

Best Practices in Birth Center Regulations

Women's and Children's Health Committee
Medical Assistance Program Oversight Council (CT)

March 14, 2022



Outline

1. Overview of birth center standards, licensing, and accreditation
2. Modernizing CT regulations and aligning with best practices
3. Tools to assist states and advocates

Presenters

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BirthCenters.org

Overview of birth center standards, licensing, and accreditation

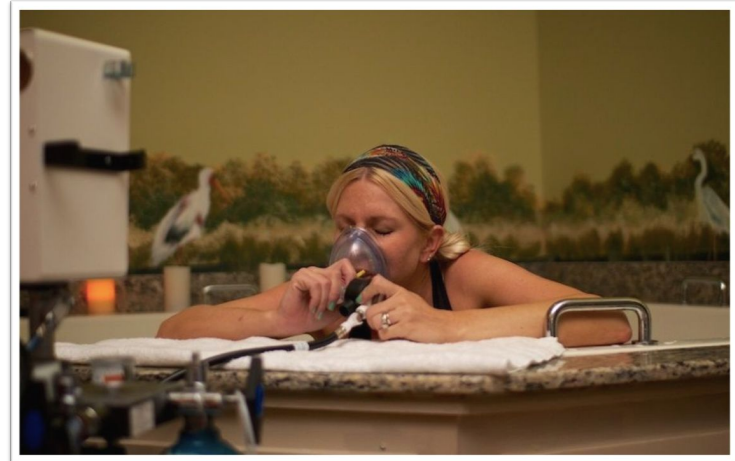
What is a birth center?

"The birth center is a healthcare 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 healthcare system and are guided by principles of prevention, sensitivity, safety, appropriate medical intervention and cost-effectiveness..."

