

BIRTH CENTERS ARE PUBLIC HEALTH!



Background

A **birth center** is a freestanding, homelike place where midwives provide prenatal, birth, and postpartum care (American Association of Birth Centers). A **community birth center** is a birth center where safe, culturally-reverent care is provided by midwives representative of the community it calls home (Birth Center Equity). **Midwives** are trained and licensed health care providers who specialize in birth and the reproductive life cycle. Birth centers are the only healthcare facilities designed to center the midwifery model of care. **A birth center is both a healthcare facility and a model of care.**



1. Growing community birth centers is a public health strategy to improve perinatal health and meet Healthy People 2030 goals.

Birth centers are an underutilized strategy that can help meet Healthy People 2030's goal to "increase the proportion of pregnant women who receive early and adequate prenatal care." According to HP 2030, less than two thirds of all pregnant people receive early and adequate prenatal care, and the situation is "getting worse." Notably, [HP 2023's assessment](#) underestimates the problem because it is based on the Adequacy of Prenatal Care Utilization Index (APNCU), which only measures the number of visits a pregnant person receives – not the length of the visits or the quality of care provided within them.¹

Birth centers improve the adequacy of prenatal care in terms of both the overall amount of time spent with families (higher number and longer duration of visits) and the comprehensive nature of birth center prenatal visits. Birthing people can enter birth center care earlier than typical prenatal care. Compared to the average 15-minute prenatal appointment in the medical model, prenatal appointments in the midwifery model average 30-60 minutes each, including individualized education and counseling. This extra time enables the family to personally connect with their midwife and to address a holistic range of issues, including social determinants of health such as food access. For example, midwives inquire and educate about prenatal and postpartum nutrition, mental and emotional well-being, and the importance of rest, family and community support.



2. Birth centers increase access to midwifery care.

Increasing access to midwives is listed as a key step to improving maternal outcomes in the [2022 White House Blueprint for Addressing the Maternal Health Crisis](#).² Designed to center the midwifery model of care and located in neighborhoods, birth centers are crucial healthcare infrastructure to increase access to midwives.

Birth centers function to center midwives as experts in low-risk pregnancy and childbirth, specifically supporting birth as a normal physiologic process – not an illness that must be treated. Midwives are trained and licensed to provide [all routine care](#) for low-risk, uncomplicated pregnancy, birth, postpartum, and

newborn care including common ailments, disorders, and emergencies.³ Midwives also assess risk early and continually throughout pregnancy and escalate care to physician partners as needed.

In addition to access to midwifery care, birth centers are hubs for community health education and wellness, family engagement and midwifery education. Birth centers are a key part of a care economy, providing essential sites for the training and workforce development needed for a vibrant midwifery labor force that can make access to midwifery care possible for all.



3. Birth center care is safe birth care.

The World Health Organization recommends midwives receive full investment as a crucial part of the healthcare infrastructure to [reduce maternal mortality](#).⁴ Research shows that the benefits of birth center care are extensive, including: healthier birth outcomes, better birth experiences, higher breastfeeding rates, greater autonomy and respect – and lower overall costs to families, payors, and health systems.

SAFE BIRTH CARE

4. Community birth centers support health equity.

Birth center care improves outcomes, enhances the birth experience, and reduces disparities. For Black, Indigenous, people of color who face the worst care and poorest outcomes, birth centers offer a safe, community-centered alternative to hospital birth.

Black and American Indian and Alaska Native (AIAN) women have higher rates of pregnancy-related death compared to White women. Based on an [analysis](#)⁵ of publicly available data from CDC WONDER online database, the National Center for Health Statistics (NCHS) National Vital Statistics Reports, CDC Pregnancy Mortality Surveillance System, and a report from the US Government Accountability Office (GAO), a 2022 study concluded that



HEALTH EQUITY

pregnancy-related mortality rates among Black and AIAN women are over three and two times higher, respectively, compared to the rate for White women (41.4 and 26.2 vs. 13.7 per 100,000). Black, AIAN, and Native Hawaiian and Other Pacific Islander (NHOPI) women also have higher shares of preterm births, low birthweight births, or births for which they received late or no prenatal care compared to White women. Infants born to Black, AIAN, and NHOPI people have markedly higher mortality rates than those born to White women. Maternal death rates increased during the COVID-19 pandemic and racial disparities widened for Black women.

The birth center model of care supports families in not only their clinical care but also addresses social, behavioral, mental health, nutritional needs through direct care coordination and follow-up. In community birth centers led by Black, Indigenous, people of color, midwives are often representative of the communities in which they serve, and families are more likely to feel seen, heard and affirmed in their life experiences and cultural traditions.



