

February 20, 2022

Mary Lawlor, CPM, LM, MA
234 Banning Road
Putney, Vermont 05346

Vermont Senate Committee on Health and Welfare
Senator Virginia Lyons, Chair
Senator Ruth Hardy, Vice Chair

Re: S. 204, An act relating to licensing of freestanding birth centers

Dear Senators Lyons and Hardy,

I am a Certified Professional Midwife licensed to practice midwifery in Vermont and New Hampshire. I began my homebirth practice in Vermont and the surrounding area in 1981 and opened the Monadnock Birth Center in 2008 in Swanzey, New Hampshire. I participated in successful efforts to license direct-entry midwives in both Vermont and New Hampshire and have served as a Midwife Advisor to the Vermont Office of Professional Regulation since 2001. I was a founder in 2001, a long-time board president, and now since 2012 have served as executive director of the National Association of Certified Professional Midwives (NACPM). In my executive director role, I provide policy support to states for licensing and regulating midwives and birth centers, and I work with Congress and the federal agencies to increase access to midwives and birth centers and to grow the midwifery workforce in the U.S.

I am writing to you today in strong support of S. 204, an act relating to the licensing of freestanding birth centers. Birth centers are a vital component of the perinatal system in the U.S. [According to](#) the American Association of Birth Centers, today there over 384 freestanding birth centers in 37 states and Washington, DC, representing a growth of 97% since 2010. [A recent report](#) from the Centers for Disease Control and Prevention, although focused on the growth of home birth by race and state, is indicative of the increasing demand for community-based birth services, especially as a result of the pandemic: the percentage of home births increased by 22% from 2019 to 2020, the highest level of increase since at least 1990. A [2018 report](#), a survey of women's childbearing experiences led by the National Partnership for Women and Families, indicates a serious discrepancy between the care women want and the care they receive: while all survey respondents had hospital births, 11% said they would definitely want a birth center birth for a future pregnancy, and an additional 29% would consider it.

A 2018 [evaluation](#) of the Strong Start for Mothers and Newborns initiative of the Center for Medicare and Medicaid Innovation, found that of three evidence-based prenatal care models studied, birth center care had a [larger potential impact](#) for better health for Medicaid-insured pregnant people than any other recent medical or public health intervention. These health benefits are accompanied by reduced costs of \$2000 for each mother-infant pair during birth and the following year. This [government report concludes](#) that, "These promising Birth Center results may be useful to state Medicaid programs seeking to improve the health outcomes of their covered populations."

Following the licensing of CPMs in Vermont in 2000, I worked for a number of years to help create the opportunity to open birth centers in Vermont. At last, disappointed with my lack of success in my state, I took my work to open birth centers in the area to New Hampshire. There the Department of Health had established feasible regulations for birth centers and I and a partner opened the first midwife-owned birth center in the state, the Borning Room Birth Center in Keene. I left that Center, since closed, and subsequently opened the Monadnock Birth Center in Swanzey, outside of Keene in 2008, one of now five state-licensed birth centers owned and operated by licensed midwives in New Hampshire.

In addition to responding to the needs and desires of birthing people, birth centers in New Hampshire have proven to be an excellent opportunity to establish and improve collaborative relationships between midwives and obstetricians and hospitals for consultation, co-care, and transfer of care when needed, including the establishment of annual transport conferences at Cheshire Medical Center for hospital and emergency transport personnel and community midwives. Most recently, in response to the coronavirus pandemic, the midwives at the Monadnock Birth Center and the midwives and obstetricians at the hospital in Keene met at my birth center at the start of the pandemic to establish cooperative protocols for sharing information, protecting pregnant people choosing community midwifery services, and to establish weekly problem-solving meetings to discuss and plan for how to care for the birthing population of the area under these urgent circumstances.

Given all of the proven benefits of birth centers and a growing demand from childbearing people for community-based perinatal services, it is more than time for Vermont, one of only 10 states that do not regulate birth centers, to join the [80% of states](#) that do. Any state, in the process of licensing birth centers, will have concerns and fears about impact. In my work around the country, as well as in NH, I am not aware of any hospital that has closed because a birth center opened in the community. Rather, communities become positively known for offering the full range of birth services desired by their people.

I urge your committee and the state legislature to pass S. 204 this year. Thank you for your attention to this important legislation.

Sincerely,

A handwritten signature in cursive script that reads "Mary Lawlor".

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