- American Association of Birth Centers

www.birthcenters.org

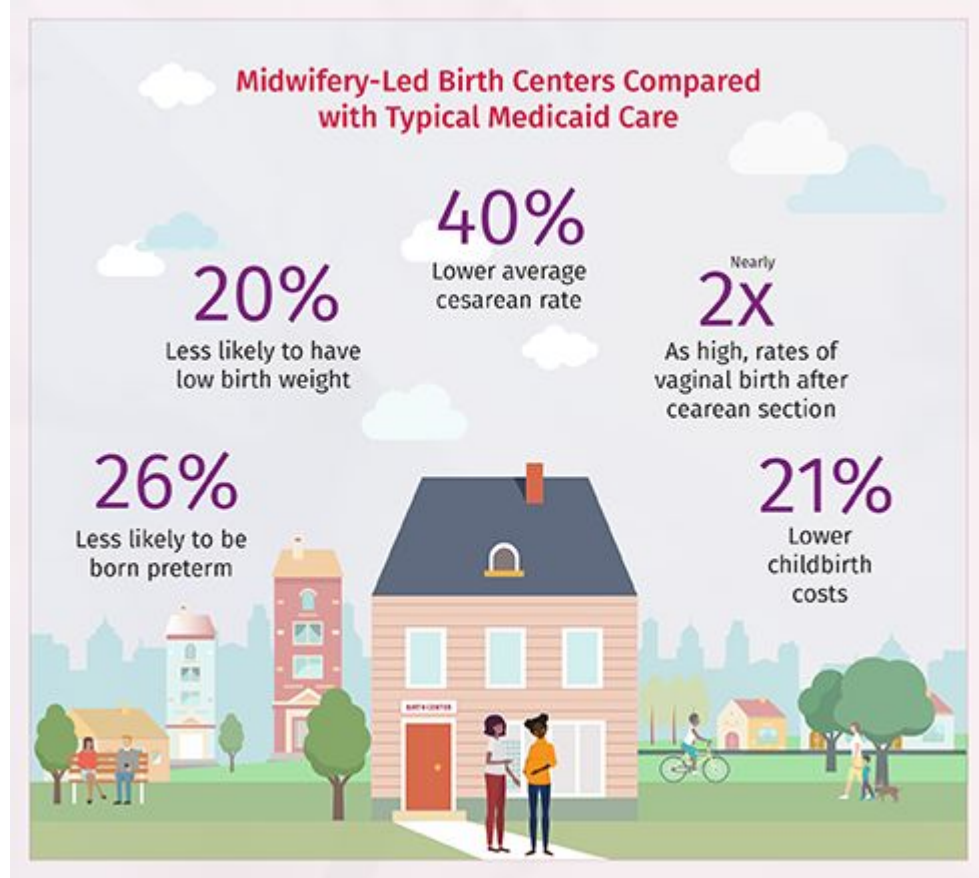


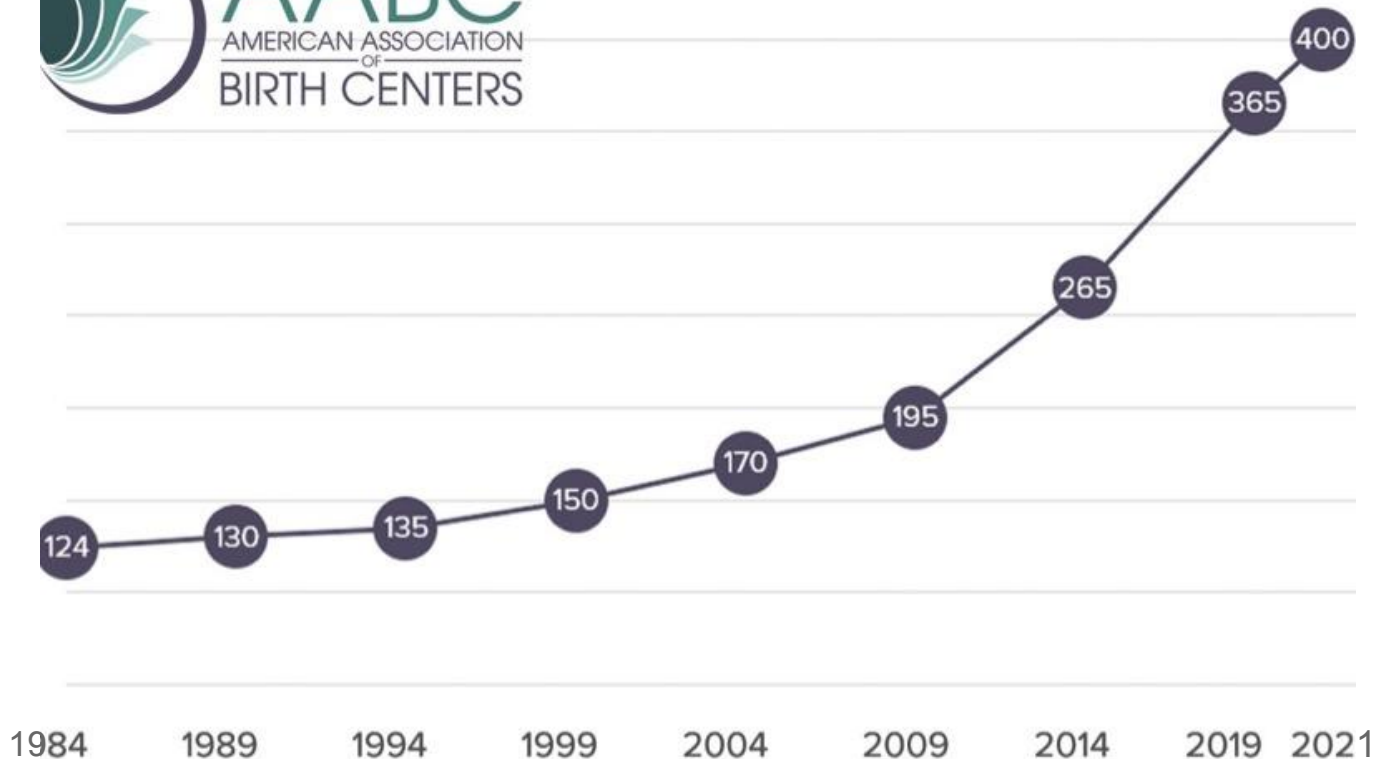
Birth centers are for low risk birth

- 36-42 weeks gestation
- Head-down (vertex)
- No medical complications (written eligibility requirements)
- Normal progression of labor
- No anticipated need for operative, anesthesia, or specialty neonatal services
- *Model is optimized for **low volume** (avg birth center <200 births/year)*

Birth centers can serve as a **community-based location** for prenatal & postpartum care & wrap-around services **for a mixed risk population.**

Birth centers are a high-value, evidence-based model





MIDWIFERY-LED BIRTH CENTERS ARE GROWING

WOMEN'S HEALTH

Home Births Rise In Connecticut As Pandemic Prompts Women To Seek Alternatives To Hospitals

By Harriet Jones December 28, 2021

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Answering the Call: Lessons Learned Opening an Emergency Birth Center in a Pandemic

By Quickening - April 21, 2021

👁 203 💬 0

Where is the safest place to give birth? This question was just one of many brought to the forefront of American health care discussions in 2020. The COVID-19 pandemic highlighted the need for community-based, rapidly evolving healthcare solutions, and a birth center team in New York City answered the call.

