



Memorandum in Support

A.9398 (Gottfried) / S.7121 (Hannon)

An Act to amend the Public Health Law in relation to midwifery birth centers

The New York State Association of Licensed Midwives (“NYSALM”), which represents the interests of licensed midwives, as well as the welfare of women, children and families, **supports the passage of A.9398/S.7121**, which amends Article 28 of the Public Health Law to authorize midwifery birth centers under the supervision of a physician or a midwife.

Midwifery birth centers offer high quality, individualized, cost-effective care designed in the wellness model of pregnancy and birth. Midwifery birth centers will promote the development of exceptional maternity care for healthy women experiencing uncomplicated pregnancies, and encourage family-centered maternity and neonatal care, promote and support breastfeeding. Midwifery birth center services are designed to meet the needs of the population being served and promote optimum pregnancy outcomes.

Evidence and studies have consistently shown the following:

- Birth centers operated by midwives consistently have low cesarean section rates, fewer labor inductions, and successful parent bonding and breastfeeding without prolonged separation.
- Birth centers dramatically reduce costs since they promote physiologic birth and rely less on expensive technology and unnecessary, routine medical interventions. Women receive subsequent nursing or midwifery follow-up care at home, as needed.
- Birth centers consistently reflect high patient satisfaction, especially for women seeking a welcoming environment with an unrestricted number of friends, support people and family members. Most hospitals restrict the number of people who can be with a woman in labor.
- Birth centers are accredited by a national accrediting organization - the American Association of Birth Centers, which provides quality-control standards and guidelines.
- Birth centers are uniquely positioned to assist the state in meeting its Medicaid Redesign Team maternal and child health goals. A birth center can provide education in family nutrition, infant feeding, obesity prevention and family planning.

A 2013 study by the American College of Nurse-Midwives as reported in *The Journal of Midwifery and Women’s Health* detailed outcomes of over 15,000 births in freestanding, midwifery birth centers across the U.S. during the period spanning 2007 and 2010.

- 84% of women delivered their babies at the birth centers.

- 94% of women had vaginal births. **Only 6% of women admitted to a birth center in labor had cesarean births.** The national average for cesarean birth is 32.8% and, according to the authors, the national C-section rate for low-risk women comparable to the study group is 27%.
- There were no maternal deaths. The fetal mortality rate during labor and birth for women who were admitted to the birth centers in labor was 0.47/1000, and the neonatal mortality rate was 0.40/1000 excluding anomalies.
- It was estimated that midwifery birth centers saved upwards of \$30,000,000 for the 15,574 births included in the study.

This bill provides the opportunity for the State to expand the full spectrum of birth choices for New York women. It is essential to encourage and support the low-cost, high quality outcomes that midwifery birth centers provide. This bill removes the existing barriers that restrict the establishment of freestanding birth centers led by licensed midwives.

Existing Law

Birth centers are authorized under Article 28 of the Public Health Law, which also applies to hospitals, residential health care facilities, diagnostic and treatment centers, etc. Under the current statutory scheme, birth centers are also subject to such medical facility requirements. Existing law requires birth centers to have a physician as medical director - an element that has made the existence of freestanding birth centers in the state virtually impossible. In addition, under the current Article 28 Certificate of Need (CON) authorization process, birth centers are subject to the same facility and construction requirements as large medical centers. While the intent of the CON is clearly beneficial to communities, it can be burdensome for smaller entities to meet these requirements. This bill would amend the Public Health Law to specifically address these issues.

Summary of Provisions

The bill expands the definition of “hospital” to include a new category of health care “facility” - a “midwifery birth center” - under the supervision of a physician or a midwife.

Second, the bill allows the Commissioner of Health to issue regulations relating to midwifery birth centers, including relating to their establishment, construction and operation, in accordance with standards of state and national professional associations of midwifery birth centers and in consultation with industry. This provides discretionary authority to the Commissioner to determine the appropriate Article 28 CON requirements to allow for the establishment of midwifery birth centers; and it allows for additional analysis as to appropriate and reasonable requirements for the scope of services provided in such centers.

For these reasons, NYSALM strongly supports the passage of **A.9398/S.7121**.