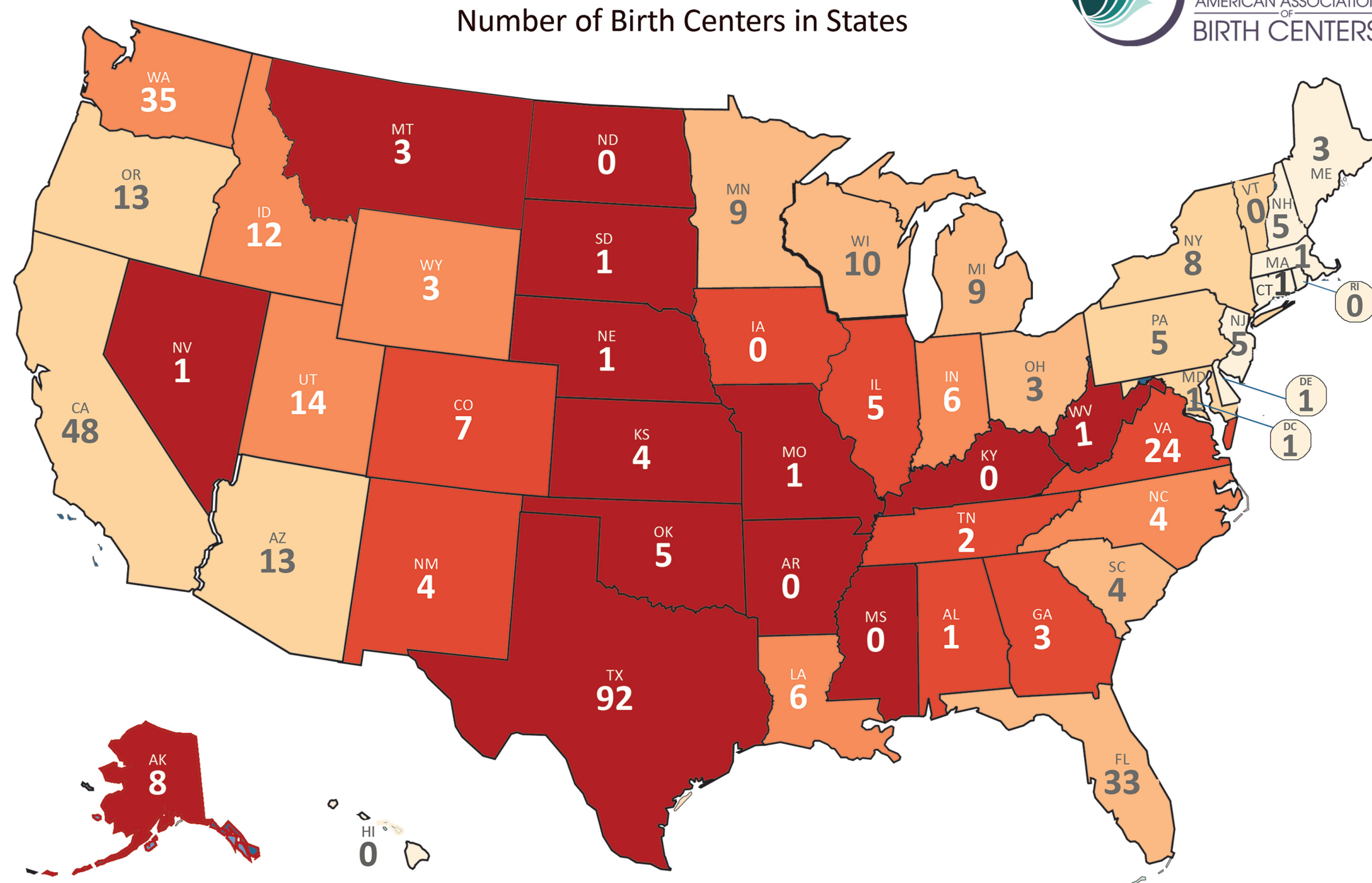
MAY 2024

MATERNITY CARE DESERTS

Oregon Medicaid reports they expect 33% of rural hospitals in the northwest (incl WY and MT) to close in the next three years.

“We have to learn to provide healthcare in another way.”

