



Licensure of Freestanding Birth Centers

Support Birthing Choices for Vermont Families

Choice of birth setting is a reproductive right

Vermont is one of only eight states without a freestanding birth center. In a state where almost all other reproductive rights are protected, this one stands out as missing.

Access to Birth Centers is an Equity Issue

Currently, the only way Vermont families can access birth center care is by crossing state lines, which, for most, involves unreasonable travel. By refusing to license birth centers, Vermont denies birthing families a safer birthing option, which represents an inequity in our delivery of maternal health care.

Many vulnerable populations benefit from the community-based, culturally sensitive, midwifery model of care provided in birth centers. Studies show that

- BIPOC women experience significantly higher rates of serious complications during pregnancy and birth in the U.S. In freestanding birth centers, they experience greater improvement in maternal and infant outcomes.
- LGBTQ+, New Americans, and trauma survivors are other populations who particularly benefit from freestanding birth center care.

Freestanding Birth Centers Support Local Hospitals

Freestanding birth centers keep birthing families local and bring business to local hospitals in the form of ancillary services, including laboratory, obstetric ultrasound, obstetric consultations, and transfer of care when necessary.

Some claim that birth centers threaten the financial well-being of hospital maternity units. There is no evidence from anywhere in the country that supports this claim. It is the goal of those running birth centers to work in cooperation with local hospitals.

Unnecessary Barrier to Care: The Certificate of Need Process

There is no basis in evidence that CON improves outcomes or access to care, nor does it lower costs.

- ❑ The majority of the states that have licensure do not have CON requirements.
- ❑ CON requirements are stringent and costly – they were originally meant for hospital-like settings.
- ❑ CON requirements often serve as a tool to limit or prevent the opening/existence of freestanding birth centers.

94% of Vermonters surveyed in 2023 believe that a birth center would benefit their community.

Community Education on Birth Center Care: Assessing the Landscape for Vermont Birth Options. Lindsay Lachant, DNP, APRN/CNM

The Birth Center Model of Care

Excellent perinatal outcomes Patient satisfaction Healthcare system savings

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Birth Center Safety & Benefits

- The White House Blueprint for Addressing the Maternal Health Crisis cites increasing free-standing birth centers as well as increasing the number of families served by midwives as an important action item (#4.4)
- In a study of over 15,000 birthing people in 79 different birth centers within the U.S., safety data was overwhelming.
- Birth center C-section rate was 6%, compared to 26% for low-risk pregnancies in hospitals nationally. Preterm and low birth weight babies were reduced by 50%. Urgent transfer rate from a birth center to a hospital was only 2%.
- Birth centers have been shown to reduce maternal morbidity, increase infant-parent bonding and increase breastfeeding initiation rates and duration.
- The American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), as well as the Society for Maternal-Fetal Medicine (SMFM) all endorse the birth center model of care as a safe and evidenced-based option for low-risk people.

Patient Satisfaction

- A growing body of research shows that **how** someone is made to feel, **who** cares for them, **how** they give birth and **where** they give birth has long-lasting emotional, psychological, and medical implications
- Birth centers offer “high touch and low tech” care that supports the whole person—listening, compassion, shared decision-making, and family-centered care are all hallmarks of midwifery and freestanding birth center care.
- Compared to a hospital setting, women who give birth in a freestanding birth center are twice as likely to rate their experience as positive.

Cost Savings

- 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 \$2000 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 pre-term birth per 10,000 = \$24.25 million

Community Partners/Supporters

American College of Nurse-Midwives-VT Affiliate
AIDS Project of Southern Vermont
Emerge
GROW Prenatal and Family Center
HIV/HCV Resource Center
Nat. Assoc. of Social Workers-VT Chapter
Planned Parenthood of Northern New England

Pride Center of Vermont
Shift Well
Vermont Association of Nurse Anesthetists
Vermont Birth Network
Vermont CARES
Vermont Midwives Association
Vermont Nurse Practitioners Association
Voices for Vermont’s Children