

TO: Massachusetts Department of Public Health
FROM: Emily Anesta, President, Bay State Birth Coalition
DATE: July 20, 2022
RE: North Shore Birth Center

Bay State Birth Coalition is the state's only consumer advocacy group dedicated to expanding access to midwifery care and out-of-hospital birth options in Massachusetts. We urge that North Shore Birth Center remain *open* as it uniquely provides access to out-of-hospital birth care in this region of the state.

Birth has been hyper-medicalized in the United States, resulting in:

- the worst maternal mortality rate among developed nations,ⁱ
- significant and increasing racial inequities in maternal and infant healthⁱⁱ, and
- high rates of racism, coercion, abuse, and mistreatment of birthing people by medical providers.ⁱⁱⁱ

These deficiencies in our maternal health care are well-documented. Also well-documented is the clear evidence that out-of-hospital midwifery care, including birth centers, improves both the outcomes and the experience of care.^{iv}

Two state commissions (the Massachusetts Health Policy Commission^v and the Special Commission on Racial Inequities in Maternal Health^{vi}) have recently recommended *expanding* access to birth centers in Massachusetts to improve outcomes, reduce racial inequities, and lower health care costs. The closing of North Shore Birth Center will move us backwards rather than advance and improve our maternity care system and access to care in Massachusetts.

OUR PREVENTABLE MATERNAL HEALTH CRISIS

The United States is experiencing a maternal health crisis with the worst maternal mortality in the developed world. As advocates, scholars, and health care providers, we support advancing comprehensive federal policy to immediately address this critical issue. In Massachusetts-- despite our high rate of insurance coverage and access to top research hospitals-- maternal mortality and severe maternal morbidities are also rising, with persistent racial and geographic disparities. In Massachusetts, Black women are twice as likely to die from pregnancy-related causes and have twice the rate of severe maternal morbidities as white women. In Massachusetts, women who fund their maternity care with Medicaid are almost three times as likely to die from pregnancy-related causes and have higher rates of severe maternal morbidities as those who have private insurance. 40% of all births (and 65% of births to Black women) in Massachusetts are funded through Medicaid.^{vii}

About two-thirds of maternal deaths are preventable^{viii}, and it is incumbent upon the government, health care systems, and society to do everything we can to keep our mothers alive, healthy, and thriving. Even when accounting for maternal age, weight, and health, U.S. women are dying at higher rates than women in similarly wealthy nations.^{ix} The underlying factors for these poor maternal health outcomes include structural racism, failure to follow best practices, and lack of access to care.^x

INTEGRATING MIDWIFERY CARE AND BIRTH CENTERS TO IMPROVE OUTCOMES

Midwives are a high-value, high-quality solution for improving maternal and infant health.

Numerous studies have confirmed the benefits of midwifery care for mothers and babies, including fewer C-sections, fewer post-partum complications, fewer infant deaths, fewer preterm births, fewer low-birthweight babies, and higher breastfeeding rates.^x Locales where midwives are integrated into the healthcare system have better outcomes, however midwives are inconsistently integrated across the United States, and underutilized, particularly in Massachusetts.^x Moms and babies survive and thrive under midwives' holistic model of care and their reduced use of unnecessary and expensive medical intervention for low risk pregnancies.^x Greater use of midwives is a key solution to our maternal health crisis.

Massachusetts ranks in the bottom 1/3 of states when it comes to midwifery integration, despite the benefits.^{xi} We are one of the few states that still lack licensure and insurance or Medicaid reimbursement for Certified Professional Midwives, who practice in out-of-hospital settings such as birth centers and home births. Certified Nurse Midwives receive lower reimbursement rates for their services, disincentivizing institutions from utilizing them, and reducing the sustainability of birth centers and midwifery practices.

