



FREQUENTLY ASKED QUESTIONS

Birth Center Licensure & Regulations

Who sets the national standards for birth centers?

The American Association of Birth Centers (AABC) sets the national standards for birth centers. The AABC Standards for Birth Centers provide a consistent and specific tool for measuring the quality of services provided to childbearing families in birth centers. These standards have been endorsed by multiple professional societies and are recognized by many states and health plans. The AABC Standards for Birth Centers address philosophy and scope of service; planning, governance, and administration; human resources; facility, equipment, and supplies; the health record; research; and quality evaluation and improvement.

How are the AABC Standards determined?

The AABC Standards for Birth Centers are determined by a multi-disciplinary committee that includes obstetricians, neonatologists, midwives, birth center administrators, and other experts. The Standards are determined and reviewed through a robust consensus process to ensure they remain consistent with evolving evidence-based maternity care.¹

How are AABC standards implemented?

The Commission for the Accreditation of Birth Centers (CABC) interprets AABC standards and develops and maintains Indicators of Compliance for the assessment and accreditation of freestanding birth centers (FSBCs) and alongside midwifery units (AMUs) in the United States. CABC also conducts site visits and reviews practice data to ensure facility compliance. Accreditation helps facilities develop policies and procedures to monitor the quality of care, evaluate facility operations, and swiftly resolve any issues that may impact care.²

What's the difference between licensure and accreditation?

Licensure is a process by which a type of facility is regulated by the state. Licensing protects the public by monitoring compliance to codes, ordinances, and a variety of regulations. Some states and municipalities are very specific and uniform in the level of requirements for safe operation, but others are nonspecific or vary in what requirements may be relevant to birth centers. Not all states have FSBC regulations. Increasingly, states are granting "deemed status" to CABC-accredited birth centers, thus saving the cost of inspecting birth centers themselves. "Deemed status" also ensures that birth centers evolve with new evidence and industry best practices.¹

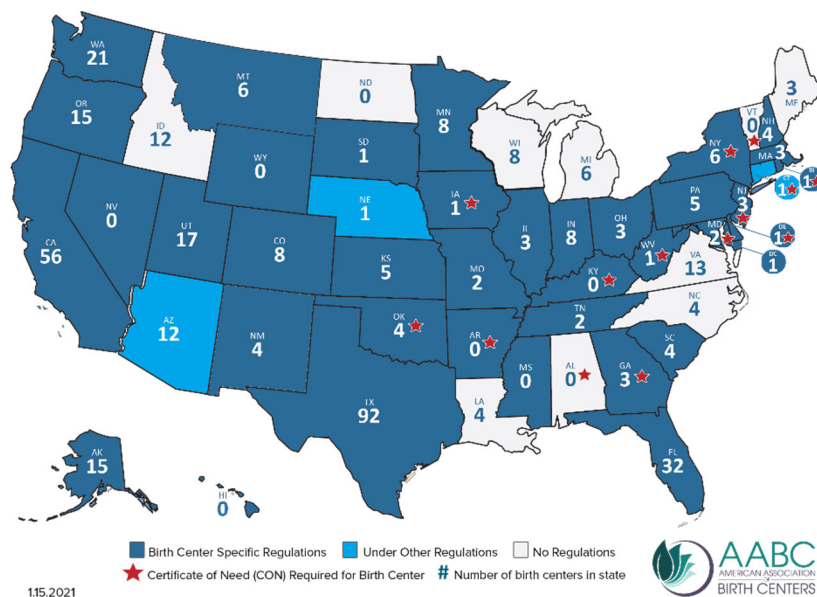
Accreditation is a voluntary process by which birth centers are evaluated by CABC. CABC sets Indicators of Compliance using the AABC Standards for Birth Centers. CABC accreditation provides facilities with tools, resources, and coaching to ensure the use of current best practices for maternity care, neonatal care, business operations, and safety. CABC-accredited facilities undergo site visits by CABC Accreditation Specialists to confirm that each facility is in compliance with AABC standards.

Accreditation ensures that the Standards for Birth Centers are uniformly applied in all localities, thereby eliminating state and local inconsistency. Accreditation signals that a birth center has met a high standard of evidence-based and widely recognized benchmarks for maternal and neonatal care, business operations, and safety.

