

BIRTH CENTERS

A high value proposition for low-risk maternity care



Do you want to improve U.S. maternity care and reduce costs?

America's Maternal Health Crisis

- Racial disparities persist
 - African American women have nearly a three times greater risk of dying from pregnancy-related complications than white women, and this and other disparities have not improved in 50 years.^{1,2}
 - African American infants continue to experience significantly higher rates of both preterm birth and low birth weight, and have more than 2 times the risk of dying before their first birthday.^{3,4}
- Many city and rural hospitals have closed their obstetric units due to economic pressures. Over half of U.S. counties have no OB-GYN or midwife.^{5,6} With inadequate care, the health of mothers and infants worsens.
- Maternal-child outcomes in the U.S. are among the worst of all developed countries.
 - Women in the U.S. have a greater risk of dying of pregnancy-related complications than women in 55 other countries. More than 2 mothers die every day in the U.S. from pregnancy-related causes. The U.S. is the only developed country where maternal mortality is on the rise.^{2,4,7,8}
- Preterm birth is epidemic
 - In 2023, 1 in 10 babies was born too early, or preterm in the U.S.⁷
- Cost is great
 - Hospitalization related to pregnancy and childbirth costs Medicaid \$6.6 billion/year, and is the #1 hospital cost to Medicaid.⁹
 - Almost half of all births in the U.S. are covered by Medicaid and lack of access to quality

maternity care makes these costs go up as more complications occur. One-third of all Medicaid births are by caesarean section, which costs twice as much as vaginal birth with a higher risk of complications.⁷

Freestanding Birth Centers: Part of a National Solution

Expansion of the freestanding birth center model of care should be part of a cost-effective plan to improve access to community maternity care. Birth centers improve health of mothers and babies by improving the quality of care, reducing caesareans and other poor outcomes, and saving health care dollars.^{10,11,12}

Birth centers can be located in low resource areas to provide local access to high quality care. Studies demonstrate significantly reduced cesarean sections in birth centers.^{10,12}

Strong Start for Mothers and Newborns demonstrated that when women and infants who are Medicaid or CHIP beneficiaries participate in birth center care, outcomes improve.^{10,13,14}

Strong Start Target	Birth Center Participants vs Matched Controls
Preterm Birth	25% lower
Low Birth Weight	20% lower
C-Section Rate	40% lower
Costs - pregnancy through 1 year postpartum	\$2010 less per couplet

We can reduce racial disparities with increased access to midwifery care in birth centers. When birth centers provide care, the health of childbearing people and infants improves, due to improved outcomes.

For more information on birth centers, contact the American Association of Birth Centers at aabc@birthcenters.org | 215.234.8068 | BirthCenters.org

¹ Centers for Disease and Prevention (2021). Working together to reduce black maternal mortality <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>

² Moaddab, A. et al. (2018). Health care disparity and pregnancy-related mortality in the United States, 2005–2014. *Obstetrics & Gynecology*, 131(4), 707-712.

³ March of Dimes Peristats. (2021). Infant mortality rates by race. <https://www.marchofdimes.org/peristats/viewSubtopic.aspx?reg=99&top=6&stop=94&lev=1&slev=1&obj=1&dv=ms>

⁴ CDC (2020) Maternal and infant health: Infant mortality. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>

⁵ Ollove, M. (2016) A shortage in the nation’s maternal health care. Stateline. Pew Charitable Trusts. <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/08/15/a-shortage-in-the-nations-maternal-health-care>

⁶ Seigel, J. (2018) Delivering rural babies: Maternity care shortages in rural America. *Rural Voices*. National Rural Health Association. <https://www.ruralhealthweb.org/blogs/ruralhealthvoices/march-2018/delivering-rural-babies-maternity-care-shortages>

⁷ March of Dimes. (2023). 2023 March of Dimes report card. <https://www.marchofdimes.org/report-card>

⁸ MacDorman M.F., Mathews T.J., Mohangoo A.D., Zeitlin J. (2014) International comparisons of infant mortality and related factors: United States and Europe, 2010. *National vital statistics reports*; 63 (5). Hyattsville, MD: National Center for Health Statistics. https://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_05.pdf

⁹ Healthcare Cost and Utilization Project (HCUP). May 2016. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb204-Most-Expensive-Hospital-Conditions.jsp>

¹⁰ Alliman, J., Stapleton, S.R., Wright, J., Bauer, K., Slider, K., Jolles, D. (2019). Strong Start in birth centers: Sociodemographic characteristics, care processes, and outcomes for mothers and newborns. *Birth*. 46: 234-243. doi: 10.1111/birt.12433. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/birt.12433>

¹¹ Washington State Healthcare Authority (2016). Reimbursement of births performed at birth centers. Clinical Quality Transformation. Olympia, WA. <https://www.hca.wa.gov/assets/program/2eshb-2376-birth-centers.pdf>

¹² Stapleton SR, Osborne C, and Illuzzi J. Outcomes of care in birth centers: demonstration of a durable model. *JMWH*.58, (1), pages 3–14, Jan/Feb 2013. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12003/full>

¹³ Centers for Medicare and Medicaid Services (CMS). Joint informational bulletin. Strong Start for mothers and newborns initiative. https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/cib110918_13.pdf

¹⁴ Hill I, Dubay L, Courtot B et al. (2018) Strong Start for Mothers and Newborns Evaluation: Year 5 Project Synthesis, Vol 1. <https://downloads.cms.gov/files/cmimi/strongstart-prenatal-finalevalrpt-v1.pdf>.