AABC Strong Start for Mothers & Babies Outcomes

Lowering risk and preventing costly complications

The Center for Medicare and Medicaid Innovation awarded grants to initiatives that could demonstrate evidence-based models of enhanced prenatal care that would reduce preterm births and improve other perinatal outcomes.

As an awardee, American Association of Birth Centers convened 45 birth centers in 19 states from 2013-2017. A total of 8,806 women enrolled in birth center care for AABC Strong Start, with 6,424 of those giving birth while enrolled. Demographics of the sample are equivalent or more diverse than the U.S. childbearing population for race and ethnicity[1]

Outcomes from AABC Strong Start demonstrate that preterm birth, low birth weight, and cesarean rates were HALF or less of U.S. rates, even for a population with significant risk factors!

Preterm and Low Birth Weight Rates in Strong Start Birth Centers Compared to U.S.[1]

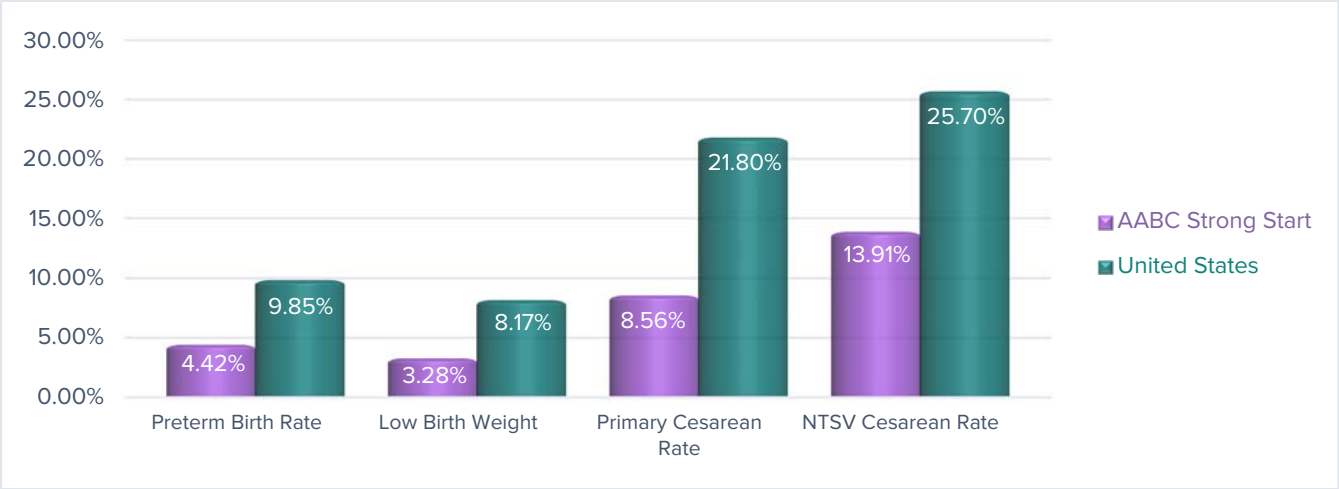
	AABC Strong Start All Races	U.S. All Races	AABC Strong Start African-American	U.S. African-American
Preterm Birth[a]	4.42%	9.85%	4.97%	13.77%
Very Preterm Birth[b]	0.67%	1.59 %	1.05%	3.18%
Low Birth Weight[c]	3.28%	8.17%	5.89%	13.68%
Very Low Birth Weight[d]	0.58%	1.40%	1.12%	2.95%

a. Births of less than 37 completed weeks of gestation based on the obstetric estimate of gestation
b. Births of less than 32 completed weeks of gestation based on the obstetric estimate of gestation
c. Less than 2,500 grams
d. Less than 1,500 grams

Preterm Birth in the U.S.

- 9.85% (1 in every 10) of births occurs before 37 completed weeks
- For African American infants, that risk is at least 1.5 times higher at 13.77%
- Preterm birth and low birth weight are the biggest risk factors for infant mortality
- Costs over $26 billion/year[2]

AABC Preterm, Low Birth Weight, Primary and NTSV Cesarean and U.S.[1,3,4,5]



Cost Savings from Reduced Cesareans, Preterm Births, NICU Admissions and Breastfeeding

Strong Start and other studies demonstrate cost savings from lower cesarean rates and fewer medical interventions, and when prenatal care is provided by the birth center reductions in preterm and low birthweight births.[2,6,7] Higher rates of breastfeeding and lower rates of NICU admissions contribute to cost savings from this care.

- ✓ Estimated Medicaid savings cesareans prevented **per 10,000 births $4.35 million**[6,7]
- ✓ Estimated savings reduction in preterm births **per 10,000 births $24.25 million**[2,6]

Breastfeeding and NICU Admissions

- ✓ Breastfeeding: 5,869 (87%) at discharge and 67.6 % at 6 weeks postpartum compared to 74% with any breastfeeding at hospital discharge for the US as a whole.
- ✓ NICU admissions 2.74% of all births compared to 14.4% admitted to special care nurseries in a March of Dimes study.[8] Average cost per admission $76,164 in 2011.

SOLUTIONS to Improve Access to High Quality Value-based Care

1) Build demonstration model birth centers with cost-based payment for local access in underserved areas.
2) Birth centers serve as primary maternity care entry points to begin care locally. After screening, refer higher-risk pregnancies to obstetric-gynecologists or perinatologists, or other specialties.
3) Medicaid MCOs and TRICARE networks to include freestanding birth center services without requiring written hospital agreements.
4) Medicaid MCOs and TRICARE networks to cover all healthcare providers licensed to provide maternity care in a birth center (including CNMs, CMs, CPMs and LMs).
5) Add billing codes and reimbursement for effective evidence-based services, such as birth center enhanced prenatal care, peer counselor support, and doula care in labor and birth.

[1] Martin, JA, Hamilton, Osterman, et al. (2018) Births: Final data for 2016. *NVSR* 67 (1). Hyattsville, MD. National Center for Health Statistics.
[2] Institute of Medicine (2007). Preterm birth: Causes, consequences, and prevention. Richard E. Behrman and Adrienne Stith Butler, Eds. Committee on Understanding Premature Birth and Assuring Healthy Outcomes, Board on Health Sciences Policy. National Academies Press, Washington, DC.
[3] American Association of Birth Centers, Birth Center Outcome Data from AABC Perinatal Data Registry, Perkiomenville, PA. Unpublished data. Retrieved October, 2017.
[4] Fact Sheet: Maternity Care. (2015). Retrieved November 11, 2015, from https://leapfroghospitalsurvey.org/web/wp-content/uploads/FSmaternity.pdf
[5] Osterman MJK, Martin JA. Trends in low-risk cesarean delivery in the United States, 1990–2013. National vital statistics reports; Vol 63 no 6. Hyattsville, MD: National Center for Health Statistics. 2014.
[6] Stapleton SR, Osborne C, and Illuzzi J. Outcomes of Care in Birth Centers: Demonstration of a Durable Model. JMWH.58, (1), pages 3–14, Jan/Feb 2013. Available at: http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12003/full
[7] American Association of Birth Centers (2016). Strong Start Birth Centers: Outcomes and cost savings. American Association of Birth Centers Strong Start Program.
[8] March of Dimes (2011) Special care nursery admissions. National Perinatal Information System. Quality Analytic Services. Prepared by March of Dimes Perinatal Data Center.