A 2021 report from the Massachusetts Health Policy Commission found that “a 10% increase in midwife-attended births in Massachusetts would result in 3,560 fewer cesarean births, 860 fewer episiotomies, and \$530 less in spending per episode of maternity care.”^{xii}

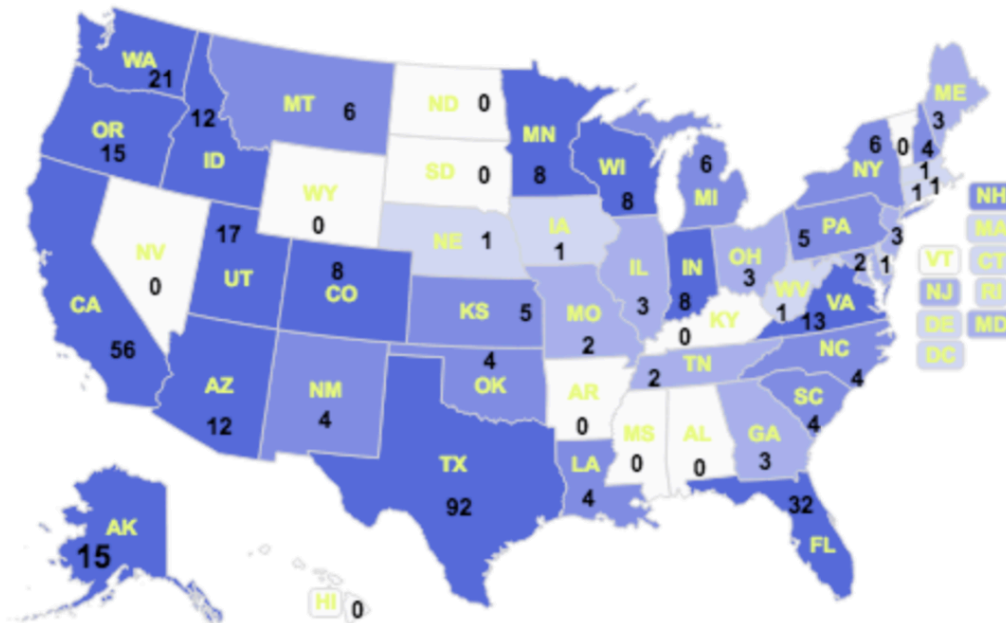
Midwives practice in all settings, home, hospital, and birth center, but there is significant evidence for the particular benefits of midwifery-led care in out-of-hospital settings.^{xiii} Midwife-led birth centers are proven to have better outcomes at lower cost, as shown in the 2018 Strong Start study of maternal and newborn health outcomes for Medicaid participants. Use of birth centers reduced: infant emergency department visits and hospitalizations, low-birthweight babies, preterm births, scheduled inductions, and C-sections.^{xiv}

Greater integration of midwifery care and expansion of out-of-hospital birth centers were key recommendations of two state commissions: the **Massachusetts Health Policy Commission** and the **Special Commission on Reducing Racial Inequities in Maternal Health**.^{xv} Unfortunately, the closure of North Shore Birth Center further moves us away from these recommendations for improving our maternity care system.

ONLY 1 BIRTH CENTER LEFT IN MASSACHUSETTS

There are 400 birth centers across the U.S.^{xvi} While Massachusetts prides itself on exceptional health care and reproductive choice, the closing of *this* birth center puts us in the bottom 20% of states for number of birth centers relative to our birth rate. We have one birth center, while New Hampshire has four, Maine has three, California has 56, and Texas has 92. (See the following map of freestanding birth centers by state.)

Heat map of freestanding birth centers by state



Data per 2021 AABC report, updated to reflect recent birth center closures in Massachusetts.

Closing North Shore Birth Center leaves Massachusetts with just one birth center operating, Seven Sisters in Northampton. Cambridge Birth Center has been closed indefinitely since the beginning of the pandemic. There is only one project in the works to open a new birth center in the state; Neighborhood Birth Center is planning to open in Boston in 2023.

The closing of another birth center is the latest blow to maternity care access on top of our existing shortage of obstetricians and recent closures of maternity wards and community hospitals across the Commonwealth.^{xvii}

ACCESS TO BIRTHING CHOICES

Birth is an intensely personal and momentous experience. Most pregnant people are good candidates for out-of-hospital midwifery care, where birth is treated as the normal physiologic experience that it is.^{xviii}

Many birthing people want access to out-of-hospital birthing options. In fact, demand for out-of-hospital births in Massachusetts has skyrocketed, with the home birth rate rising by 47% from 2019 to 2020, (far outpacing the national increase of 22%).^{xix}

Everyone deserves to have the choice of where they give birth. Unfortunately, in Massachusetts, too few of us do have access to choices. Home births remain out of reach for most families, as they are not covered by Medicaid and rarely by insurance. Birth centers are an accessible option for community based care and out-of-hospital birth.

