



POSITION STATEMENT

“Advanced Birth Centers” Are Not Birth Centers

Florida has created a new facility type under its birth center licensure law titled an “Advanced Birth Center.” This designation directly conflicts with existing national standards and birth center licensure laws in Florida and across the country. Advanced Birth Centers, as described in Florida statute, represent a surgical or hospital-type facility, making the use of the term misleading to consumers, healthcare providers, and insurers.

Freestanding birth centers are legally defined as facilities that provide care for low-risk pregnancies and unmedicated, spontaneous vaginal births. They are not hospitals and they are not surgical centers.

- Florida Law (AHCA): A birth center is a licensed facility separate from a hospital or surgical center, where low-risk births occur away from the mother’s home [1].
- Federal Law (42 USC § 1396): Birth centers do not provide cesareans or labor inductions, as they are not hospitals and offer only ambulatory maternity services [2].
 - Of note: cesarean birth cannot be, by definition, an ambulatory service.
- Professional Definitions: According to ACOG, APHA, AABC, and other organizations, birth centers do not perform cesarean deliveries, labor inductions, or regional anesthesia [3-6].

Misclassifying a surgical facility as a birth center is a disservice to the community.

- Birth centers achieve superior perinatal outcomes by providing specialized care for low-risk pregnancies, with a primary cesarean rate of only 6% [7]. People across socio-economic groups desire care aligned with the midwifery-led birth center model [8-12]
- Birth centers have achieved these outcomes through a sharp focus on safely obtaining and maintaining low-risk status, as well as facilitating a high-value care delivery model.
- Advanced surgical procedures such as cesarean delivery require volume and repetition to maintain provider competency. Simple supply-and-demand principles indicate that to make cesarean birth outside of a hospital safe and cost-effective, either the volume of cesarean births may need to be higher than 6% or the cost of each procedure must be higher to

sustain the competency and cost of the surgical staff. Both conflict with safely reducing the cesarean rate and unnecessarily driving up costs. Both of these would undermine the tremendous progress midwifery-led birth centers have obtained in improving perinatal outcomes while reducing costs. [13].

- Inductions and cesareans increase risks to newborns, including abnormal fetal heart rate patterns and respiratory complications, which frequently require neonatal intensive care units that birth centers cannot provide [14,15].
- Similarly, the ability to provide for the complications of anesthesia often requires additional hospital-based services. Providing such services in a birth center is inconsistent with current Florida law and with every nationally accepted definition of a birth center and birth center services.

Birth facilities should be clearly defined and classified appropriately in licensing rules. A birthing facility not aligned with national standards and providing surgical birth is not a birth center but rather a maternity surgical center or hospital. The term "birth center" has been clearly defined for over 40 years and should remain reserved for low-risk, evidence-based maternity care.

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