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Birth Center

Opportunity in Illinois – Birth Centers are Part of the Solution

- In 2013, Illinois had $7.6 billion in unpaid hospital bills
- Care for women and newborns is the #1 largest contributor to this debt
- Illinois realizes that healthcare spending is not sustainable and must change
- Illinois enacts the “Alternative Health Care Delivery Act” which permits new facilities to be established on a demonstration basis

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What is a Freestanding Birth Center?

- Takes care of only low risk patients
- A home like and family-centered facility, warm, cozy, and inviting
- Exists within and works closely with a local healthcare system
- Provides care for women before, during, and after labor and child birth
- Guided by principles of safety, quality, patient satisfaction, and cost effectiveness
- Maintain autonomy in formulation of policy, management, and facility operations
- Provides the same quality of care as a hospital for low-risk pregnancies

The Minnesota Birth Center Program

Evaluation of the Quality of Care and Outcomes for Services Provided in Licensed Birth Centers - February 2014

During the 2010 Legislative Session, Minnesota Statutes 144.615 was passed which directed MDH to license free standing birth centers beginning 1/1/11. The law also required the Department to evaluated the quality of care and outcomes in services provided in licensed birth centers and report their findings.

CONCLUSION:

Minnesota's data supports the National Data which shows that birth centers can be a safe and effective option for low-risk women choosing to give birth in a non-hospital setting.

Minnesota Birth Center – Dr Calvin

Our Experience

- We started this process in 2013
- First open 2016 opening in Bloomington, IL
- Second site opened in 2018 in Colorado Springs, CO
- We have traveled to 10 states visiting over 16 different Birth Centers
- What we have Learned
  - Safety & Outcomes (Hospital relationship & Drills)
  - Tracking and Statistics
  - Distance patients will travel
- The over all need in Illinois and home deliveries
  - Unnecessary risks
  - Improve Health outcomes for the community

Birth Center
simply natural

Bloomington-Normal, Illinois

Beginnings
BIRTH CENTER

Colorado Springs, Colorado

Strict requirements for State Licensure

Multiple Illinois State regulations for Licensure designed to foster safe, accessible, and quality centered operations by requiring:

- Availability of appropriate clinical and professional staff
- A letter of agreement with a hospital for referral or transfer
- A letter of agreement with a perinatal center
- A quality assurance program with measurable benefits
- Criteria for initial patient consideration
- Standards for antepartum, intrapartum, postpartum, and infant transfer
- Policies for consultation with obstetrician, MFM, or pediatrician

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Birth Centers decrease C-Sections Rates

- Women who gave birth at a birth center:
  - 93% experienced a normal vaginal birth
  - 1% had an assisted vaginal birth
  - 6% had a Cesarean birth

- Fewer than 1 in 16 had a Cesarean birth (a 6% CS rate)
  - The US C-Section rate was 27**%**

- Fetal and Neonatal outcomes similar as hospital births
  - Fetal mortality rate was 0.47/1000
  - Neonatal mortality rate was 0.40/1000

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American College of Obstetrics and Gynecology (ACOG)
American Academy of Pediatrics (AAP)

- Both organizations support certified midwives and properly accredited freestanding birth centers

- ACOG acknowledges a woman's right to make informed decisions regarding her delivery and to have a choice in choosing her healthcare provider, but ACOG does not support home births. Nor does ACOG support care by midwives who are not certified.

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Birth Centers are growing across the US

- There are currently 355 birth centers in 41 states and DC
- There has been a 82% growth in birth centers since 2010

