



January 12, 2024

Dear Representatives and Senators,

Re: Florida HB 1549/SB 7016: Health Care

On behalf of the American Association of Birth Centers (AABC), the American College of Nurse-Midwives (ACNM), the National Association of Certified Professional Midwives (NACPM) and the Commission for the Accreditation of Birth Centers (CABC), we appreciate the opportunity to provide comments and feedback in opposition to use of the name "Advanced Birth Centers" for the new facility model type proposed in the state. Our respective members represent freestanding birth centers, Certified Professional Midwives, Certified Nurse-Midwives, and Licensed Midwives throughout Florida and across the country. There are currently 31 licensed birth centers in Florida and 411 freestanding birth centers in the United States. The AABC, CABC, and professional midwifery organizations are the experts on birth in freestanding birth centers.

We have serious concerns about naming and licensing the new facility-type described in Florida HB 1549/SB 7016 as an "Advanced Birth Center." **The proposed facility-type is NOT a birth center, it is a type of surgical center or hospital.** Most of the concerns we expressed in 2019 about using the name "birth center" for this new facility type have not been addressed in this proposed legislation. Furthermore, the proposed facility-type is in direct contrast with the definition of "birth center" as established under federal and state law and by several professional organizations. Using the term "birth center" in this context is a misnomer and would be misleading to consumers, healthcare providers, hospitals, and to insurance and Medicaid payers. A birth center is not a place where labor inductions and cesareans are performed. These types of birth interventions, while necessary and lifesaving at times, should be limited to hospitals or other facilities that are adequately prepared to provide the necessary levels of maternal and newborn care appropriate for these types of labors and deliveries.¹ To perform labor inductions and cesareans in any type of birth center is contrary to all birth center definitions and would add unnecessary risk to people receiving care there.

Birth Centers are Defined in Florida Law as:

"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." (ACHA, n.d.)²

Birth Centers are Defined in Federal Law as:

(3) (A) The term "freestanding birth center services" means services furnished to an individual at a freestanding birth center (as defined in subparagraph (B)) at such center.

(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 (42 USC § 1396[3])³ (In Federal Law birth centers are included in the Social Security Act as mandated covered services for Medicaid).

(*Note, cesarean sections are major abdominal surgery and are not ambulatory services)

The American Public Health Association Defines Birth Center Services as:

1. "Surgical Services — The birth center is not an ambulatory surgical center. Surgical procedures should be limited to those normally accomplished during uncomplicated childbirth, such as episiotomy and repair, and should not include operative obstetrics or cesarean section. Other surgical procedures such as tubal ligation and abortion should not be performed in birth centers unless they are specifically licensed for such."
2. "Intrapartum Care — Labor should not be inhibited, stimulated, or augmented with chemical agents during the first or second stage of labor."
3. "Analgesia and Anesthesia—General and conduction anesthesia should not be administered at birth centers. Local anesthesia for pudendal block and episiotomy repair may be performed if procedures are outlined by the clinical staff. Systemic analgesia may be administered, but pain control should depend primarily on close emotional support and adequate preparation for the birth experience."⁴

The American Association of Birth Centers Defines Birth Center as:

"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, appropriate medical intervention and cost-effectiveness."⁵

The American College of Obstetricians and Gynecologists and the Society for Maternal Fetal Medicine “Levels of Maternal Care” States that Birth Centers:

“Are for peripartum care of low-risk women with uncomplicated singleton term pregnancies with a vertex presentation who are expected to have an uncomplicated birth.”¹

Because only lower risk women labor and give birth at birth centers, and midwives continuously screen women for risk, outcomes of care are excellent with primary cesarean rates of 6% in a prospective study of over 15,000 women in birth center care, and neonatal outcomes similar to those for low risk women in hospital care.⁶ Women receiving care in birth centers who require cesarean birth or other interventions that increase risk to both mother and fetus are transferred to a hospital for the appropriate level of care.⁷

Birth centers are *not* the place for the practice of high-risk obstetrics, induction or augmentation of labor, cesarean birth, and general or regional anesthesia. When low-risk clients in birth centers develop complications requiring higher levels of care, they are transferred to a hospital. Virtually all of the available evidence supporting the safety of birth centers depends upon this model of low-risk maternity care.

An important consideration is the increased risk of adverse neonatal complications, such as abnormal fetal heart rate patterns and respiratory sequelae, with the use of induction or augmentation of labor, epidural analgesia, and cesarean delivery. When these procedures are done in most hospitals, a pediatric provider is in attendance or in-house.^{8,9}

To license the proposed facility as a type of birth center would add unnecessary risk to mothers and babies if surgery and medical procedures were to be performed in less than optimal facilities, including neonatal care and services to respond to surgical and anesthesia complication. Doing so is inconsistent with current Florida law and with every nationally accepted definition of a birth center and birth center services. Furthermore, we are not aware of any other states that license or regulate “advanced birth centers” or “ambulatory maternity surgical centers”, and we would hope that Florida legislators conduct an impact assessment prior to proceeding with any type of legislation.

If the proposed facility is to meet the necessary safety requirements for maternity care as outlined by the American College of Obstetricians and Gynecologists ([link](#)) and AAP Perinatal Guidelines ([link](#)) for cesarean births and medical induction of labor, it should be

named and licensed as a maternity care surgical center or hospital. The title “birth center” by all definitions, represents the low-risk facility that it has been for over 40 years.

We appreciate the opportunity to share our concerns regarding the use of the name “Advanced Birth Centers” in HB 1549/SB 7016. Please do not hesitate to contact us with any questions about birth centers and the role of midwifery attended births in birth centers. Contact: Kate Bauer, at AABC, 215-234-8068, katebauer@birthcenters.org.

Respectfully submitted,



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¹ American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine. [Am J Obstet Gynecol](https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care). 2015 Mar;212(3):259-71. doi: 10.1016/j.ajog.2014.12.030. Epub 2015 Jan 22. Available at <https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care>

² Agency for Health Care Administration (n.d.) Birth Centers. Available at: <https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-health-facility-regulation/hospital-outpatient-services-unit/birth-center>

³ Social Security Act (2010). Medical Assistance Definitions. Sec. 1905. [42 U.S.C. 1396d]. Available at https://www.ssa.gov/OP_Home/ssact/title19/1905.htm

⁴ American Public Health Association. Guidelines for Licensing and Regulating Birth Centers. Policy No. 8209(PP). 1982 Jan. Available at <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/10/13/29/guidelines-for-licensing-and-regulating-birth-centers>

⁵ American Association of Birth Centers. Definition of Birth Center. Rev. 4.23.17 Available at:

https://assets.noviams.com/novi-file-uploads/aabc/pdfs-and-documents/PositionStatements/AABC_PS_-_Defn_BC.pdf

⁶ Stapleton SR, Osborne C, Illuzzi J. Outcomes of care in birth centers: Demonstration of a durable model. *Journal of Midwifery and Women's Health*. 2013. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12003/full>.

⁷ Alliman, J. and Phillippi, J. (2016) Maternal outcomes in birth centers: An integrative review of the Literature, *Journal of Midwifery and Women's Health*, January, 2016

⁸ Hansen, A.K., Wisborg, K., Uldjerg, N., & Henriksen, T.B. (2007). Elective caesarean section and respiratory morbidity in the term and near-term neonate. *Acta Obstetrica et Gynecologica Scandanavia*, 86, 389-94

⁹ Elliot M Levine, Vivek Ghai, John J Barton, Charles M Strom. (2001) Mode of delivery and risk of respiratory diseases in newborns. *Obstetrics & Gynecology*, 97(3), 439-442.