What is a Certificate of Need and is it needed to start a birth center?

Certificate of Need (CON) laws regulate the establishment and expansion of healthcare facilities and services in a particular community. They require facilities to seek approval from regulators and comply with specific facility requirements. CON laws were originally intended to ensure that healthcare services remained affordable, by preventing an oversupply of hospital beds and capital equipment that have high fixed costs.³ However, evidence has demonstrated that CON requirements may actually drive costs up in a community and can negatively impact access:^{1,3,4}

- CON laws **reduce the supply of birth centers**. In the 12 states with CON requirements for birth centers, 9 (75%) have 0 or 1 birth centers, compared with just 6 of the 38 (16%) states without CON laws.
- Reduced supply leads to **lack of access to a model of care that improves outcomes, narrows racial disparities, enhances patient satisfaction, and reduces cost to state Medicaid programs** and other payers.
- There is **no evidence CON laws enhance safety or improve the quality of birth center care**, and there are existing mechanisms to ensure birth centers follow standards of care (see "Accreditation" on page 1).
- Birth centers provide **services not always provided by hospitals**, such as midwifery care and non-pharmacological pain management options.
- FSBCs almost always have **fewer than five beds**, which are only used for low-risk maternity care. FSBCs do not provide surgical birth, or regional or general anesthesia. Because FSBCs do not provide the same services as a hospital, **FSBC beds do not equate to a hospital bed** in the same community and should not be subject to the same regulatory process.
- CON laws require that FSBCs adhere to stringent and costly regulations originally meant for hospitals and hospital-like settings. Many birth centers are **small businesses** that cannot afford costly regulatory compliance.



Should birth center regulations include specific architectural requirements?

Birth centers must meet all construction, fire, safety, and health codes. Organizations like the National Fire Protection Association and the Facility Guidelines Institute have defined birth centers as outpatient facilities and have guidelines specifically for freestanding birth centers.

However, regulations should not hold birth centers to the same standards as hospitals and hospital-like settings, **particularly standards that are costly and do not improve safety**. Birth center safety has been proven, and no birth room size or configuration has been shown to be safer than another.

Unlike surgical centers, clinics, or hospitals, which treat sick people, manage infectious conditions, and perform high-risk procedures, birth centers serve as a facility to accommodate a normal human event in the life of a family. For this reason, **birth centers serve as a "maximized home"—a residential facility equipped to provide routine care.**⁵

Should birth center regulations also regulate licensed providers?

No. Regulations for FSBCs should be specific to the facility and should not regulate providers. **All maternity care providers in birth centers should be held to the same regulations for birth center practice**, regardless of their educational preparation or scope of practice.⁶ For scope of practice issues, it is best for providers to be regulated under those practitioners' individual licensing boards and not in birth center regulations.

Should regulations require a medical director or supervising physician?

No. AABC maintains that FSBCs should have a clinical director, but that clinical director may be a midwife *or* physician.¹

The presence of a medical director or supervising physician in a facility is not associated with better outcomes. Physicians are rarely trained in birth center birth, and such a requirement is an additional burden for birth centers in communities or states where no physician will agree to serve as a medical director.^{4,7} Similarly, requiring birth centers to enter into a written agreement with a physician will interfere with birth center access. Even supportive physicians who maintain positive relationships with birth centers may be hesitant to sign a written agreement for fear of potential liability.

That said, birth centers should cultivate and strive for good working relationships with consulting physicians for the safety of their clients.

Should regulations require birth centers to secure written contracts or agreements with transfer hospitals?

No. Written contracts and agreements with transfer hospitals reduce access to birth center care when hospitals refuse to enter into such written agreements. Vital Statistics data show that **states with this requirement have fewer birth centers and fewer birth center births than states without this requirement.**^{4,8} Hospitals should be expected to cooperate in planning transfer arrangements, and should not place barriers in the way of safe transitions. Such contracts or agreements are not required of other healthcare facilities.

Regulations *should* require practice guidelines and policies that include plans to transfer to an acute care hospital with maternity and newborn services should circumstances warrant. Guidelines for transfers should include plans for emergency and non-emergency situations for both mothers and newborns, in the antepartum, intrapartum, and postpartum phases. These guidelines should include indications for transfer, as well as plans for communication with the receiving hospital both during and after transfer.

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