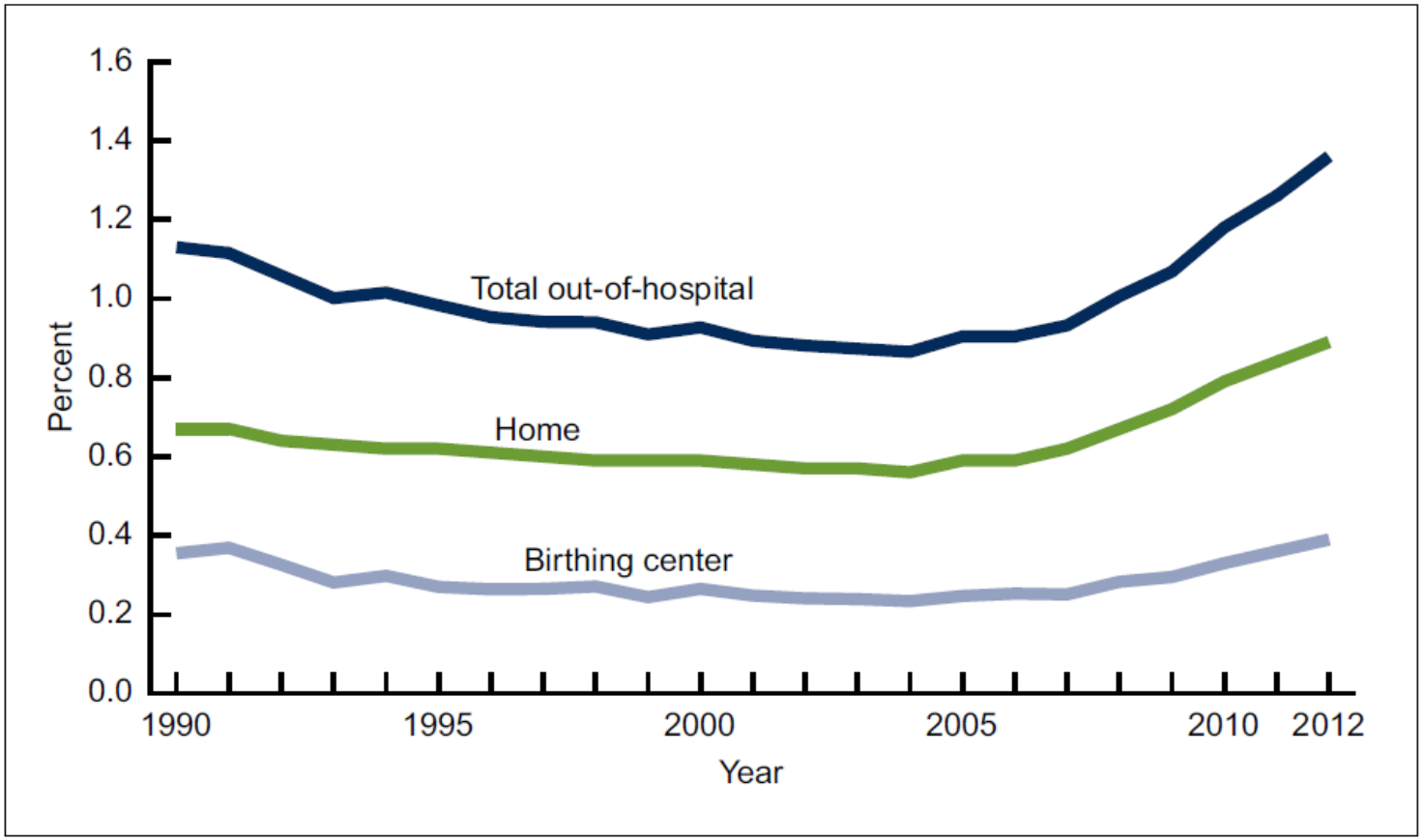
2007 to 2016, CDC shows

- Annual number of birth center births grew by 83%
- While the annual number of U.S. births decreased by 9%

Out of Hospital Births are increasing across the US

NCHS Data Brief March 2014 - US Department of Health and Human Services

Figure 1. Percentage of births occurring out-of-hospital: United States, 1990–2012



NOTE: Out-of-hospital births include those occurring in a home, birthing center, clinic or doctor's office, or other location.
SOURCE: CDC/NCHS, National Vital Statistics System, birth certificate data.

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What are the benefits to families?

- The birth center approaches pregnancy and birth as a normal family event until proven otherwise. The program encourages family involvement and provides a safe environment for families to experience the social, emotional, and spiritual renewal inherent in birthing forth new life while attending to the possibility that a problem may arise that will require medical intervention or care in the acute care setting of the hospital. This is in opposition to the view that pregnancy is an illness and birth a medical/surgical event that needs to be cured.

- The birth center program of education encourages parents to become informed and self-reliant; to assume responsibility for their own health and the health of the family.

- The birth center brings generations together to celebrate new life by encouraging grandparents and children to participate in the birth center program.

- Birth centers have demonstrated that they are a viable alternative to unattended home birth and to costly hospital acute care for more than 35 years. It is now time to mainstream these services.

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What are the benefits to business and industry?

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- Birth centers have demonstrated that they are a viable alternative to unattended home birth and to costly hospital acute care for more than 35 years. It is now time to mainstream these services.

- The nine-month intensive focus on improving family health through the promotion of lifestyle changes in pregnancy can have a significant ripple effect in the long-term improvement of family health.

