

**S.204 – Freestanding Birth Centers**  
**Testimony Senate Health and Welfare Committee 2/24/22**  
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My name is Lindsay Lachant DNP, CNM, IBCLC, I am a Certified Nurse Midwife and International Board-Certified Lactation Consultant. I would like to thank you for giving me the opportunity to speak to you about the important issue of birth center licensing in Vermont. I am in strong support of S.204 as it will increase access to birthing options in Vermont.

I come to you with 17 years of combined experience in maternity nursing and midwifery. Over the past 9 years, I have practiced as a midwife in several birth settings, including a large tertiary hospital, community hospitals and a freestanding birth center located out-of-state. I am a member of the American Association of Birth Centers and serve as a mentor for students completing the birth center assistant training. I reside in Southern Vermont, but currently work out-of-state in a hospital setting.

**My Experience with Freestanding Birth Centers**

I have seen the benefits of a freestanding birthing center professionally as well as personally. I spent most of my midwifery career working at the only freestanding birth center in Connecticut. This was my dream job. I was able to provide the midwifery model of care, develop intimate relationships with families, and support healthy low-risk people giving birth naturally, with minimal intervention. This is the reason clients came to us and sought out birth center care.

Personally, my 3<sup>rd</sup> baby was born at the birth center. It was the most satisfying birth, because I felt well-supported in a safe and welcoming home-like environment. I knew that I was going to get the exact type of care that I wanted without asking for it. The midwife provided continuing care to us at home the next day and we were lucky to have increased access and care during the postpartum period.

I would have loved to have had another birth center birth for my 4<sup>th</sup> and last child; however, we moved back home to Vermont where that was, unfortunately, not an option. The closest birth center at that time was 2hrs and 20 min away in New Hampshire. Since I didn't have access to a freestanding birth center, I gave birth in a hospital labor and delivery unit, which was called a birth center, but it was not freestanding and not the same experience.

Our three neighboring states - MA, NH and NY - have freestanding birth centers. Vermont is one of only two states in New England without such a center. These birth centers are a gaping hole in the Vermont healthcare delivery system.

**Benefits of Birth Centers**

Some of the important aspects of birth center care include longer prenatal visits with time to develop a trusting relationship with the midwife, individualized care, education, and shared decision making. Midwifery care focuses on the needs of the birthing person and allows the process to unfold while still monitoring safety, often called “watchful waiting”, and intervening only when necessary. Allowing this process to happen with the least amount of intervention protects the necessary transformation that occurs with birth. Evidence-based best practices allow

for the best start to lactation and breastfeeding which have a positive impact on long-term health for the dyad, reduced postpartum depression risk and increases attachment and bonding.

Perhaps the main difference in freestanding birth center care is the ongoing support and access to midwives during the postpartum period. In the early postpartum days, midwives do home visits and support the family in adjusting to parenthood, provide newborn care in the first month, and support lactation.

### **Wellness Model of Care**

There is ample evidence and research that supports the birth center model as a community-based wellness model of care. It encompasses much more than the traditional maternity care that is limited to in-hospital care. It cannot be replicated in the hospital setting. The benefits of this model include improved maternal and infant health, cost savings and improved experience of care (Alliman et al., 2022). These benefits align with the Institute of Healthcare Improvements “Triple Aim-“, making the option for midwifery and freestanding birth center care integral to improving the current maternity care system. Services at birth centers other than pregnancy, birth and postpartum care include primary care, routine and uncomplicated gynecologic care, trauma informed care, culturally competent care and care for the LGBTQ+ community. Having a common place for support and education, access to reproductive health services, like birth control, improves and strengthens communities. Freestanding birth centers provide equitable care and reduce racial and ethnic disparities (Alliman et al., 2019).

### **Unnecessary Limitations to Freestanding Birth Center Care**

The freestanding birth center model of care is limited in part by regulatory barriers and inadequate insurance coverage or denials. The other barrier to establishing birth centers is the Certificate of Need requirement. Restricting birth centers prevents a model of care known to improve outcomes, to provide equity in care and reduce costs. The CON process was created to prevent unnecessary duplication of health care facilities and services, but freestanding birth centers are not a duplication of services. There is a clear difference in the freestanding birth center model of care and maternity care in a hospital.

I know from personal experience and years of caring for families in the birth center model that it works. This option needs to be available to every Vermonter, without unnecessary barriers, which is why I urge you to pass S.204.

Respectfully,  
Lindsay Lachant DNP, CNM, IBCLC