American Association of Birth Centers

America's Birth Center Resource

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October 14, 2015

Facility Guidelines Institute
Health Guidelines Revision Committee
350 N St Paul Street, Suite 100
Dallas, TX 75201

Re: Freestanding Birth Centers

Dear Health Guidelines Revision Committee,

The American Association of Birth Centers (AABC) has set forth the only nationally accepted standards for freestanding birth centers and the Commission for Accreditation of Birth Centers determines the indicators birth centers must meet to demonstrate these standards. The professional organization and accrediting body have expertise in setting standards for safety and quality of care in centers. AABC has conducted prospective research studies on the outcomes of birth center care including the Nation Birth Center Study II published in 2013[1], which has shown birth centers to be very safe and have as good as or better outcomes than hospitals for women with a low risk pregnancy. This model of care is outcome based and a cost savings to the healthcare system.

The Facility Guidelines Institute's (FGI), "Guidelines for Design and Construction" do not appear to reflect an understanding of the function of freestanding birth centers and are more representative of hospitals, hospital based birth centers and surgical centers. The "multidisciplinary " Health Guidelines Revision Committee does not appear to have midwives, nurses, or doctors who actually have practices within a nationally accredited freestanding birth center. Perhaps none of the committee members have attended a birth outside of the hospital

The birth center is a maxi-home not a mini-hospital or clinic or outpatient facility. Unlike surgical centers and clinics treating sick people or infected conditions, the birth center represents a healthy, common sense approach to childbirth that is being lost to humans in this industrialized, high tech medical environment. Some hospital cesarean section rates are already above 50 percent. The approach must

[1] Susan Rutledge Stapleton, CNM, DNP, Cara Osborne, SD, CNM, and Jessica Illuzzi, MD, MS, "Outcomes of Care in Birth Centers: Demonstration of a Durable Model," *Journal of Midwifery and Women'sHealth, vol, 58, no.1, January 2013.*

be to maximize a residential facility to accommodate a normal human event in the life of a family and rely on the specialist and acute care services and settings when a problem occurs, just as we do in every other aspect of human life events. Birth centers are small, single service units attending to the needs of healthy, selected women. The average number of births is 150-200 per year compared to 1000 or more in hospital obstetric units. There is no general or regional anesthesia used, the mother does not stay more than 24 hours, the baby is examined and monitored together with the mother within the birth room throughout her stay.

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

Because some states are including the FGI *Guidelines* in their regulations or at least looking to them for guidance, it is important for the recommendations to be evidence-based and inclusive of the expertise of the accrediting bodies for birth centers. Because the FGI *Guidelines* do not appear to reflect either of these aspects, we set out to create some evidence to inform the committee.

Preliminary reports from the "2014 Birth Room Environment Study"[2] on birth room size and configuration show that 48.8% (123 out of 252) of birth centers across the nation responded to the survey. Of those responding, 73% were licensed by their state agency and another 13% had no licensure available in the state. This represents 265 birth rooms and 12,619 births in a year. When analyzing this data, we considered the current FGI 2014 guidelines for a minimum 200 sq ft birth room size, 60 inch hallways and having a private hand washing sink, toilet and tub or shower for the birth room. We found that 79.7% of birth centers did not meet these guidelines, although 44% of the birth centers in this study were also in the National Birth Center Study II[3] which showed the the safety of birth centers. The study found 83% of room sizes fell between 100-399 square feet. Corridors leading to the birth rooms were 36-48" in 55% of the centers and only 13.5% of centers had the 60" corridor. Birth rooms had access to

[2] Yanke, Melanie. 2014 Birth Room Environment Study (2014) unpublished (abstract attached)

[3] Susan Rutledge Stapleton, CNM, DNP, Cara Osborne, SD, CNM, and Jessica Illuzzi, MD, MS, "Outcomes of Care in Birth Centers: Demonstration of a Durable Model," *Journal of Midwifery and Women'sHealth, vol, 58, no.1, January 2013.*

private hand washing, toilet and tubs 83% of the time but there were centers that did not meet the FGI criteria because there may have been one room (likely an overflow room that was seldom used) that had a shared component.