How do birth centers contain costs?

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- By retaining autonomy (control) over birth center operations and program regardless of ownership (some hospitals own freestanding birth centers)

- By providing “high touch” rather than “high tech” care, birth centers depend on the services of acute care hospital thereby minimizing the routine use of medical intervention and technology.

- By providing a program of primary care that emphasizes education, wellness, prevention, self help and self-reliance in family health maintenance

- By using staff efficiently; staff are only in-house when a mother is in-house. Since birth centers do not compete with emergency services or hospital acute care, levels of staff are used efficiently and appropriately

- By promoting responsibility with the childbearing family for health and prevention of illness

- By using existing community services when available (instead of creating costly duplications) for transport services, social services, medical consultation, laboratories, etc

- By using established policies and procedures for screening and transfer of women with problems to acute care services

- By using low cost construction (residential vs hospital) that meets safety codes

Birth Centers deliver High Quality Care

- The National Birth Center Study II (2013)
  - 79 Birth Centers in 33 US states from 2007-2010
  - 15,574 low risk pregnancies
  - More than 9 out of 10 women (94%) achieved a vaginal birth
  - 6% C-Section Rate
  - Compared to the US C-section rate of 27%
  - 4% were transferred prior to admission
  - 12% transferred after admission
  - 84% delivered at the birthing center
  - 1.9% of mothers or newborns transfer to hospital
  - No maternal deaths

NBCS II Similar Findings with Previous Studies

The National Birth Center Study 1

- About 12K women , Retrospective (1989)
- Admitted to 84 birth centers
- From 1985 to 1987

“Few innovations in health service promise lower cost, greater availability and a high degree of satisfaction with comparable degree of safety.” birth Centers offer a safe and acceptable alternative to hospital for selected pregnant (low-risk) women, particularly those who have had children, and that such are leads to relatively few cesarean sections”

San Diego Birth Center Study - A Prospective Study (1998)

- 2000 Birth Center model patients
- 1350 Traditional care model patients

Conclusion: Current results suggest similar morbidity and mortality between the birth center model and traditional care model, with less resource utilization translating to lower costs in the collaborative practice model. Results suggest that collaborative practice using a freestanding birth center as an adjunct to an integrated perinatal health care system may provide a quality, lower cost alternative for the provision of perinatal services.

Levels of Maternal Care

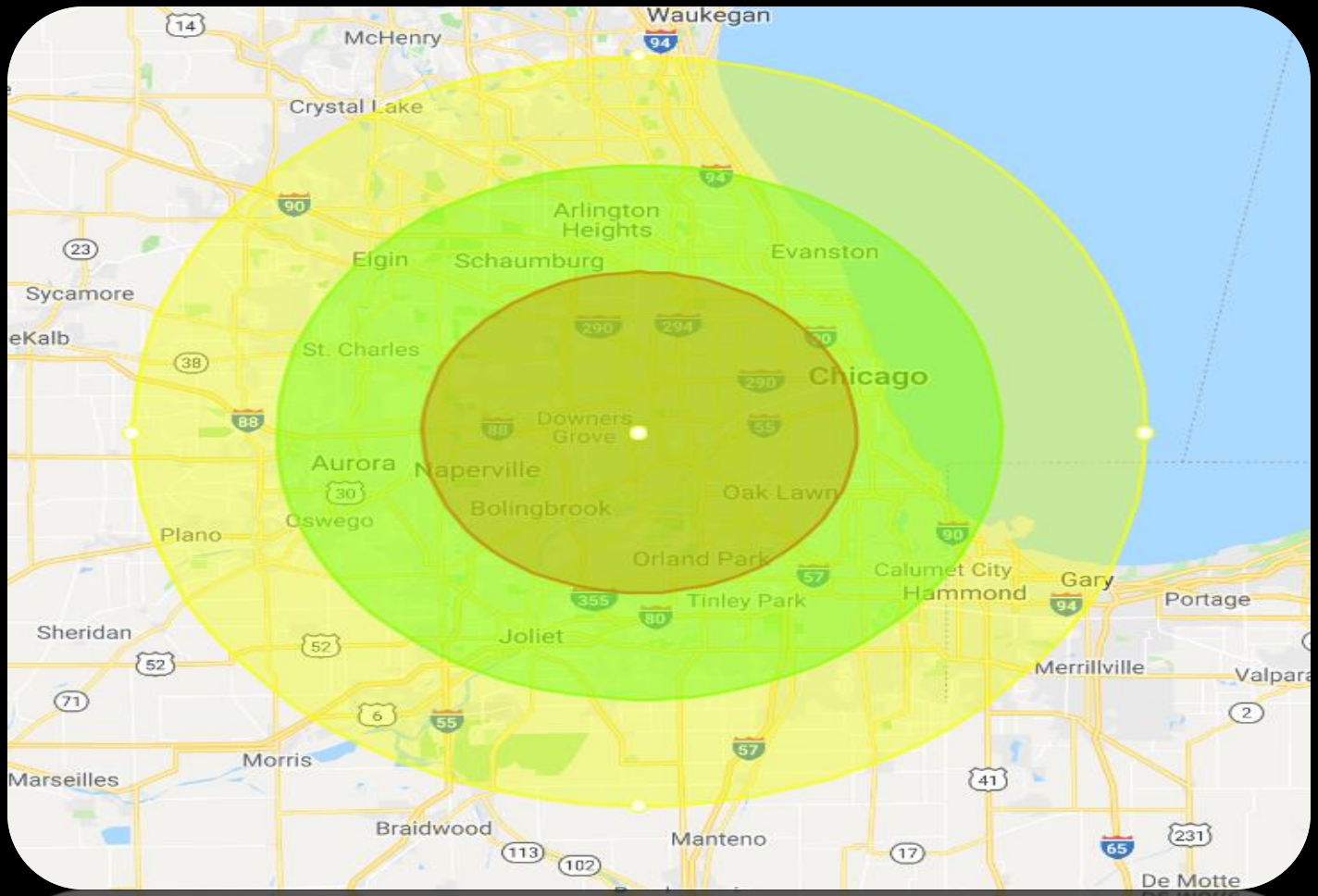
Birth Centers are designated as the first level of care.