As we fight for our reproductive freedom on so many fronts, don't make it harder for those planning to give birth to have access to out-of-hospital birth options. On behalf of Bay State Birth Coalition, I implore Beverly Hospital to keep North Shore Birth Center open and I ask the Department of Public Health to make it easier for birth centers to open and to operate sustainably in Massachusetts.

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- ⁱ Roosa Tikkanen et al., Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries (Commonwealth Fund, Nov. 2020).
- ⁱⁱ MacDorman MF, Thoma M, Declercq E, and Howell EA. Racial and ethnic disparities in maternal mortality in the United States using enhanced vital records, 2016-2017. *American Journal of Public Health* DOI: 10.2105/AJPH.2021.306375 (2021)
- ⁱⁱⁱ Vedam, S., Stoll, K., Taiwo, T. K., Rubashkin, N., Cheyney, M., Strauss, N., . . . & the GVtM-US Steering Council. (2019). "The Giving Voice to Mothers study: Inequity and mistreatment during pregnancy and childbirth in the United States". *Reproductive Health*, June 11, 1-18.
- ^{iv} Alliman J, Phillippi JC. Maternal Outcomes in Birth Centers: An Integrative Review of the Literature. *J Midwifery Womens Health*. 2016 Jan-Feb;61(1):21-51. doi: 10.1111/jmwh.12356. Epub 2016 Jan 15.
- ^v Massachusetts Health Policy Commission "Certified Nurse Midwives and Maternity Care in Massachusetts" October 6, 2021 <https://www.mass.gov/doc/certified-nurse-midwives-and-maternity-care-in-massachusetts-1062021/download>
- ^{vi} Massachusetts Special Commission on Racial Inequities in Maternal Health Final Report, May 19, 2022 <https://malegislature.gov/Bills/192/SD3168>
- ^{vii} Massachusetts Department of Public Health, "2017 State Health Assessment"
- ^{viii} McLemore, Monica "To Prevent Women from Dying in Childbirth, First Stop Blaming Them; How to Reduce Maternal Mortality," *Scientific American*, May 2019
- ^{ix} Vedam S, et al, "Mapping midwifery integration across the United States: impact on access, equity, and outcomes." *PLOS ONE*. (Feb 21, 2018)
- ^x Sakala and Corry, "Evidence-Based Maternity Care: What it is and What it Can Achieve," *Milbank Memorial Fund* (2008)
- ^{xi} Vedam S, et al, "Mapping midwifery integration across the United States: impact on access, equity, and outcomes." *PLOS ONE*. (Feb 21, 2018)
- ^{xii} Massachusetts Health Policy Commission "Certified Nurse Midwives and Maternity Care in Massachusetts" October 6, 2021 <https://www.mass.gov/doc/certified-nurse-midwives-and-maternity-care-in-massachusetts-1062021/download>
- ^{xiii} Nethery, Elizabeth et al, "Birth Outcomes for Planned Home and Licensed Freestanding Birth Center Births in Washington State," *Obstetrics & Gynecology*: November 2021 - Volume 138 - Issue 5 - p 693-702.
- ^{xiv} Centers for Medicare and Medicaid Services: Center for Medicare and Medicaid Innovation: Strong Start for Mothers and Newborns (2018)
- ^{xv} Massachusetts Special Commission on Racial Inequities in Maternal Health Final Report, May 19, 2022 <https://malegislature.gov/Bills/192/SD3168>
- ^{xvi} Data per 2021 AABC report, updated to reflect recent birth center closures in Massachusetts.
- ^{xvii} McCluskey, Priyanka Dayal "As hospitals cut maternity services, burden is on expectant mothers" *Boston Globe* (Mar. 27, 2018)
- ^{xviii} UNFPA, ICM, WHO: "The state of the world's midwifery 2014: A universal pathway. A women's right to health". 2014; Martina JA, Hamilton BE, Sutton PD. Births: Final data for 2006. *National Vital Statistics Reports*. 2009;57.
- ^{xix} CDC, National Vital Statistics Report, "Changes in Home Births by Race and Hispanic Origin and State of Residence of Mother: United States, 2018–2019 and 2019–2020" December 9, 2021