

The Birth Center Experience

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“Few innovations in health service promote lower cost, greater availability, and a high degree of satisfaction with a comparable degree of safety. The results of this study suggest that the modern birth centers can identify women who are at low risk for obstetrical complications and care for them in a way that provides these benefits.”

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What is a birth center?

The birth center is a homelike facility, existing within a healthcare system with a program of care designed in the wellness model of pregnancy and birth. Birth centers are guided by principles of prevention, sensitivity, safety, appropriate medical intervention, and cost effectiveness. Birth centers provide family-centered care for healthy women before, during, and after normal pregnancy, labor, and birth.

The birth center can be described with 5 Ps:

PEOPLE

- Healthy women anticipating a low-risk pregnancy and birth
- Licensed, qualified staff with full comprehension of limits of midwifery practice and insured for professional liability
- Qualified obstetric/pediatric consultants

PLACE

- Home-like - a maximized home rather than a mini-hospital
- Meets all construction, fire and safety, and health codes
- Equipped to provide routine care and initiate emergency procedures
- Freestanding facility - separate from acute obstetric/newborn care with autonomy in formulation of policy and management of operation
- Located so that there is reasonable cesarean section capability

PROGRAM

- Orientation and informed consent
- Antepartum care including continuous screening by history, physical exam, routine laboratory tests and health counseling
- Plan for participation of family members as defined by woman receiving care

- Educational program that includes component of self-care/self-help
- Plan for payment of services
- Twenty-four hour telephone access to care provider
- Intrapartum care with nurse-midwife or physician in constant attendance during active labor
- Postpartum/newborn care supervised by licensed nurse or midwife
- Required newborn laboratory screening tests
- Plan for newborn health supervision at center or by referral
- Home-office visits for postpartum newborn follow-up
- Provision for support in parenting and breastfeeding

PRACTICE OF MIDWIFERY

- Midwifery is Primary Care that emphasizes:
 - Support for pregnancy and birth as a natural physiological process - “normal until proven otherwise;”
 - Prevention of disease/promotion of health;
 - Individual responsibility and self-sufficiency through education;
 - A systems approach to the delivery of health services;
 - That midwifery may be practiced by any qualified, licensed provider willing to embrace the philosophy of midwifery and obtain the knowledge and skills needed for midwifery practice.
- Midwifery Primary Care is a first-level entry into a health-oriented system, triaging when the process of pregnancy and birth departs from its normal course.
- It is dependent upon:
 - Laboratory services;
 - Availability of specialist services;
 - Access to acute care services;
- Separation of primary care from acute care in pregnancy and childbirth is the most important principle of the birth center concept.
- The interdependent relationship between the birth center and acute care services:
 - Eliminates the need for maintenance of costly diagnostic and treatment technology and services in the birth center;
 - Reduces the potential for overuse or inappropriate application of tests and treatment.

PART OF THE SYSTEM

- Has written policies and procedures that reflect standard quality assurance
- Relationship with other community health agencies for complementary services
- Arrangement for referral and transfer to other levels of care
- Access to an acute care obstetrical/newborn unit

What is the birth center experience?

- The quality of care in birth centers has remained consistent. "The National Birth Center Study," published in 1989, reported on prospective, descriptive data of 11,814 women admitted for labor at 84 birth centers. One woman in six (15.8 %) was transferred to a hospital of which 2.4 % were emergency transfers. Of the women admitted to labor in the birth center, 84.2% gave birth in the center. The cesarean section rate was 4.4 percent. There were no maternal deaths. The overall intrapartum and neonatal mortality rate was 1.3 per 1000 births. The rates of infant mortality were similar to those reported in large studies of low-risk hospital birth.¹
- "The National Birth Center Study II" (NBCS II), published in 2013, reported on 15,574 women who planned and were eligible for birth center birth at the onset of labor. Four percent were transferred to a hospital before admission to the birth center, 12% were transferred in labor after admission and 84% gave birth at the birth center. Regardless of birth setting, 93% of women enrolled for birth center care had a spontaneous vaginal birth. There were no maternal deaths. Less than 2% of birth center transfers were emergent. The intrapartum fetal mortality rate for women admitted to the birth center in labor was 0.47/1000. The neonatal mortality rate was 0.40/1000 excluding anomalies. It is noteworthy that two decades lapsed between these two large studies yet the outcomes are remarkably similar.²
- The cesarean section rate for women receiving care in birth centers averages 6.1%, approximately one half that in studies of low risk, in-hospital births.²
- Birth Centers have consistently displayed charges for care for normal birth that average up to 50% less than charges for an uncomplicated birth in the hospital.^{3, 4}
- More than half of birth centers include routine laboratory exams, childbirth education, home visits, extra office visits, and initial newborn examinations in their charges.
- Most major health insurers contract with birth centers for reimbursement. Because charges reflect cost and since the birth center is a single service unit, there is no opportunity for cost shifting or operating the birth center as a "loss leader" to other services.
- 98.8 percent of women using the birth center would recommend it to friends and/or return to the center for a subsequent birth.¹

What are the benefits to families?

