



AABC PRESS KIT

What is a Birth Center?

- The birth center is an innovation in the delivery of care to healthy, pregnant people and families. It is a health care facility for childbirth where care is provided in the midwifery and wellness model. The birth center is freestanding and not a hospital.
- Birth centers are an integrated part of the health care system and are guided by principles of prevention, sensitivity, safety, appropriate medical intervention, and cost-effectiveness. While the practice of midwifery and the support of physiologic birth and newborn transition may occur in other settings, this is the exclusive model of care in a birth center.
- The birth center respects and facilitates a person's right to make informed choices about their health care and their baby's health care based on her values and beliefs. The pregnant person's family, as they define it, is welcome to participate in the pregnancy, birth, and the postpartum period.
- Birth centers include a team of highly qualified professionals from midwifery, nursing, obstetrics, family medicine, pediatrics, nutrition, social work, physical fitness, childbirth, and parenting education.
- Birth center midwifery providers include Certified Nurse-Midwives (CNMs), Certified Midwives (CMs) and Certified Professional Midwives (CPMs).

The Birth Center Experience

- Over thirty years of data demonstrate that care provided by midwives in birth centers following the national Standards for Birth Centersⁱ results in excellent outcomes for mothers and babies.
- Birth centers improve health of mothers and babies by improving the quality of care, reducing caesareans and other poor outcomes, and saving health care dollars. ^{ii,iii,iv}

- Strong Start for Mothers and Newborns demonstrated that when freestanding birth centers provide maternity services for women and infants who are Medicaid or CHIP beneficiaries:
 - Preterm and low birth weight births were reduced by half
 - Breastfeeding initiation and duration increased
 - Caesareans were reduced by more than half
 - Women and infants received safe, quality care that costs less and uses fewer resources^{3,v}

Birth Center Savings

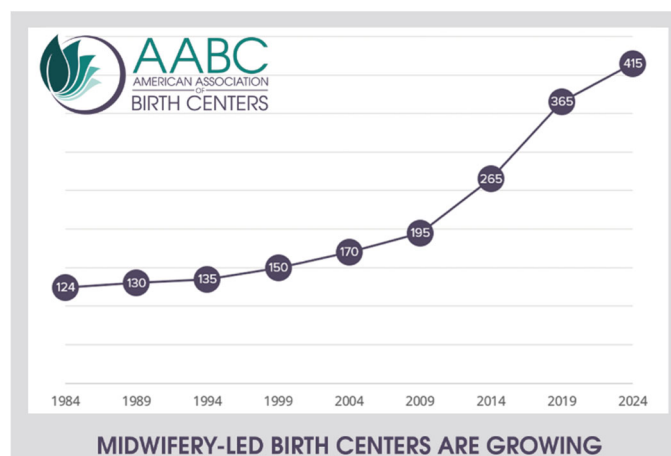
Strong Start and other studies of birth center care demonstrate cost savings from lower caesarean rates and fewer medical interventions, and from reductions in preterm, low birthweight births when births occur in the birth center.^{2,3,4,vi}

- Estimated Medicaid savings caesareans prevented per 10,000 births \$4.35 million^{2,6}
- Estimated savings reduction in preterm births per 10,000 births \$24.25 million^{2,6}
- Strong Start participant costs were \$2010 less per mother-baby pair for 1st year of life⁵

Birth Centers Growth

There are currently 415 birth centers in 43 states and DC (Feb 2024). The number of midwifery-led birth centers has more than doubled in the last decade and continues to grow.

Additionally, data from the CDC National Center for Vital Statistics shows a steady increase in the number of birth center births. From 2011-2021 the annual number of birth center births grew by 65%. During the same period, the annual number of U.S. births decreased by more than 7%.^{vii}



About the American Association of Birth Centers

The American Association of Birth Centers (AABC) is a multidisciplinary membership organization comprised of birth centers, individuals and organizations that support the birth center model. Members include certified nurse-midwives (CNMs), certified professional midwives (CPMs), physicians, nurses, and childbearing families. Founded in 1983, AABC is dedicated to developing

quality holistic services for childbearing families that promote self-reliance and confidence in birth and parenting in the wellness model of care.

ⁱ American Association of Birth Centers. (2017). *Standards for Birth Centers*. Perkiomenville, PA: Author

ⁱⁱ 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. <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12003/full>

ⁱⁱⁱ Alliman, J., Stapleton, S.R., Wright, J., Bauer, K., Slider, K., Jolles, D. (2019). Strong Start in birth centers: Sociodemographic characteristics, care processes, and outcomes for mothers and newborns. *Birth*. 46: 234-243. doi:10.1111/birt.12433. <https://onlinelibrary.wiley.com/doi/epdf/10.1111/birt.12433>.

^{iv} Dubay, L., Hill, I., Garrett, B., Blavin, F., Johnston, E., Howell, E., ... & Cross-Barnet, C. (2020). Improving birth outcomes and lowering costs for women on Medicaid: impacts of 'strong start for mothers and newborns' an evaluation of the federal strong start for mothers and newborns program's impact on birth outcomes and costs for medicaid-covered women. *Health Affairs*, 39(6), 1042-1050.

^v Hill I, Dubay L, Courtot B et al. (2018) Strong Start for Mothers and Newborns Evaluation: Year 5 Project Synthesis, Vol 1. <https://downloads.cms.gov/files/cmml/strongstart-prenatal-finalevalrpt-v1.pdf>.

^{vi} Washington State Healthcare Authority (2016). Reimbursement of births performed at birth centers. Clinical Quality Transformation. Olympia, WA. <https://www.hca.wa.gov/assets/program/2eshb-2376-birth-centers.pdf>

^{vii} U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics. National Vital Statistics Information. <http://www.cdc.gov/nchs/births.htm>