Recommendations to Increase Access to Community Birth Settings

*Improving Our Maternity Care Now Through Community Birth Settings** clearly lays out the benefits of community birth for essentially healthy pregnant people. Compared to usual hospital care, community birth better aligns with optimal care. It limits unneeded medical interventions such as induced labor, continuous electronic fetal monitoring, and cesarean birth (curbing overuse), and more frequently provides beneficial care that is not reliably available in hospitals, such as encouraging birthing people to eat and drink, to be upright and mobile during labor, and to use their birthing position of choice, according to interest (curbing underuse). In addition, compared to the routinized care provided in hospitals, community birth is more likely to offer respectful, individualized, and person-centered care. For many pregnant people, community birth options offer better care, more positive experiences, improved health outcomes, and potential cost benefits. Given this track record and the increasing use of, and unmet need for, this model of care, decision-makers should act to make it widely available to lower-risk pregnant people who desire it. Above all, it is urgent to scale up access to this high-value model of care as an essential way to advance birth justice and mitigate the nation's maternal health crisis.†

** These recommendations are excerpted from National Partnership for Women & Families, Improving Our Maternity Care Now Through Community Birth Settings, April 2022, available at https://www.nationalpartnership.org/communitybirth/*

† The recommendations below focus on access to care in community birth settings. As midwives are the primary maternity care providers practicing in these settings, increased access to midwifery care is essential for broader access to community birth settings. Selected recommendations for increasing access to midwifery are included below. Please see the companion midwifery report for a full set of midwifery-related recommendations: National Partnership for Women & Families, Improving Our Maternity Care Now Through Midwifery, October 2021, available at https://www.nationalpartnership.org/midwifery/

April 2022

AABC American Association of Birth Centers

American College of Nurse-Midwives — With women, for a lifetime®

Birth Center Equity

NACPM — national association of certified professional midwives

National Black Midwives Alliance — Legacy • Power • Voice

national partnership for women & families

Federal policymakers should:

- Ensure coverage by Medicaid, Medicare, the Child Health Insurance Program (CHIP), the Federal Employee Health Benefits (FEHB) Program, TRICARE, the Veterans Health Administration (VHA), the Indian Health Service (IHS), the Commissioned Corps of the U.S. Public Health Service (USPHS), Bureau of Prisons, and in Department of Homeland Security detention centers for care in licensed, accredited, or otherwise recognized birth centers and for midwife providers in birth centers who hold nationally recognized credentials and are recognized in their jurisdiction. Ensure that this coverage also applies to external maternity care purchased/referred by the IHS and VHA.
- Ensure coverage by Medicaid, Medicare, CHIP, FEHB Program, TRICARE, VHA, IHS, and the USPHS Commissioned Corps for home births attended by midwives with nationally recognized credentials who are recognized in their jurisdiction, including certified midwives (CMs) and certified professional midwives (CPMs).
- Ensure that all midwives holding nationally recognized credentials – including CMs and CPMs – are eligible providers under federal health programs. Federal payments for midwifery services should be at parity with physician-provided maternal-newborn health services.
- Encourage Congress to enact the Midwives for Maximizing Optimal Maternity Services (Midwives for MOMS) Act (H.R. 3352 and S. 1697 in the 117th Congress). This bipartisan bill would increase the supply of midwives with nationally recognized credentials (certified nurse-midwives [CNMs], CMs, and certified professional midwives) by supporting midwifery programs or schools, preceptors, and students. It would give funding preference to programs supporting students who would diversify the profession and who intend to practice in underserved areas.
- Encourage Congress to include in appropriations bills monies to increase the supply of midwives by supporting CNM, CM, and CPM students, preceptors, and programs or schools, giving preference to a pipeline for diversifying the profession and building capacity in underserved areas.
- Encourage the Department of Health and Human Services (HHS) to include CMs and CPMs as health professionals eligible to apply for loan forgiveness under the National Health Service Corps Loan Repayment Program.

