

**Freestanding Birth Centers
Fact Sheet and Statistics
Vermont Birth Center Coalition
February 20, 2025**

Birth Center Outcomes are better compared to hospital outcomes for low-risk people

- The U.S. cesarean rate has increased substantially over the past few decades from 21% in 1996 to 32% of all births now. [Meanwhile, the cesarean rate has been stable in birth centers for over 20 years at 4.4-6%.](#)
- Preterm and low birth rate 50% reduction
- Higher breastfeeding success
- Increased satisfaction of care
- 94% of Vermonters surveyed in 2023 believe that a birth center would benefit their community and 97% of Vermonters believe that midwifery care would benefit their community.

Costs are lower when people deliver at birth centers

- Researchers estimate that more than \$30 million was saved over 3 years, because 15,774 women chose to have their babies in a freestanding birth center rather than in a hospital. “Strong Start for Mothers and Newborns” is a 2018 study by the Centers for Medicare and Medicaid Services (CMS) that found that rates of preterm birth, low birthweight, and cesarean section were lower among freestanding birth center participants than an equivalent population of Medicaid participants in a hospital setting.
- Cost saving facts from the CMS “Strong Start” study:
 - Total medical costs were more than \$2,000 lower per mother-infant pair during the birth and the following year.
 - Estimated Medicaid savings by cesareans prevented per 10,000 = \$4.35 million
 - Estimated savings reduction in preterm birth per 10,000 = \$24.25 million

Hospital transfers are planned and safe

- The average transfer rate during labor from a birth center is 11.9%. [Of those, only 1/1000 are emergency transfers.](#) Birth centers must have an approved transfer plan. The specifics of these plans will be regulated by the Vermont Department of Health.
- [Distance from a hospital is not regulated in miles](#) as how long it takes and the risk to pregnant people depends on the community, the travel conditions and the receiving facility. The evidence shows that who is with the laboring person is much more important than how far the person is from a certain type of facility. The Birth Center Coalition will work closely with the Vermont Department of Health during the regulatory process to ensure optimal safety for mothers and babies.
- Providers who work in freestanding birth centers are licensed and skilled in providing obstetric and midwifery care. According to the [AABC's Standards for Birth Centers](#), birth centers are equipped with emergency equipment and medications to manage complications and stabilize before transfers to a higher level of care just as community hospitals can stabilize and coordinate transfer to tertiary care hospitals.

CON requirements greatly restrict/eliminate Birth Centers

- States that have already repealed CON laws see the [biggest benefits for rural communities](#).
 - The following states have recently repealed CON requirements for birth centers: CT (2023), GA (2024), MI (2024), WV (2023). Kentucky just passed its bill to exempt birth centers from CON.
- CON laws are [associated with fewer birth centers in a state](#). In the 13 states with CON requirements for birth centers, 6 (62%) have 0 or 1 birth center, compared with 9 of the 37 (24%) of the states without CON laws.

There is no evidence that birth centers will threaten hospital units

- Hospital birthing units have been losing money due to reimbursement rates for years
- Hospitals that partner with birth centers are known to increase revenue, public relations, and expand the services within the community. [The National Birth Center II study](#)

Many birthing families are not choosing to give birth in their local hospital

- According to Vermont Vital Statistics records from 2022, some small community hospitals serve less than 60% of families in their catchment area.

Table B-16. County of Residence by Place of Birth

2022 VERMONT BIRTHS⁽²⁾

PLACE OF BIRTH ⁽¹⁾	COUNTY OF RESIDENCE															TOTAL
	ADD	BEN	CAL	CHI	ESX	FRA	GI	LAM	ORG	ORL	RUT	WAS	WHM	WSR	O-O-S	
HOME	19	5	7	34	0	5	1	11	22	11	9	19	21	10	2	176
RUTLAND REGIONAL MEDICAL CENTER	3	15	0	0	0	0	0	0	0	0	295	1	6	21	15	356
CENTRAL VERMONT MEDICAL CENTER	0	0	3	3	0	0	0	4	22	2	0	186	0	2	2	224
COPLEY HOSPITAL	1	0	24	3	0	10	0	112	0	26	0	16	0	0	2	194
GIFFORD MEDICAL CENTER	1	0	0	2	0	2	0	0	64	0	9	65	0	38	11	192
UNIVERSITY OF VERMONT MEDICAL CENTER	106	3	13	1328	1	258	42	110	20	25	38	145	1	5	202	2297
NORTH COUNTRY HOSPITAL AND HEALTH CENTER	0	0	1	0	3	1	0	0	0	146	0	1	0	0	1	153
NORTHEASTERN VERMONT REGIONAL HOSPITAL	0	0	117	0	12	0	0	1	11	27	0	6	0	0	20	194
NORTHWESTERN MEDICAL CENTER	0	0	0	19	0	276	17	11	0	2	0	0	0	0	4	329
PORTER MEDICAL CENTER	143	2	0	5	0	0	0	0	0	0	108	0	0	1	61	320
BRATTLEBORO MEMORIAL HOSPITAL	0	2	0	0	0	0	0	0	0	0	4	0	173	24	68	271
SPRINGFIELD HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1	4
SOUTHWESTERN VERMONT MEDICAL CENTER	0	199	0	0	0	0	0	0	0	0	0	0	25	0	167	391
OUT OF STATE HOSPITAL	2	35	80	6	18	7	0	2	107	11	39	17	93	337	0	754
OTHER SPECIFIED PLACES	0	1	0	0	0	0	0	0	2	0	0	2	4	4	0	13
TOTAL	275	262	245	1400	34	559	60	251	248	250	502	458	323	445	556	5868

⁽¹⁾ SEE APPENDIX A FOR COMPLETE LIST OF HOSPITAL NAMES AND LOCATIONS
⁽²⁾ VERMONT RESIDENT BIRTHS PLUS NON-RESIDENT BIRTHS THAT OCCURED IN VERMONT

“Birth centers are a high-value option for maternity care and complement the existing hospital-based system. Care that is provided by birth centers fully meets the "triple aim" vision of healthcare: improving the experience of care, improving the health of populations, and reducing per capita costs of health” [\(Dekker, 2013\)](#)