In New York, the initial epicenter of the pandemic in the United States, the terror of entering a hospital was real, OB units were critically understaffed, and support people were banned from the birth space. Families scrambled to find a physically and emotionally safe way to give birth. To address consumer demand and the practical necessity for alternatives to hospital-based care, the governor of New York put emergency executive orders into place that removed long-standing barriers to opening new healthcare facilities, specifically birth centers. Prior to 2020, only one freestanding birth center had managed to become licensed and



<http://c-hit.org/2021/12/28/home-births-rise-in-connecticut-as-pandemic-prompts-women-to-seek-alternatives-to-hospitals/>

<https://quickenning.midwife.org/meetings-more/annual-meeting/answering-the-call-lessons-learned-opening-an-emergency-birth-center-in-a-pandemic/>



Jamira Eaddy-Onque, center, and her husband at the Birth Center of New Jersey in Union. Racial disparities in health care and the fear of giving birth in a hospital during a pandemic have increased interest in birthing centers.

Why Black Women Are Rejecting Hospitals in Search of Better Births

Some mothers are seeking alternatives, worried about Covid-19 and racial inequities in health care.

<https://www.nytimes.com/2021/03/11/nyregion/birth-centers-new-jersey.html>

COVID-19

Black Women Turn to Midwives to Avoid COVID and 'Feel Cared For'

By **Rachel Scheier**

SEPTEMBER 16, 2020

REPUBLISH THIS STORY



Midwife Kiki Jordan examines TaNefer Camara during a routine postnatal visit about a week after the birth of her son, Esangu. In centuries past, Black midwives often functioned as spiritual advisers and parenting teachers as well as birth attendants. (Photo by Rachel Scheier)

<https://californiahealthline.org/news/black-women-turn-to-midwives-to-avoid-covid-and-feel-cared-for/>

A birth center is a model of care, not just a facility.

The enhanced prenatal and postpartum components of the model drive key positive outcomes, including preterm birth and breastfeeding.

Typical Prenatal Care Components

- **30-60 minute visits** including individualized education and counseling (90min - 2hr group visit option is common)
- **Coordination** and review of all labs, imaging, specialist referrals
- Social, behavioral, mental health, nutritional, genetic, and obstetrical **risk assessment, counseling, and coordination of services**
- Comprehensive **education** program (integrated or by referral)
- **Eligibility screening** for birth center and counseling about birth options.
- 24/7 access to on-call midwife and consulting physician and limited **on-site urgent care**

Typical Postpartum Care Components

- **Up to 24 hour stay** (typically 6-12 hours)
- **Dyad integrated care** through at least 3-7 days
- 1 or more **home visits** for dyad
- All **newborn screening** tests and routine medications
- **1-2 birth center visits** in initial 6 weeks
- **Risk screening and first line management** of mental health, lactation, and other issues
- **Coordination** of specialist or community services as needed
- **Contraceptive/family planning** counseling
- **Classes and support programs** available for new parents
- Ongoing **primary and interconception care**

A birth center is a model of care, not just a facility.

Positive outcomes and cost containment arise from the “**package**” of supportive and attentive midwifery-led care.



Engagement and involvement of partner

Inclusion of siblings

Oral hydration and nutrition

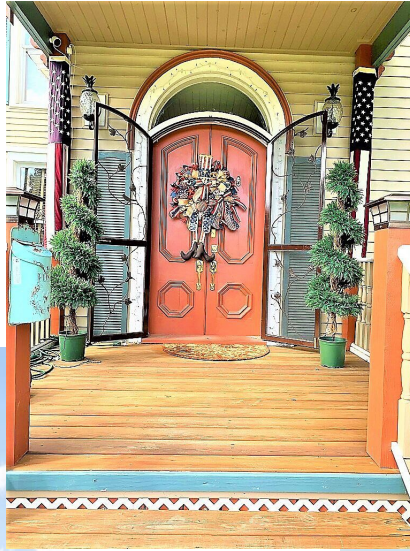
Comfort measures (hydrotherapy, heat/cold, etc.)

Mood lighting, home-like environment

Continuous labor support by two providers in active labor (midwife or doctor and birth assistant.)

Intermittent auscultation for fetal assessment

There are many types of birth center facilities



Connecticut has 1 freestanding birth center

- Founded in 1997
- Staffed by certified nurse-midwives and registered nurses
- Low-risk labor and birth without anesthesia
- Transfer relationship and CNM hospital privileges at Danbury Hospital
- 135 births in 2021; 390 maternity patients total
- Accredited by the Commission for Accreditation of Birth Centers (CABC)
- Physician owned
- Take Medicaid and commercial insurance