- Encourage HHS to issue updated guidance clarifying the ACA Section 2301 requirement of Medicaid coverage of birth center services to expand coverage and access for Medicaid enrollees, including improved network adequacy for managed care organizations.
- Encourage Congress to enact the Birth Access Benefitting Improved Essential Facility Services (BABIES) Act (H.R. 3337 and S. 1716 in the 117th Congress). This bipartisan bill would fund demonstrations of birth center models for improved maternity care access and quality for Medicaid beneficiaries with low-risk pregnancies in underserved areas and would develop sustainable approaches to payment for high-value birth center care.
- Encourage Congress to include in appropriations bills monies to support community-led solutions to maternal health inequities by supporting the capital needs of developing birth centers led by and serving birthing families in most adversely affected communities.
- Ensure sustainable payment by Medicaid agencies, Medicaid managed care organizations, CHIP, and other federally supported programs for care in licensed birth centers, for services provided by midwife birth center providers with nationally recognized credentials who are recognized in their jurisdiction, and for home birth with midwives with nationally recognized credentials who are recognized in their jurisdiction.
- Encourage the Office of the National Coordinator to include birth centers as primary birth facilities when formulating the national strategy to reduce provider burden and improve: equity in urban and rural communities, perinatal vendor usability, interoperability of electronic health information, and longitudinal personal health records of pregnant persons and their newborns.
- Encourage the Veterans Affairs Community Care Network (VA CCN), TRICARE, and Military Treatment Facilities to include in-network birth centers and collaborating physician practices in any demonstrations of purchased care interoperability of electronic health information.
- Encourage the Office of Personnel Management to support plans participating in the Federal Employee Health Benefits Program that increase the percentage of maternity services purchased through value-based contracting, including with midwives and birth centers. The Office of Management and Budget should calculate cost savings based on increased utilization of value-based care.

- Increase community capacity during a pandemic by reallocating available Coronavirus Aid, Relief, and Economic Security (CARES) Act provider relief fund monies to prepay five years of electronic health records and for Health Information Exchange (HIE) installation, training, and operational expenses for qualified birth centers and their collaborators during transformation to value-based models of maternity care delivery and payment.
- Encourage Congress to enact all provisions of the Black Maternal Health Momnibus Act of 2021, either by including its investments in a future reconciliation package, or by passing the full package of bills (H.R. 959 and S. 346 in the 117th Congress). This comprehensive set of bills includes provisions to make critical investments in social drivers of maternal health outcomes; provide funding to community-based organizations working to improve maternal health outcomes for Black and Indigenous women in communities impacted by racial health disparities; grow and diversify the perinatal workforce, including Black and Indigenous birthworkers; to increase access to culturally congruent care and support; address maternal mental health; and much more.
- Encourage Congress to ensure that all Medicaid enrollees have coverage for one year postpartum by passing a permanent universal extension of the American Rescue Plan's state option to expand postpartum Medicaid coverage.
- Require the collection and public reporting of data across federal programs to identify, track, and address health inequities, such as disaggregation by race and ethnicity, socioeconomic status, sexual orientation, gender identity, language, and disability status in critical indicators of maternal and infant health. These indicators include, but are not limited to, maternal mortality, severe maternal morbidity, preterm birth, low birth weight, cesarean birth, and breastfeeding. Collaborate with Indigenous people to address the undercounting of their births, including by improving the categories indicating Indigenous identity.
- Extend data collection and reporting across federal programs, performance measurement, payment reform, and quality improvement (e.g., work of perinatal quality collaboratives) to community birth settings and providers and birthing people in those settings whenever feasible.

State and territorial policymakers should:

- Enact birth center licensure without unnecessary legal restrictions that limit access in the nine states that do not currently regulate birth centers: Alabama, Idaho, Maine, Michigan, North Carolina, North Dakota, Vermont, Virginia, and Wisconsin, and in the U.S. territories. Amend current state statutes to remove widespread and unnecessary restrictions.
- Enact CM and CPM licensure in the states and territories that currently fail to recognize these autonomous providers of maternal and newborn care with nationally recognized credentials.
- Require Medicaid managed care organizations to contract with state-regulated birth centers and with midwives who practice in birth centers and provide home birth services.
- Extend data collection and reporting, performance measurement, payment reform, and quality improvement (e.g., work of perinatal quality collaboratives) to community birth settings and providers and birthing people in those settings whenever feasible.
- Develop and enact in other states legislation modeled on the recently enacted Colorado Birth Equity Package and California Momnibus Act, which advances birth equity and strengthens the maternity care infrastructure.
- Create, in consultation with relevant people from most affected communities, a process for equitable development investments that support community birth centers, which the city of Seattle has done.

Private sector decisionmakers, including health care purchasers and health plans, should:

- Incorporate clear expectations into purchaser-payer contracts about access to, and sustainable payment for, community birth (birth center and home) settings and for services of midwives with nationally recognized credentials.
- Educate employees and beneficiaries about the benefits of midwifery-led care in community birth settings.
- Ensure that plan directories maintain up-to-date listings identifying all available birth centers and midwives.
- Educate maternity care providers and hospitals about the safety of maternity care that is integrated across providers and settings, with seamless consultation, shared care, transfer, and transport from community birth settings as needed. Encourage adoption of guidelines and other policies that foster integration and safety.
- Extend data collection and reporting, performance measurement, payment reform, and quality improvement (e.g., work of perinatal quality collaboratives) to community birth settings and providers and birthing people in those settings whenever feasible.