CESAREAN RATE REDUCTION

5. Birth centers safely reduce cesarean births.

Healthy People 2030 Goal #6 aims to “reduce cesarean births among low-risk women with no prior births.” This goal reflects the exceptionally high cesarean rate [in the US](#), which has continued to rise with [no increase in positive clinical outcomes](#). Currently, nearly one in three births in the US are C-sections, well above the 10-15% rate that the World Health Organization considers “[ideal](#).”⁶ The national C-section delivery rate increased in 2023 to 32.4%, up from 32.1% in 2022, according to provisional [CDC numbers](#).⁷

By contrast, the [average C-section rate](#) for birth center birth is 6.1%.⁸ The reason for this low rate, according to Dr. Holly Powell Kennedy, Professor of Midwifery at the Yale University School of Nursing and former director of the American College of Nurse-Midwives, is that “Midwives, who attended more than 335,000 births in 2010, work collaboratively with a range of health care professionals, such as obstetricians and other physicians, to provide comprehensive care for women, resulting in safe, quality care. Their work as a team with pregnant women and their families ensures a personalized and [nurturing birth center experience](#).”⁹

6. Birth center care is cost effective care.

Birth centers provide perinatal care at lower overall cost to the healthcare system as compared to hospitals. According to the National Partnership for Women and Family, a shift of 1% of births from hospitals to birth centers would result in an annual, system-wide cost savings of \$189 million by 2027, while a shift of 20% of births would result in a [cost savings](#) of \$4 billion by 2027.¹⁰

Important in this discussion of costs is the need to ensure that birth center care is fully covered by private and public insurance. Across the country midwifery and birth center advocates are advocating for public and private insurance reimbursement at equitable, value-based rates. California, Colorado, and Massachusetts have recently enacted reimbursement legislation, and efforts are underway in Michigan and several other states. Full compensation of birth center care is key to saving lives and money.

7. The demand for birth center care is growing.

The National Academies of Sciences, Engineering, and Medicine (NASEM) committee recognizes a birthing person’s right to choose where and with whom they give birth. NASEM recommends integration and coordination of birth center care to improve birth outcomes for pregnant people and infants in the US.

According to [research](#) from the National Partnership for Women & Families (NPWF), between 2019 and 2020, there was a 30% increase in Black birthing people opting to give birth in community settings, a 26% increase for Native American birthing people, a 24% increase for Latinx birthing people, and an 18% increase for White and Asian birthing people.¹¹



COST EFFECTIVE CARE



COMMUNITY BIRTH



POSTPARTUM CARE

8. Birth centers provide enhanced postpartum care and keep families safe during the postpartum period.

More than 80% of pregnancy-related deaths are preventable, according to the CDC, and the majority of maternal deaths occur during the [postpartum period](#).¹² Typical postpartum care in the US consists of one in hospital postpartum visit at six weeks. Birthing people, infants and families need more. Birth center care offers enhanced individualized postpartum care beyond a single visit. Key features include: dyad integrated care (care for birthing person and newborn) through at least 3-7 days, one or more home visits (the first typically within 48 hours after birth), 1-2 birth center visits within the first six weeks postpartum, mental health and lactation screenings, assessments, specialty care coordination as needed, family planning and ongoing primary and interconception care.



COMMUNITY-LED SOLUTION

9. Birth Centers are a powerful community-led solution.

The number of birth centers led by Black, Indigenous, people of color is increasing nationwide, growing community power for the safe, quality, loving care all birthing people deserve. When Birth Center Equity (BCE) was founded in 2020, there were 14 Black, Indigenous, people of color-led birth centers in the BCE network. Today, the BCE network has grown to over 40 established and developing Black, Indigenous, people of color-led birth centers. Black, Indigenous communities of color are not waiting. We are creating and leading solutions to problems we did not create and ensuring families receive safe, quality, culturally-reverent care. In the words of BCE CEO and Birth Detroit Co-Founder Leseliey Welch, **"We are not asking permission to save our own lives."**¹³ Instead, we are inviting public health professionals, physician partners, healthcare designers, investors and payors to lead with us toward a healthy birth future for all.

Endnotes

1. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/increase-proportion-pregnant-women-who-receive-early-and-adequate-prenatal-care-mich-o8>
2. <https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf>
3. <https://www.sciencedirect.com/science/article/abs/pii/S0091218299000609#:~:text=The%20midwifery%20model%20of%20care%20is%20based%20on%20respect%20for,unnecessary%20use%20of%20obstetric%20interventions>
4. <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/midwifery>
5. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>
6. https://iris.who.int/bitstream/handle/10665/161442/WHO_RHR_15.02_eng.pdf;jsessionid=633CA027FBE695305842402DFE882A33?sequence=1
7. <https://www.cdc.gov/nchs/data/vsrr/vsrr035.pdf>
8. <https://www.birthcenters.org/bc-experience#:~:text=The%20cesarean%20section%20rate%20for,risk%2C%20in%2Dhospital%20births>
9. <https://www.midwife.org/nbcpii>
10. <https://www.nationalpartnership.org/our-work/health/maternity/community-birth-settings.html>
11. <https://nationalpartnership.org/report/community-birth-settings/#:~:text=Research%20shows%20that%20care%20provided,cares%20in%20community%20birth%20settings>
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