Barriers to birth center growth in Connecticut

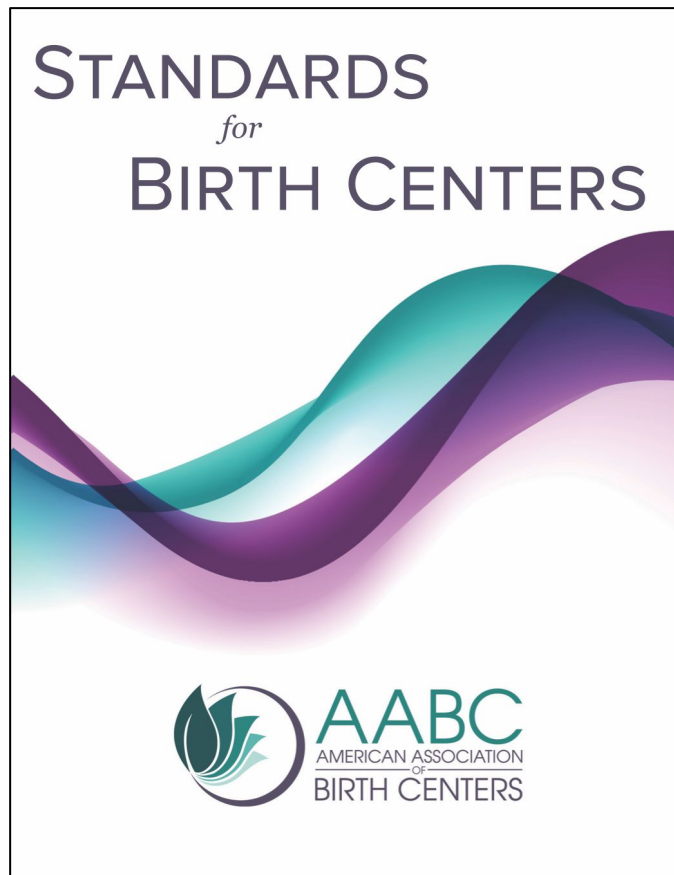
- Lack of birth-center specific regulations
- Certificate of need process (10 years to “break even”)
- Hospital rules restricting midwifery privileging / scope of practice and requiring supervision
- Low reimbursement, especially from Medicaid
- Low volumes make payer negotiations challenging

Patient choice and access are disappearing in CT.

In recent years, the state has faced **closures of maternity services** at Windham Hospital, Hospital of St. Raphael, Milford Hospital, and Sharon Hospital, and CT's only licensed home birth practice.

AABC sets national standards for birth centers

- Consistent, specific tools for defining quality and scope of service standards
- Determined by a multi-disciplinary committee
- Reviewed through a robust consensus process
- Approved by membership of AABC
- Endorsed by multiple professional societies
- Recognized by many states and health plans



CABC accredits facilities according to AABC standards



- **Develops and maintains** national standards
- Provides education, tools to help meet standards
- Advocacy, research, and member support



- **Evaluates** birth centers against AABC standards and **accredits** facilities in compliance with standards.
- Provides indicators of compliance, site visits
- Learning and supportive process, not punitive

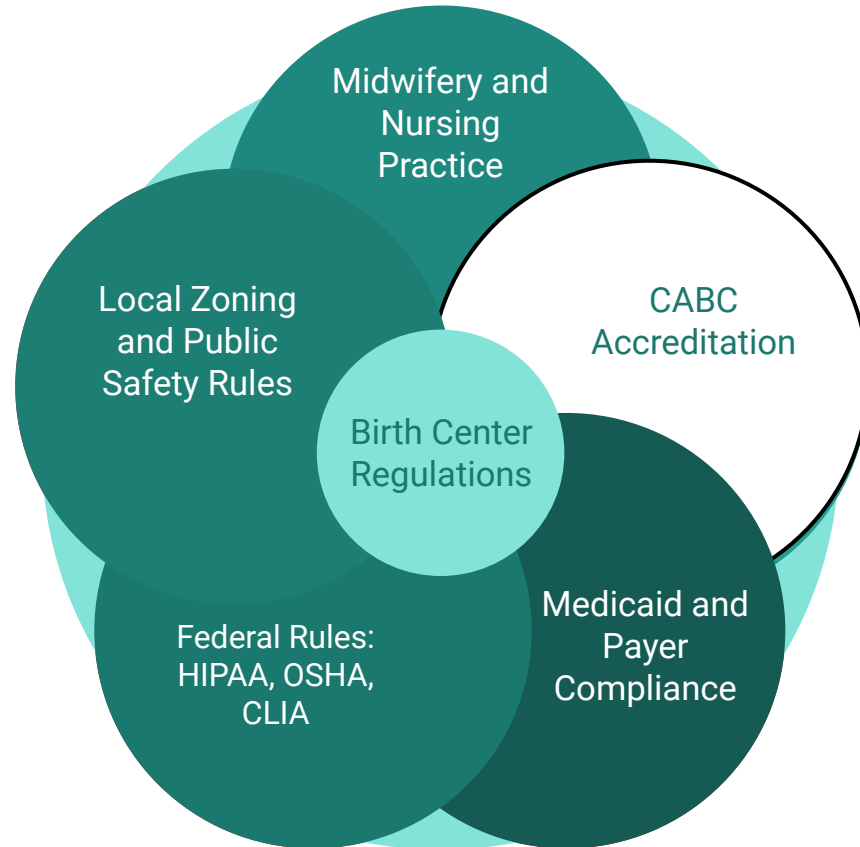
AABC and CABC are separate and independent entities, but CABC has elected AABC standards as the basis for accreditation.

