



May 17, 2018

Ms. Paula Pullano
Rhode Island Department of Health
3 Capitol Hill
Providence, Rhode Island 029808-5097

Re: RIDOH proposal to amend the rules and regulations for Birth Centers (216-RICR-40-10-8)

Dear Ms. Pullano:

On behalf of the American College of Nurse-Midwives (ACNM), I appreciate the opportunity to provide comments and recommendations in response to the Department of Health's proposed rulemaking to amend the rules and regulations for birth centers. The ACNM and its members stand for improving access to quality care and coverage for women through the lifespan. ACNM supports common-sense policy solutions that improve access to care delivered by Certified Nurse-Midwives (CNMs) and Certified-Midwives (CMs) and that ensure women have guaranteed health coverage and access to a full range of essential health services under Medicare and Medicaid, and individual and family health insurance plans. We commend the Department of Health for their diligence and commitment to examining all existing regulations to ensure alignment with current statutes and best practice standards. That said, we have concerns with some of the language set forth in the proposal and its potential impact on access to maternity care in freestanding birth centers (birth centers).

ACNM is the professional association that represents CNMs and CMs in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the U.S. and strengthens the capacity of midwives in developing countries. Midwifery as practiced by CNMs and CMs encompasses a full range of primary health care services for women from adolescence beyond menopause. These services include primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. CNMs and CMs practicing in Rhode Island are licensed as independent women's health providers and can practice to the full extent of their education, accreditation and clinical training.

Out-of-hospital births are a growing choice of women today. For the essentially well woman experiencing a healthy pregnancy, intrapartum, postpartum, and newborn course, childbirth with qualified providers can be

accomplished safely in all birth settings, including the home, birth centers, and hospitals.¹ The birth center is a health care facility for childbirth where care is provided in the midwifery and wellness model. The birth center is freestanding and not in 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.² Most birth centers have midwives as the primary care providers, working collaboratively with physicians, hospitals and other maternity care professionals in an integrated team-based approach to maternity care. Midwife-led birth centers are a strong model for decreasing the high-rate of cesarean birth in the United States.³

ACNM stands with the American Association of Birth Centers in support of the Commission for the Accreditation of Birth Centers' (CABC) evidence-based standards for state licensure. Access to birth centers can be improved by reducing barriers for women seeking access to maternity care services in birth centers. Barriers to care include state regulations that are not in alignment with the CABC standards and impose unnecessary requirements on birth centers, such as requiring a written contract or agreement with a hospital, requiring a written agreement with a physician and appointing a physician as a medical director.

Adoption of the Department of Health's rules as currently proposed would impose barriers to care for women seeking to receive maternity care in a freestanding birth center and would inflict unnecessary restrictions on CNM and CM practice that conflicts with their scope of practice under Rhode Island state law.

The rules and regulations as proposed include language requiring birth centers to enter into signed written agreements with both a hospital licensed in the state and a obstetrical physician. Specifically, section 8.5.5. Written Agreements. It is the goal of all birth centers to have plan in place for smooth transfers to hospitals when this is needed; however, requiring written contracts between birth centers and hospitals and birth centers and physicians does not facilitate safer care, but rather, reduces access to birth center care when hospitals and physicians refuse to enter into such written agreements. Vital statistics data show that states with these requirements in place have fewer birth centers than states without these requirements.⁴ Furthermore, many physicians do not want to enter into signed agreements with birth centers because they believe this will increase their risk of liability. All birth centers desire good collaborative relationships with physicians to consult and refer to as necessary. ACNM recommends that the Department of Health adopt language requiring a collaborative relationship between the hospital and birth center and physician and birth center rather than mandating a written contractual agreement.

Regarding section 8.5.2 of the proposed rules and regulations, ACNM encourages the Department of Health to strike this section and adhere to the CABC's standards for state licensure. The rules and regulations as proposed would require a birth center to appoint a board-certified obstetrician/gynecologist as a Director of Medical Affairs. State requirements that mandate birth centers have a physician as a Medical Director are not associated

¹ <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000251/Planned-Home-Birth-Dec-2016.pdf>

² American Association of Birth Centers. Definition of Birth Center. Accessed May 15, 2018. Available at: http://c.ymcdn.com/sites/www.birthcenters.org/resource/resmgr/about_aabc_-_documents/AABC_Position_Statement_-_De.pdf.

³ Stapleton SR, Osborne C, Illuzzi J. Outcomes of care in birth centers: Demonstration of a durable model. *Journal of Midwifery and Women's Health*. 2013. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/jmwh.12003/full>.

⁴ American Association of Birth Centers. Position Statement on Birth Center Licensure and Regulations. Accessed May 15, 2018. Available at: http://c.ymcdn.com/sites/www.birthcenters.org/resource/resmgr/About_AABC_-_Documents/AABC_Position_Statement_-_BC.pdf

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with better outcomes, but impede access to birth center care when no physician will agree to serve as a Medical Director. The CABC states that birth centers should have a Clinical Director, but that the Clinical Director may be a midwife or a physician.⁵ The Department has included language proposing a Birth Center Director be either an obstetrician physician or a midwife licensed in the state. ACNM believes this language is sufficient, as it is in line with the CABC standards.

ACNM proposes that the Department of Health adopt the CABC standards for licensure and accreditation as the basis for licensing and regulation of birth centers in the state. Adoption of these standards will ensure continuity of the regulations as health care delivery systems continue to transform. We appreciate the opportunity to provide comments to this effect. ACNM looks forward to working with the Department as they finalize birth center rules and regulations that ensure quality and safety for women seeking maternal health care and expand access to birth centers and the midwifery model of care for women and families in Rhode Island. Please do not hesitate to contact me at akohl@acnm.org or (240) 485-1806 with any questions regarding the role of Certified Nurse-Midwives and Certified Midwives in the health care continuum.

Sincerely,



Amy M. Kohl
Director, Advocacy and Government Affairs
American College of Nurse-Midwives

⁵ American Association of Birth Centers. Standards for Birth Centers. Accessed May 15, 2018. Available at: <http://www.birthcenters.org/page/Standards>