415 v. 6,120



Percent of Counties in State with Maternity Care Deserts

MAY 2024

OUTCOMES

2020	US Birth Centers	US Hospitals
Maternal Mortality	**0.7**/100,000	**21**/100,000 (64th in the world)*
Cesarean rate	<**6**%	**33**%
Epidural rate	**10**%	**65-80**%
NICU admit	**2.5**%	**5.6**%
Midwife-attended births	>**99**%	**12**%

Birth Centers are also outperforming hospitals for outcomes in: patient satisfaction, infection re-admits, breastfeeding rates, preterm birth, low birth weight, ER visits, VBAC success, episiotomy, provider trust, support for partners, medical literacy

*3/18/2024: the most recent data was released in the American Journal of Preventive Medicine and the MMR is now 31.8 (2020 rate: 21)

- Foundation for Healthcare Quality
- The Commonwealth Fund
- CDC
- WHO
- Surgeon General
- March of Dimes
- ACOG
- Center for Medicare and Medicaid Services
- TMaH
- Every Mother Counts
- The Century Foundation
- March for Moms
- United Nations Populations Fund
- National Institute of Child Health and Human Development
- Maternal Health Task Force
- AWHONN
- Black Mamas Matter Alliance
- National Partnership for Women and Families
- HRSA
- Families USA
- Regence (Value-based Payments for Episodes of Care)
- Health Care Cost Institute
- ACNM, NACPM
- The Blue Distinction
- Blue Cross Blue Shield Association

FACILITIES

Mandates for equal, sustainable access to birth centers.

PROVIDERS

Non-discrimination and reimbursement mandates for different provider types

COMMUNITIES

Supporting tangible change to maternal health

So why aren’t there more midwives?
Where are all the birth centers?

SINGLE-VARIABLE COST SAVINGS

Average statewide facility reimbursement for uncomplicated vaginal delivery	14,125
Average statewide facility reimbursement for cesarean delivery	23,558
Number of babies born in Oregon in 2021	42,704
Number of cesarean sections performed that year (25.97%)	11,517
IF ALL OREGON FAMILIES STARTED CARE IN A FREESTANDING BIRTH CENTER	
Freestanding birth center cesarean rate	5.64%
X 42,704 births	2,409
Number of safely avoided c-sections	9,108
SINGLE-VARIABLE COST SAVINGS ANNUALLY	**$85,915,764**

	MEDICAID - ALL	Hospital		Birth Centers	
807	Vaginal Birth Facility	$	5,174.00	$	2,686.00
795	Newborn Facility	$	2,724.80	$	-
120	Room & Board	$	5,487.33	$	-
99285	OBED	$	905.44	$	-
	TOTAL	$	14,291.57	$	2,686.00
					18.8%
		Why Birth Centers are NOT Sustainable			
788	Cesarean	$	7,732.00		
	State Cesarean Rate		32.10%		6.10%
100	BIRTHS	$	248,197.20	$	47,165.20
	SAVINGS			**$**	**201,032.00**

BUT BIRTH CENTERS ARE NOT HOSPITALS

we know.

Uncomplicated Vaginal Birth - Hospital

- 24 hour nursing staff
- 24 hour provider staff
- Equipment to safely evaluate uncomplicated labor and diagnose complications
- Ability to treat hemorrhages, lacerations, resuscitations, dystocias, and to stabilize and transport to higher acuity facility when needed
- Maintain 1/3M malpractice insurance
- Maintain national accreditation

Uncomplicated Vaginal Birth – Birth Center

- 24 hour nursing staff
- 24 hour provider staff
- Equipment to safely evaluate uncomplicated labor and diagnose complications
- Ability to treat hemorrhages, lacerations, resuscitations, dystocias, and to stabilize and transport to higher acuity facility when needed
- Maintain 1/3M malpractice insurance
- Maintain national accreditation

TRIPLE AIM

(institute for health care improvement)

1. fair and equitable access = Fair and equitable reimbursements

2. Improved access = improved outcomes and cost-savings

3. Improved outcomes + cost savings = bringing the United States out of last place

SO, HOW DO WE DO THIS?

1. Separate reimbursement for professional and facility fees for parent and baby.
2. **Reimbursement at the same rate regardless of provider or facility type.**
3. Inclusion of all licensed provider types.
4. Standardized facility code sets common to all maternity and newborn services, regardless of location, to prevent misuse of insurance dollars.
5. National recognition of midwives as primary care providers for pregnancy and birth.
6. National recognition of freestanding birth centers as first line of care.

GET IN TOUCH, WE WANT TO HELP

aabc@birthcenters.org
215-234-8068
www.birthcenters.org