Comparison of Accreditation and Licensure

CABC ACCREDITATION	STATE LICENSURE
Consistently applied in all states	Different in every state, including 10 states with no licensing mechanism.
Aligned with AABC National Standards ³¹	May or may not be aligned with AABC National Standards or best practices.
Continuously updated based on multi-disciplinary review of new evidence	Not frequently updated. Many states' regulations are decades old.
Birth center-specific	May include requirements intended for more complex facilities or for hospitals, including highly restrictive Certificate of Need requirements.
Comprehensive, addressing: <ul style="list-style-type: none">• philosophy and scope of service• planning, governance, and administration• human resources• facility, equipment, and supplies• the health record• research• quality evaluation and improvement	May focus narrowly on the physical plant, infection control, and personnel practices with insufficient attention to emergency preparedness, quality of care, or compliance with clinical standards.

Source: Getting Payment Right: How to Unlock High-Value Care Through Appropriate Birth Center Reimbursement <http://birthcenters.org/whitepaper-payment>

Birth centers are highly regulated before state licensing rules are applied



Why should states regulate birth centers?

- So the **public can be assured** the facility meets certain standards
- To **bestow recognition** as a certain facility type for the purposes of payment, population health planning, and health system integration
- To **support birth centers** to meet evidence-based standards and engage in continuous quality improvement
- ~~To restrict access or professional practice~~

Licensing variations that reduce birth center access

- Certificate of Need laws
- Architectural and facility requirements
- Medical director or supervising physician requirements
- Written contracts/agreements with transfer hospitals or physicians



There are no birth center-specific regulations in Connecticut

“Maternity Hospital” state regulations (Sec. 19-13-D14 of DPH Regulations) include following rules:

- Must be **led by a physician** who is a surgeon and who assumes responsibility for the quality of care
- Requires **special neonatal equipment** to manage conditions that are outside of birth center scope (e.g. preterm infant, patient with active infection)
- Requires **separate nursery**
- Does not address eligibility, transfer, or transport

CONNECTICUT has one of the *most restrictive regulatory environments* for birth centers in the United States.

