NACPM national association of certified professional midwives

September 22, 2015

Gwen C. Thompson
Chief, Bureau of Health Facilities Licensing
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201

Re: South Carolina State Register Document No. 4579, Proposed Amendment of R.61-102, Standards for Licensing Birthing Centers for Deliveries by Midwives.

Dear Ms. Thompson,

I am writing to you on behalf of the National Association of Certified Professional Midwives regarding the proposed regulations for birth centers published in the South Carolina State Register Document No. 4579, Proposed Amendment of R.61-102, Standards for Licensing Birthing Centers for Deliveries by Midwives. Certified Professional Midwives (CPM) own and operate the majority of freestanding birth centers in South Carolina, and as such, regulations pertaining to the operation of birth centers are of great interest to our members and to our South Carolina Chapter of NACPM.

The National Association of Certified Professional Midwives (NACPM) is the membership organization representing Certified Professional Midwives in the United States. CPMs, a rapidly growing segment of the profession, are primary maternity care providers trained to offer high-quality, evidence-based care to women during the childbearing year, incorporating best practices to foster normal physiologic birth. CPMs may qualify to provide care in all settings, with special training for service in homes and free-standing birth centers. Founded in 2001, NACPM works to strengthen the profession and increase women's access to the care of CPMs, promoting safe, high-quality care through clinical practice resources, and engaging in state and federal advocacy to increase women's access to quality care and address birth outcome disparities. According to the American Association of Birth Centers (AABC), CPMs own or work in over half of the free-standing birth centers in the United States.

Policy makers are increasingly acknowledging the role that free-standing birth centers and midwives play in delivering critical high-quality, cost-effective services to women and infants. For example:

- In February 2015, the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal Fetal Medicine issued a consensus statement, *Levels of Maternal Care*, in response to a worsening of maternal mortality in the United States, recognizing

the role of birth centers and midwives, including CPMs, in providing care for healthy pregnant women.[1]

- In March 2013, the Center for Medicare and Medicaid Innovation awarded a $5.35 million 4-year *Strong Start for Mothers and Newborns* grant to the American Association of Birth Centers to measure outcomes and costs from enhanced prenatal care in birth centers to decrease preterm birth for women enrolled in Medicaid or CHIP.[2]

COMMENTS on Proposed Regulations:

61-102.1101. B General
This section requires that a physician verify by signature that a patient is low-risk for birth center birth. This requirement is not in accordance with the American Association of Birth Center (AABC) standards. This requirement would constitute an unnecessary barrier to the operation of birth centers in South Carolina.

61-102.1101. C. This section requires that the center shall enter into a signed written agreement with an obstetrician(s) and a pediatrician(s) to ensure their availability to the staff and mother at all times that it is serving the public.

NACPM fully supports the DHEC's efforts to promote and protect the safety and wellbeing of mothers and infants. Midwives and birth centers should have access to appropriate medical consultation at all times. Signed written agreements with physicians and hospitals, however, are unnecessary and do not improve patient safety. Such agreements constitute an impediment to the establishment and functioning of birth centers. We are not aware of any evidence that birth centers without a contractual relationship with collaborating physicians and facilities are less able to promote the safety and wellbeing of mothers and infants over those that follow the AABC Standard for an established "plan for provision of emergency and non-emergency care in the event of complications in mother and newborn".

Studies of birth center outcomes demonstrate that these facilities are in fact safe for mothers and infants and produce outcomes that are as good if not superior to those achieved in a typical hospital setting for the type of patients they serve. The vast majority of the birth centers studied do not have contractual relationships with hospitals. For example:

- The largest study of birth center outcomes to date, published in 2013, looked at 15,574 births occurring in 79 birth centers. Only 8 of those 79 birth centers were located in states requiring them to have a contractual relationship with a hospital, so the results are much more representative of states where no such legal requirement exists. This study demonstrated very positive outcomes for birth center birth, including that:
    - Of 15,574 women planning and eligible for a birth center birth at the onset of labor, 93% experienced a spontaneous vaginal birth regardless of where they ultimately gave birth, whereas 6% had a cesarean birth, as compared to an

[1] http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Levels-of-Maternal-Care
[2] http://innovation.cms.gov/initiatives/strong-start/

expected 25% for similarly low-risk women in a hospital setting.
    - Eighty-four percent of women planning a birth center birth at the onset of labor gave birth there, with approximately 2.5% of mothers or newborns requiring transfer to the hospital after birth. Emergent transfer before or after birth was required for 1.9% of women in labor or for their newborns.
    - There were no maternal deaths. The intrapartum fetal mortality rate for women who were admitted to the birth center in labor was 0.47/1000, and the neonatal mortality rate was 0.40/1000, excluding anomalies.
    - The study provides important information for childbearing families for informed decision making regarding their choice of maternity care provider and birth location.
    - This study demonstrates the safety of birth centers and consistency in outcomes over time despite a national maternity care environment with increasing rates of intervention.[3]

- The principle finding of a 2013 study of 872 birth center births occurring in Washington, DC, a jurisdiction that does *not* require birth centers to have a contractual relationship with a hospital, was that "Women who receive birth center care are less likely to have a C-section, more likely to carry to term, and are more likely to deliver on a weekend, suggesting less intervention overall." The study concluded that, "For women without medical complications who are able to be served in either setting, our findings suggest that midwife-directed prenatal and labor care results in equal or improved maternal and infant outcomes."[4]

Given the data cited above on safety, and the fact that the vast majority of birth centers operate without contractual arrangements, it is difficult to make a case that contractual arrangements increase safety. Currently, 41 states and the District of Columbia license birth centers. Among those states, 12 require birth centers to maintain a contractual relationship with a hospital. These 12 states account for 26% of all births taking place in the country. However, when considering only birth center births, they account for just 11% of such births. According to AABC, of all birth centers in the country, 277 (93%) are located in states that do not have this requirement and only 17 (7%) in states that do.

NACPM believes that clinical data clearly demonstrate the safety of birth center birth for mothers and infants and that these data are overwhelmingly reflective of situations where a contractual relationships with physicians and hospitals are not required.

61-102.1102. On-Call Physician

This section of proposed regulations states that "a physician must be on call and available to provide medical assistance at the birthing center at all times that it is serving the public." NACPM recommends, instead, compliance with the AABC Standards for Birth Centers that

[3] Susan Rutledge Stapleton, CNM, DNP, Cara Osborne, SD, CNM, Jessica Illuzzi, MD, MS, "Outcomes of Care in Birth Centers: Demonstration of a Durable Model," Journal of Midwifery &Women's Health, Volume 58, No. 1, January/February 2013.

[4] Sarah Benatar, A. Bowen Garrett, Embry Howell, and Ashley Palmer, "Midwifery Care at a Freestanding Birth Center: A Safe and Effective Alternative to Conventional Maternity Care," *Health Services Research* 48:5 (October 2013), pp. 1750-58.

require that birth centers have a "plan for provision of emergency and non-emergency care in the event of complications in mother and newborn". This standard adequately provides for the transfer of care when needed for the safety and wellbeing of mothers and newborns. When the health status of birth center patients changes beyond what is appropriate for care at a birth center, timely transport is necessary to ensure health and safety, rather than further care in the birth center.

CONCLUSION

Thank you for the opportunity to provide comments. Please feel free to be in touch with me directly if you should have any questions about these matters.

Sincerely,

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