- The birth center approaches pregnancy and birth as a normal family event until proven otherwise. The program encourages family involvement and provides a safe environment for families to experience the social, emotional, and spiritual renewal inherent in birthing forth new life while attending to the possibility that a problem may arise that will require medical intervention or care in the acute care setting of the hospital. This is in opposition to the view that pregnancy is an illness and birth a medical/surgical event that needs to be cured.

- The birth center program of education encourages parents to become informed and self-reliant; to assume responsibility for their own health and the health of the family.
- The birth center brings generations together to celebrate new life by encouraging grandparents and children to participate in the birth center program.
- Birth centers have demonstrated that they are a viable alternative to unattended home birth and to costly hospital acute care for more than 35 years. It is now time to mainstream these services.

What are the benefits to business and industry?

- Birth centers offer business and industry direct savings in the cost of health benefits. If even 10 percent (400,000) of the 4 million women who give birth in the U.S. each year delivered their babies in Birth Centers, the savings in facility fee payments alone would be at least \$2.6 billion.^{3, 4}
- The birth center program provides a starting base for the wellness and prevention programs being established in industry.
- The family is the hinge pin of the employee. Industry's support of a program that encourages family unity, self-determination, and responsible health can only improve employee performance.
- Birth center care encourages childbearing women (who may also be employees) to be confident in the design of their bodies. Such confidence, in turn, builds self-esteem and starts the young family off on thinking of pregnancy, birth, and family health as wellness, not disease.
- The nine-month intensive focus on improving family health through the promotion of lifestyle changes in pregnancy can have a significant ripple effect in the long-term improvement of family health.

How will it affect the hospital acute care service?

- Birth centers have had a major impact on humanizing the acute care maternity services provided by hospitals. Note the rise in hospital birthing rooms, in privileges for nurse-midwives, in childbirth education programs, and in more liberal attitudes about family participation.
- Birth centers are showing that the majority of women can safely proceed through pregnancy and birth using acute care services only as needed. In wellness orientation to pregnancy and birth, birth centers would be the managed care gatekeepers for the acute care obstetric newborn services.
- Birth centers eventually will help to reduce the number of costly hospital beds and expand primary care services.
- Birth centers will help to reduce dependency fostered by institutional confinement and strengthen the family's ability to share responsibility for maternity care and family health.

- Birth centers will help to develop a system of care based first on the needs of the family and second on the needs of medical education or product promotion.

How does it affect the obstetricians?

- Birth centers provide an opportunity for obstetricians and family physicians to learn, appreciate, and practice midwifery - time and education intensive, "with woman" - care.
- Birth centers provide an opportunity for obstetricians to invest in a service which will expand their patient base for referrals through transfers from the birth center and from a larger extended family base for their gynecological services. The birth center promotes the development of collaboration and a team approach to the delivery of primary care services to families enabling better use their specialist skills.

How is the quality of care assured in birth centers?

- Through the promotion of state regulations for licensure (41 states currently license birth centers)
- Through established National Standards which are reviewed annually (adopted in 1985)
- Through a Continuous Quality Improvement Program for Birth Centers (model program available)
- Through accreditation by the Commission for the Accreditation of Birth Centers (CABC)

How do birth centers contain costs?

- By retaining autonomy (control) over birth center operations and program regardless of ownership (some hospitals own freestanding birth centers)
- By providing "high touch" rather than "high tech" care, birth centers depend on the services of acute care hospital thereby minimizing the routine use of medical intervention and technology.
- By providing a program of primary care that emphasizes education, wellness, prevention, self-help and self-reliance in family health maintenance
- By using staff efficiently; staff are only in-house when a mother is in-house. Since birth centers do not compete with emergency services or hospital acute care, levels of staff are used efficiently and appropriately
- By promoting responsibility with the childbearing family for health and prevention of illness
- By using existing community services when available (instead of creating costly duplications) for transport services, social services, medical consultation, laboratories, etc.
- By using established policies and procedures for screening and transfer of women with problems to acute care services

- By using low cost construction that meets safety codes

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