

Supporting Access to Freestanding Birth Centers Makes Sense

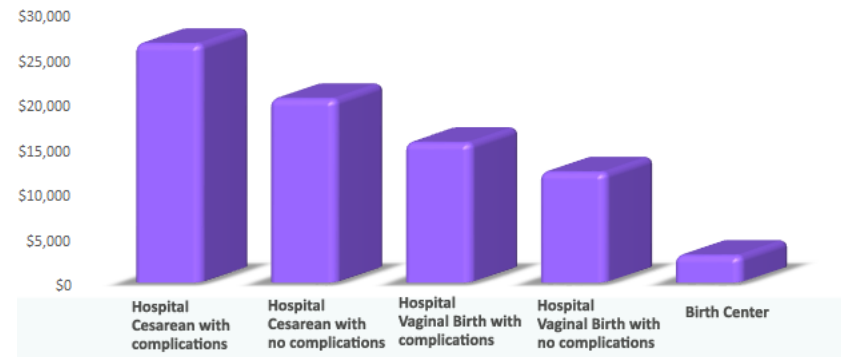
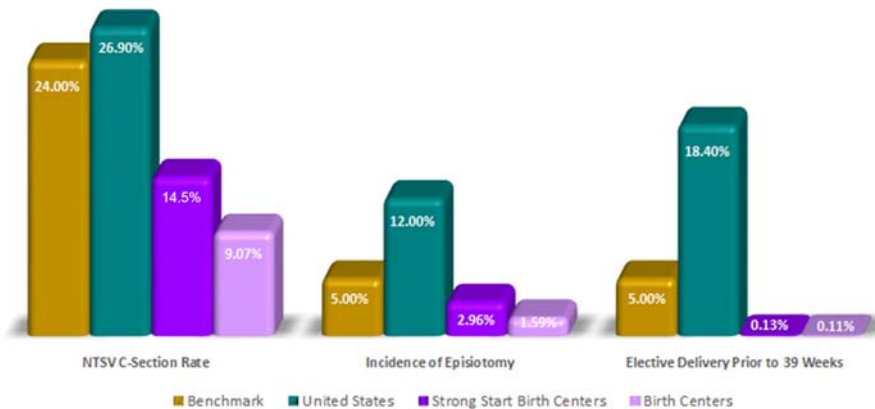
Birth Centers offer a Strong Start for Medicaid Beneficiaries

- ✓ Childbirth is the one of the largest hospital expenses for Medicaid¹
- ✓ Hospitals report tremendous variation in maternal cost, quality and outcomes²
- ✓ Maternity outcomes worsen with more interventions³
- ✓ Midwife-led, freestanding birth centers produced better outcomes than hospitals on all quality measures for Medicaid beneficiaries (see chart below)

- ✓ One in three women deliver by c-section in the hospital. Rates rose from 21% in 1996 to 33% in 2011 with no decrease in maternal or neonatal morbidity or mortality⁴
- ✓ Birth centers' average c-section rate is 6% vs. the U.S. average of 24% for the same low-risk moms in the hospital setting^{5,6}
- ✓ The World Health Organization recommends a c-section rate of 15%⁷
- ✓ National average charges are \$9,248 lower per birth at birth centers

Birth Centers Exceed Quality Benchmarks^{6,8,9,10}

Birth Center Facility Fees are Less^{11,12}



- ✓ Freestanding birth centers offer a safe, alternative choice, “in-between” home and hospital; a facility designed to support natural labor and delivery, supported by highly trained midwives and skilled staff, offering a family-centered experience
- ✓ Birth centers are recognized as a basic level of maternity care in the newly defined (2015) Levels of Maternal Care by the American College of Obstetrician & Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM)¹³

- ✓ 82% of states license birth centers.¹⁵ State and federal policymakers show a growing interest in the birth center model to improve maternity care outcomes¹⁶
- ✓ The Affordable Care Act (ACA) includes several provisions supporting midwives and birth centers¹⁷
- ✓ The number of birth centers seeking and obtaining accreditation by the Commission for the Accreditation of Birth Centers (CABC) has grown from 45, five years ago, to 105 today¹⁸

The number of midwife-attended births is increasing steadily and in 2013 was 9% of all births in the U.S.¹⁴