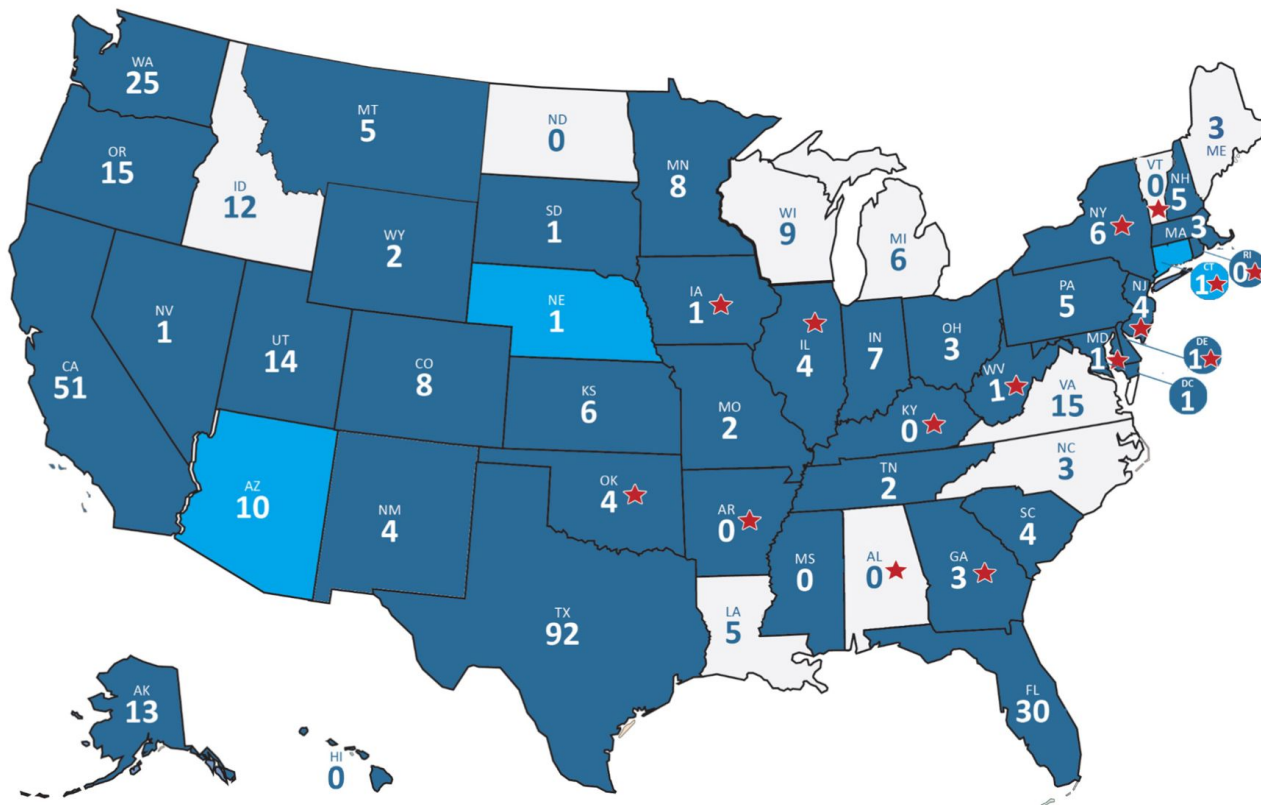
Certificate of Need (CON) Requirements

Several states **specifically exempt midwifery birth centers** because

- CON requirement **dramatically increases start-up costs**
- Birth centers have ≤ 5 beds, are **limited to low-risk birth** and **do not reduce the need for high-risk (hospital) beds in a community**
- Birth centers do not offer **surgical obstetrics or anesthesia** or use **specialized equipment**
- CON requirements **reduce access to a high-value model of care**, without evidence of improved safety

**75% of CON states have 0 or 1 birth centers
compared with 16% states without CON**

Birth Center Regulation & Access in the United States



■ Birth Center Specific Regulations
 ■ Under Other Regulations
 ■ No Regulations
★ Certificate of Need (CON) Required for Birth Center
 # Number of birth centers in state



Hospital-like standards pose unnecessary barriers and costs

- No evidence of improved safety with standards that dictate room size or configuration
- AABC standards require centers to meet all local construction, fire, safety, and health codes and to have an infection control program
- Birth center patients are well and ambulatory - no high-risk procedures are performed.
- The facility is accommodating a normal human event in the life of a family
- “Maxi home” vs. “mini hospital” - residential standards should be used for architecture.

Medical Director or Supervising Physician

- AABC Standards require:
 - a clinical director that may be a **midwife or physician**
 - a **written plan** for consultation and referral
- Physicians are **not trained in birth center model** and supervision is **not associated with better outcomes**.
- May create **vicarious liability** for physician
- **Barrier to entry** and threat to existing birth centers reliant on “competition”



Signed Collaboration and Transfer Agreements

- AABC Standard is a **written plan for consultation and referral**, including emergency transport.
 - Toolkits and resources available from AABC, others
- Contracts/agreements not required for other health care facilities.
- States with this requirement have fewer birth centers AND fewer birth center births.
- Hospitals should be expected to cooperate and engage in continuous improvement of transfer process across all levels of maternal and neonatal care.



Aligning state regulations with best practices

Minnesota

- CABC accreditation is required for “Deemed Status” licensure
- Temporary license for birth centers not yet accredited by CABC
- Permanent license granted once accredited by CABC
- CABC is named in regulation as recognized accrediting body

(Minnesota Statutes, Sections 144.615 and 144.651)



“Deemed Status” for CABC Accreditation

- Any CABC-accredited birth center meets the standard for licensure
- Benefits
 - Reduces cost and infrastructure required by state
 - Reduces duplication of compliance requirements
 - Adapts with new evidence and standards
- State hesitation:
 - Sets a precedent that may impact other facility types
 - Concerns about lack of direct oversight by state

Montana example

- Achieve state licensure by complying with a state application process and inspection, OR
- Achieve licensure status by accreditation by CABC

“(b) a private office of a physician or certified nurse midwife that is **accredited by a national organization** as an alternative to a homebirth or a hospital birth.”

(MTRule 37.86.3001, 2011).



Tools to assist states and advocates

Model Regulations Toolkit: Our Process

- 50-state review of existing regulations
- Stakeholder outreach and coalition meetings
- Drafted **model state regulations** for review and feedback from practitioners, advocates, AABC GAC
- Purposefully elicited concerns related to:
 - Racial and gender equity
 - Various types of midwifery licensure
 - Rural and small birth centers
 - Various ownership models
 - Impact on gynecological or primary care scope of birth center providers



Model Regulations Toolkit - Overall Approach

- Align with national AABC Standards **via CABC accreditation**
- Regulate **facilities** and **professionals** separately
- Focus on **intrapartum** and immediate postpartum / newborn phases
- Birth center as a “**maxi home**” rather than a “mini hospital”
- Explicitly **exempt from Certificate of Need** rules



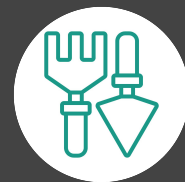
Model Regulations Toolkit - What's Inside?

