

February 23, 2022

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Vermont Senate Committee on Health and Welfare

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

Dear Senators,

I am speaking to you today to offer my strong support for licensing freestanding birth centers in Vermont as laid out in bill 204.

I have worked as an advanced practice nurse and nurse-midwife for nine years, most recently delivering babies at Cheshire Medical Center / Dartmouth-Hitchcock in Keene NH. When I moved back to Vermont and started practicing in the region, I was surprised to learn that Vermont stands in a small minority of states that do not have a single freestanding birth center. New Hampshire, New York, Massachusetts, Maine, and thirty-nine other states have freestanding birth centers - why wouldn't Vermont?

After researching this question, I realized that the barriers to birth centers in Vermont are multifaceted - the legislation that we are discussing today is designed to end those barriers.

I am going to focus my testimony on the overwhelming evidence that exists about the safety and excellent health outcomes brought about by birth center care.

You can find in the supporting documents a handout from the Centers for Medicare and Medicaid services outlining an initiative that spanned four years and compared three models of care, one of which was midwife-led birth centers. In total they had over 45,000 medicaid patients enrolled and their stated goals were to find which model of care offered the most cost savings and improved outcomes. As you can see, they found that freestanding birth centers saved over \$2,000 for each mother-infant pair compared to matched medicaid participants getting hospital based care. Additionally, birth center participants experienced fewer infant emergency department visits and hospitalizations, had lower rates of preterm birth and low birth weight, and had fewer cesarean sections.

The evidence that birth center care is cost effective and provides for excellent outcomes with fewer interventions is copious. One 2017 study compared low risk women getting *midwifery* care in a hospital setting with matched low risk women getting *midwifery* care in a birth center and found that the birth center patients still had a 37% less chance of having a cesarean birth. A review of 9 studies found that starting your care in a birth center, even if you ended up transferring to a hospital, still conferred a lower cesarean risk. For reference, in Vermont 26.5%

of *low risk* births happen by cesarean. In contrast, labors that start with birth center care end in cesarean only 6% of the time.

Why would these birthing people have better outcomes outside of the hospital? Because in the hospital we do an excellent job of taking care of medically fragile pregnancies and in doing so we overuse technology on physiologically normal pregnancies. The birth center model involves intensive relationship building, continuity of care, shared decision making, and outstanding postpartum and breastfeeding support, leading to fewer postpartum mood disorders and healthier infants in their first year of life.

If we are interested in reducing health care costs, improving the quality of the care we provide, improving the health of Vermont families, and improving access to care for Vermonters, then birth centers are definitely part of the answer.

Given what we know about the excellent quality of care and cost savings conferred by birth centers, we have a moral and fiscal obligation to offer this option to Vermont families.

I will now read two short expert testimonies from witnesses who could not be here today.