Medicaid and Taxpayers Will Benefit by Increasing the Use of Birth Centers

By increasing the number of births at freestanding birth centers, Medicaid can realize cost savings from 1) reducing the number of c-sections, 2) reducing costs of normal deliveries, and 3) reducing preterm births and other costly complications after delivery for both the mom and baby. To realize this opportunity, CMS and Medicaid should:

1. Issue regulations on mandated birth center payment by State FFS and Medicaid MCOs
2. Establish uniform state and national policies and procedures for birth center Medicaid contracting and payment
3. Assure access for Medicaid beneficiaries by reducing barriers in regulation and licensure
4. Reimburse birth centers at sustainable rates that both support their costs and ability to provide enhanced care
5. Include information about birth centers in Provider Directories
6. Report birth center quality on Medicaid tools and websites

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¹ “The Cost of Having a Baby in the United States,” *Truven Health Analytics*, January 2013. Available at: <http://transform.childbirthconnection.org/reports/cost/>

² Kozhimannil KB, Arcaya MC, Subramanian SV (2014) Maternal Clinical Diagnoses and Hospital Variation in the Risk of Cesarean Delivery: Analyses of a National US Hospital Discharge Database. *PLoS Med* 11(10): e1001745. doi:10.1371/journal.pmed.1001745

³ Shah, N. (2015). A NICE Delivery — The Cross-Atlantic Divide over Treatment Intensity in Childbirth. *New England Journal of Medicine*, 372, 2181-2183. Available at <http://www.nejm.org/doi/full/10.1056/NEJMp1501461#t=article>

⁴ American College of Obstetricians and Gynecologists (2014) “Obstetric Care Consensus: Safe Prevention of the Primary Cesarean Delivery,” *Obstet Gynecol* 123:693-711. Available at <http://www.acog.org/-/media/Obstetric-Care-Consensus-Series/oc001.pdf?dmc=1&ts=20151106T1552375369>

⁵ Menacker F. (2005) Trends in cesarean rates for first births and repeat cesarean rates for low-risk women: United States, 1990–2003. National vital statistics reports; vol 54 no 4. Hyattsville, MD: National Center for Health Statistics. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_04.pdf

⁶ Stapleton, S., Osborne, C., & Illuzzi, J. (2013). Outcomes of Care in Birth Centers: Demonstration of a Durable Model. *Journal of Midwifery & Women's Health*, 58(1), 3-14. Available at <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12003/full>

⁷ World Health Organization. (2015) WHO Statement on Caesarean Section Rates. Available at http://apps.who.int/iris/bitstream/10665/161442/1/WHO_RHR_15.02_eng.pdf?ua=1

⁸ Fact Sheet: Maternity Care. (2015, April 1). Retrieved November 11, 2015, from <https://leapfroghospitalsurvey.org/web/wp-content/uploads/FSmaternity.pdf>

⁹ American Association of Birth Centers, Birth Center Outcome Data from AABC Perinatal Data Registry, Perkiomenville, PA. Unpublished data. Retrieved November 8, 2015.

¹⁰ American Association of Birth Centers, Birth Center Outcome Data from AABC Perinatal Data Registry, Perkiomenville, PA. Unpublished data. Retrieved May 8, 2017.

¹¹ U.S. Agency for Healthcare Research and Quality, HCUPnet, Healthcare Cost and Utilization Project. Rockville, MD: AHRQ. Available at: <http://hcupnet.ahrq.gov/>

¹² American Association of Birth Centers, Practice Profile Data from AABC Perinatal Data Registry, Perkiomenville, PA. Unpublished data. Retrieved October 15, 2015.

¹³ Levels of maternal care. Obstetric Care Consensus No. 2. (2015) American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2015;125:502–15

¹⁴ Joyce A. Martin. Natl Vital Stat Rep. 2015;64:1. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf

¹⁵ Birth Centers Regulations. (n.d.). Retrieved November 11, 2015, from http://www.birthcenters.org/?page=bc_regulations

¹⁶ Hill, Ian et al. (2016). Strong Start for Mothers and Newborns II Second Annual Evaluation Report. Retrieved April 5, 2016, from https://downloads.cms.gov/files/cmml/strongstartenhancedprenatalcare_evalrptyr2v2.pdf

¹⁷ United States Government. Social Security Act. 42 USC § 1396a(a)(10)(A)

¹⁸ The Commission for the Accreditation of Birth Centers. <http://www.birthcenteraccreditation.org>.