

Freestanding Birth Centers  
House Committee on Health Care  
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February 27, 2025

## **Introduction**

My name is Lindsay Lachant DNP, APRN/CNM, IBCLC, PMH-C I am a Certified Nurse Midwife, International Board-Certified Lactation Consultant, and Perinatal Mental Health Provider. I would like to thank you for allowing me to speak to you about the important issue of birth center licensing in Vermont. I am in strong support of S.18, as it will increase access to birthing options in Vermont.

I come to you with 20 years of combined experience in maternity nursing and midwifery. Over the past 12 years, I have practiced as a Certified Nurse Midwife in several birth settings, including a large tertiary hospital, community hospitals, and a freestanding birth center located out-of-state. I currently reside in Southern Vermont where I was born and raised. After graduating from midwifery school, I left Vermont to find a midwifery job that matched the philosophy of care that I wanted to provide- that was the birth center model. Since moving back home in 2019, I've had to commute out-of-state to Massachusetts and New York to work in hospital settings because of a lack of opportunity in Southern Vermont.

I would like to open a birth center in Vermont. I believe Vermonters deserve choice in where they give birth, and that birth centers are an evidence-based, affordable, high-quality option that is missing from the healthcare landscape. Vermonters agree. In 2023, I conducted market research and community needs assessment of midwifery services, birth center care, and birth options for Vermonters. There was near-unanimous support for midwifery care and birth centers in Vermont communities, and 94% of Vermonters responded that they support the option of a freestanding birth center in their community.

## **My Experience with Freestanding Birth Centers**

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

Personally, my 3rd 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 having to ask for it. Being able to go home 4 hours after giving birth and recover in my own bed as a new family with my excited 2 and 5 year old daughters was so memorable. My midwife provided follow-up care to us at home the next day and we were lucky to have increased access and extended care during the entire postpartum period.

I would have loved to have had another birth center birth for my 4th 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 2 hours and 20 minutes away in New Hampshire. Since I didn't have access to a freestanding birth center here in Vermont, I chose to drive 50 min to give birth in a hospital labor and delivery unit in New York, because I wanted to make sure I had access to 24/7 midwifery care, which is not the case in the two Vermont community hospitals closest to me. If a birth center had been an option, I would have most certainly chosen to give birth there.

Our three neighboring states - MA, NH, and NY - all have freestanding birth centers. Vermont is one of only eight states in the U.S. without such a center. We know pregnant people leave Vermont to seek their care outside our borders. We also know that critical members of our Vermont workforce leave, like myself, to work in these settings out of state. We cannot continue to lose these clients or this workforce.

### **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 birth center model is low tech, high touch care for a small caseload of clients similar to the volume of a homebirth practice. This keeps the hallmarks of midwifery and birth center standards in place, allowing for an intimate relationship, respectful care, shared decision making, and client autonomy to occur. 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 Improvement's "Triple Aim-", making the option for midwifery and freestanding birth center care integral to improving the current maternity care system. Freestanding birth centers provide equitable care and reduce racial and ethnic disparities (Alliman et al., 2019).

### **Why Now?**

The health care landscape in Vermont is, as this committee well knows, a hot topic of conversation. In S.18, we see a confluence that is very rarely found: an opportunity to provide more affordable care, with better outcomes at no additional state cost, and no service expansion. Health insurance already covers labor and delivery, birth centers are low-tech and are meant to feel more like a home than a medical unit. Not only that, this type of healthcare setting would attract new providers to our state - something we desperately need. Freestanding birth centers are the key to improving maternal health and reforming a broken maternity care system.

I urge you to take up and pass S.18. Thank you for taking the time to hear my testimony and consider options for expanding access to reproductive care for Vermonters.