Obstetric Care and Consensus document developed by American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine and endorsed by the following organizations:

- *American Association of Birth Centers*
- *American College of Nurse-Midwives*
- *Association of Women's Health, Obstetric and Neonatal Nurses*
- *Commission for the Accreditation of Birth Centers*
- *The American Academy of Pediatrics*
- *The American Society of Anesthesiologists*

Table 1. Levels of Maternal Care: Definitions, Capabilities, and Types of Health Care Providers * ⇦	
Birth Center	
Definition	Peripartum care of low-risk women with uncomplicated singleton term pregnancies with a vertex presentation who are expected to have an uncomplicated birth
Capabilities	• Capability and equipment to provide low-risk maternal care and a readiness at all times to initiate emergency procedures to meet unexpected needs of the woman and newborn within the center, and to facilitate transport to an acute care setting when necessary. • An established agreement with a receiving hospital with policies and procedures for timely transport. • Data collection, storage, and retrieval. • Ability to initiate quality improvement programs that include efforts to maximize patient safety. • Medical consultation available at all times.
Types of health care providers	Every birth attended by at least two professionals: • Primary maternal care providers. This includes CNMs, CMs, CPMs, and licensed midwives who are legally recognized to practice within the jurisdiction of the birth center; family physicians; and ob-gyns. • Availability of adequate numbers of qualified professionals with competence in level I care criteria and ability to stabilize and transfer high-risk women and newborns.
Examples of appropriate patients (not requirements)	• Term, singleton, vertex presentation

Increased Hospital Patient Radius



Orange - Current patient marketing radius (15 miles)
Green - Birth Center radius according to AABC (increased by 10 miles)
Yellow - Anticipated radius for the Birth Center (86% projected increase)

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Patients Eligible for Birth Center

Birth Center

Registration 10%

Birth Center Admission

Attrition 19%

Birth Center Births

Pre-Admit AP Transfer 18%

After-Admit IP Transfers 12%

Total Birth Center Deliveries

Newborn Transfers 1.9%

Postpartum Transfers 2.5%

In Closing

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Collaboration with the Birth Center is a tremendous opportunity for both the hospital and the community

- Low Investment and High ROI
- Appeal to Desirable Demographics
- Increased Revenue from Maternity
- Increased Market Share
- Better Utilization Updated Maternity Facility
- Improved Fee for Value
- Lower cost marketing to more women
- Additional Non-maternity Revenue Streams
  - Ancillary Services
  - Hospital / Acute Care
  - Other Physician Services
- Expanding Marketing Radius
- Lower C-section Rate
- Improved Patient Perception
- Increased Bargaining Influence with Insurance Carriers