The conclusions we can draw from this research is that the FGI *Guidelines* are NOT evidence-based. Birth center safety has been proven and to date, no birth room size has been shown to be more safe than another. Common sizes that are of sufficient size to accommodate a client in active labor with the equipment and personnel necessary to assist the mother in a safe birth and transition of the newborn range from 100-399 square feet. Even hallways of 36" wide can accommodate the unimpeded access and egress of emergency responders who are using a gurney that is 24 inches wide. Most birth rooms are private with a toilet, sink and tub; however, infection control studies demonstrate that hand sanitizer stations are just as effective if not more effective at preventing infection than sinks and hand washing.

Recommendations:

1. Minimum birth rooms size should be 100 square feet.
2. Minimum corridor width shall be three feet where the occupancy load is less than 50, or three feet eight inches, if the occupant load is greater than 50.
3. Birth rooms shall have access to a sink or hand sanitizer station, toilet, tub or shower that is in or immediately adjacent to the room. (Even hospital OB triage units have shared bathrooms!)

The FGI *Guidelines* are fundamental requirements. It is essential that the FGI *Guidelines* fit small and large centers, new construction and remodeling of old homes or spas. The FGI *Guidelines* should not be so restrictive as to cause barriers to access to quality care for childbearing women.

We recommend that FGI include a representative of AABC, a consumer of a freestanding birth center and a birth center midwife on the committee that makes these recommendations. We will gladly facilitate HGRC members' visits to any of the 310+ birth centers in the nation to get a first-hand look at how different birth centers can look and still provide excellent care that is safe.

Respectfully,

Kate Bauer
Executive Director
American Association of Birth Centers

2014 Birth Room Environment Study

Melanie J. Yanke CNM, MSN

(unpublished)

Abstract

Objectives: The first objective of this survey was to query all birth centers in the United States in 2014 with a survey to collect information about licensure, emergency access difficulties, room size, door widths, hallway widths and locations of the hand washing sink, toilet and birthing tub in relation to the birth room. Secondly, the data from respondents that contributed outcome data to the National Birth Center Study II (NBCSII) published in 2013 will be included in a subset to define the range of birth center components that contributed to the safe outcomes in birth centers.

Methods: A nine question survey was developed and tested for clarity and ease of response in conjunction with Dr. Amy Levi, CNM at the University of New Mexico College of Nursing, Department of Midwifery. The appropriate research approvals were obtained. A list of 257 birth centers with contact information was acquired from the American Association of Birth Centers. A cover letter and copy of the survey were sent by email with instructions to complete the paper version or fill it out on Survey Monkey. Monthly follow-up through email, fax and postal mail on unanswered surveys continued during 2014 until the survey closed on September 1, 2014. The preliminary data are being analyzed and prepared for presentation and publication.

Results: Completed surveys were returned by 130 centers giving a 53% response rate. Preliminary results on 118 birth centers show that 73% are licensed. State Departments of Health or a similar agency license birth centers. The total number of births represented is 12,619. Emergency personnel have been to 84% of birth centers and only 4% had any difficulty getting a gurney in or out mostly difficulty making turns. The most common entry door size was 35-36 inches and hallways were 40-48 inches. The square footage of 265 reported birth rooms ranged from 99 to 1600 with 24% in the 100-199 range, 34% in 200-299 range and 24% in the 300-399 range. All birth rooms had access to hand washing sinks, toilets and birthing tubs with these components located in the birth room 73%, 64%, 75% respectively.

The data from subset of 35 respondents of 79 total birth centers participating in the NBCSII showed data consistent with the whole sample.

Conclusions: The data show a wide range of attributes for birth rooms in birth centers and there is no evidence to show a relationship between a specific birth room size and safety. The researchers support the use these data to make recommendations to the Facility Guidelines Institute (FGI) for evidence-based requirements for freestanding birth centers. The FGI guidelines are being used by states to create policy for birth center licensure. Reimbursement for facility use is almost always dependent on licensure and the Affordable Care Act has a provision that Medicaid must pay a facility fee to licensed birth centers. Ultimately, evidence-based guidelines will improve women's access to high quality ambulatory care for birth services and support a sustainable business model for birth centers.