- Webinar recording
- Templates and model language for “short form” and “long form” regulations aligned with AABC Standards
- FAQs and subject briefs
- Links to related AABC and CABC resources

BirthCenters.org/page/RegsToolkit



Toolkit Resource: Short Form Model Regulations



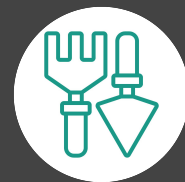
FREESTANDING BIRTH CENTER MODEL STATE REGULATIONS

(Short Form - Deemed Status Licensure Route)

I. PURPOSE AND SCOPE

- A. The purpose of these regulations is to establish standards for the licensing of freestanding birth centers. Freestanding birth centers, as defined in Section II, provide healthcare services within a home-like environment, which is different from and outside of the hospital setting, while promoting safety and quality care for patients and their newborn infants.
- B. These regulations require birth centers to be licensed by the state Licensing Agency and require the Licensing Agency to adopt these standards for governing the licensure and regulation of such birth centers.
- C. These regulations provide mechanisms for birth centers to demonstrate their compliance under these regulations, and for the Licensing Agency to measure such compliance.
- D. Under these regulations, birth centers shall be licensed to provide services of labor, birth, and early postpartum and newborn care to patients experiencing low-risk pregnancies, as defined in Section II, and their newborns. Nothing in these regulations shall restrict the scope of practice of the Licensed Provider to perform other outpatient services in space that is shared with or adjacent to the birth center and which may be regulated under other facility licensure, the Licensed Provider's professional license, or both.
- E. Birth centers are low volume facilities limited to low-risk perinatal care, and do not employ the use of regional or general anesthesia. As these regulations establish and monitor the type and quality of care provided within a licensed birth center, the need for birth centers to comply with any Certificate of Need laws regulating hospitals and ambulatory surgical centers, if required by this state, is thus rendered unnecessary, and the requirement is eliminated in lieu of licensure pursuant to the process described herein.
- F. Admission to a birth center for labor and delivery shall be limited to low-risk, uncomplicated pregnancies, with anticipated spontaneous vaginal delivery, which, as determined by history of prenatal care and ongoing assessment of risk criteria, predicts an uncomplicated birth.
- G. No person, entity, or facility shall represent itself as a "birth center" or use the term "birth center" as its title, in its advertising, publications or other form of

Toolkit Resource: Long Form Model Regulations



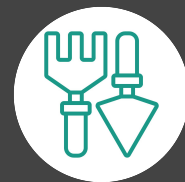
FREESTANDING BIRTH CENTER MODEL STATE REGULATIONS

(Long-Form - State Licensure Route)

I. PURPOSE AND SCOPE

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- G. No person, entity, or facility shall represent itself as a "birth center" or use the term "birth center" as its title, in its advertising, publications or other form of communication unless licensed as a birth center in accordance with the provisions herein.

Toolkit Resource: AABC Position Statement on Certificate of Need



POSITION STATEMENT

Certificate of Need

The American Association of Birth Centers (AABC) takes the position that freestanding birth centers (FSBCs) must be exempt from state Certificate of Need (CON) requirements. CON laws act as a significant barrier to the establishment of FSBCs, effectively stunting the growth of a proven, high-value care model that has been shown to improve outcomes and reduce costs.

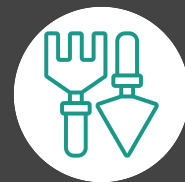
Overview: Certificate of Need

Definition and Purpose. 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.¹ Where CON is required, facilities cannot obtain licensure without a CON. CON laws were originally intended to ensure healthcare services remained affordable, by preventing an oversupply of hospital beds and capital equipment that have high fixed costs.¹ However, evidence has demonstrated that CON requirements may actually drive costs up in a community and can negatively impact access; thus many states have moved away from CON laws.²

Restricting Access to High-Value Care. CON requirements for FSBCs do not protect communities, but instead keep them from accessing valuable maternity healthcare services:

- CON laws **are associated with fewer birth centers in a state.** In the 14 states with CON requirements for birth centers, 9 (60%) have 0 or 1 birth centers, compared with just 7 of the 35 (20%) of the states without CON laws.³
- Reduced supply leads to **lack of access to a model of maternity care that improves outcomes, narrows racial disparities, enhances patient satisfaction, and reduces cost to state Medicaid programs and other payers.**⁴⁻⁷
- 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

Toolkit Resource: CABC Accreditation Subject Brief



SUBJECT BRIEF

CABC Accreditation: What Policy Makers Need to Know

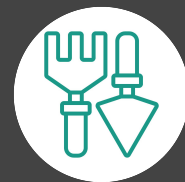
Overview

The **American Association of Birth Centers (AABC)** sets the national standards for birth centers in the United States.¹ These standards provide consistent and specific tools for measuring the quality of service provided to childbearing families in birth centers. The **Commission for the Accreditation of Birth Centers (CABC)** is an independent not-for-profit dedicated to the quality of the operation and services of birth centers.² CABC has elected to use the AABC Standards as the basis of its accreditation process. 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 each facility is in compliance with AABC standards.

CABC Accreditation:

- **Indicates High-Quality.** CABC accreditation ensures clients, regulators, insurers and the public that a birth center provides high-quality care using evidence-based standards and current best practices for maternal and neonatal, business operations, and safety.
- **Is Robust and Comprehensive.** Accreditation Specialists conduct multi-day site visits and review policies, procedures, practice statistics, and patient records, using the Indicators of Compliance to ensure a robust and exhaustive evaluation. Indicators span the breadth and depth of facility services, including patient evaluation for risk factors; readiness for maternal and newborn emergencies; and the collection and review of outcome statistics. The Indicators of Compliance span seven standardized categories: philosophy and scope of practice; planning, governance, and administration; human resources; facility, equipment and supplies; health records; research; and quality evaluation and improvement.
- **Provides Resources and Support.** CABC-accredited birth centers have access to birth center operations experts and educational materials for support to ensure each facility maintains high-quality care and can swiftly resolve any issues. CABC provides birth centers with tools and coaching to implement various monitoring and evaluation processes, including sentinel event case reviews and regular reviews of facility transfers and practice statistics.
- **Is Recognized by States, Payers, and Professional Organizations.** Multiple states provide accelerated pathways to licensure via CABC accreditation, including granting “deemed status” to accredited birth centers for licensure, thus saving states inspection and administration costs.³ In states that do not license birth centers, many insurers use CABC accreditation in lieu of licensure for the purposes of facility payment, including two states (North Carolina and Louisiana) where Medicaid recognizes accredited birth centers. CABC-accredited birth centers are also recognized as an appropriate care setting for low-risk birth in the consensus Levels of Maternal Care framework convened and promulgated by the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM).⁴

Toolkit Resource: Frequently Asked Questions



FREQUENTLY ASKED QUESTIONS

Birth Center Licensure & Regulations

Who determines 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 developed 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.¹¹

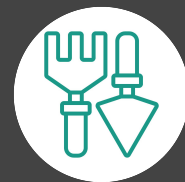
What's the difference between licensure and accreditation?

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 their requirements which may or may not be relevant to birth centers. Not all states have FSBC regulations. Increasingly, states are granting "deemed status" to CABC-accredited birth centers, thus saving states the cost of inspecting birth centers themselves and ensuring birth center regulations 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 each facility is in compliance with AABC standards.

Accreditation ensures 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.

Toolkit Resource: Advocacy 101



SUBJECT BRIEF

Advocacy 101: Stakeholder Organization and Outreach

Organization

- Reach out to your community to ensure all the right people are at the table. Is anyone missing? Identify organizations and individuals in your community whose perspectives are important and who can add energy to your cause.
 - Are there other birth centers or midwives invested in the same cause?
 - Are there any well-connected local families that feel strongly about perinatal health?
 - Is there a health equity organization interested in engaging in the cause?
 - Are there other local nonprofits or community leaders interested in helping?
- As a group, identify your goals and a strategy to achieve them. Determine leadership roles and responsibilities. If you have not already, consider organizing as an AABC State Chapter.
 - What are you trying to accomplish? How? Is there a specific timeline?
 - Who leads group meetings? Who takes notes? Who runs outreach? How often do you need to meet?
- Circulate an agenda prior to group meetings so everyone has a chance to prepare for discussion.
- After each meeting, circulate meeting notes and any action items. If necessary, assign tasks to specific individuals so nothing slips through the cracks.
- Be sure to center the voices and stories of those who are disproportionately impacted by our current maternal health crisis – Black, Indigenous, and other people of color.

Preparing for a Meeting with Policy Makers

- Determine the 2-3 best representatives who should attend the meeting.
- Do some background research. Who are you meeting with? What is their agenda? What are their politics? Who do they represent?
- Familiarize yourself with the regulatory process, the legislative process and the role that agencies and elected officials play. Identify and practice telling a brief (1-2 minute) story. It should clearly identify the issue and highlight the reason for your advocacy.
- Prepare 2-3 brief talking points to explain why and how the situation in your story could be improved or avoided. Explain the role your audience can play in this process.
- Practice boiling down any complicated issues into 2-3 sentence explanations.
- Consider several questions your audience may ask, and prepare concise answers.

Meeting Etiquette

- Arrive a few minutes early. Bring a notebook, a folder with extra copies of any relevant one-pagers and your business card if you have one.

Model Regulations Toolkit - What's Inside?

- Webinar recording
- Templates and model language for “short form” and “long form” regulations aligned with AABC Standards
- FAQs and subject briefs
- Links to related AABC and CABC resources

BirthCenters.org/page/RegsToolkit



Thank you!

**Amy Romano, MBA,
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CEO and Founder, Primary
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PrimaryMaternityCare.co
m

Ken Blau, MD

Founder and Medical
Director, Connecticut
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Jill Alliman, DNP, CNM

Frontier Nursing
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BirthCenters.org