BABIES Act (H.R. 3337/S. 1716)

Birth Access Benefitting Improved Essential Facility Services

Are you concerned about the health of America's moms and babies?

Want to improve U.S. maternity care and reduce costs?

We are in crisis!

Many rural and urban hospitals have closed their obstetric units due to economic pressures and high costs of providing maternity care. Over **half** of U.S. counties have no hospital maternity unit.[1] As the U.S. population increases over the next decade, shortages will become worse. When women receive inadequate care, the health of mothers and infants worsens.

- Maternal-child outcomes in the U.S. are among the worst of all developed nations.[2]
  - Total spending on maternity care in the U.S. is greater than in any other country in the world, but this spending is not improving the health of mothers and babies.[2,3,4,5]
  - Women in the U.S. have a greater risk of dying of pregnancy-related complications than women in 50 other countries.[2] More than two mothers die every day in the U.S. from pregnancy-related causes. The U.S. is the only developed country where maternal mortality is on the rise.[2]

- Preterm Birth is Epidemic
  - 1 in 10 babies is born too early, or preterm, and the rate has risen in past 3 years[6,7]
- Racial Disparities Persist
  - African American women have nearly a three times greater risk of dying from pregnancy-related complications than white women, and this and other disparities have not improved in 50 years.[2]
  - African American infants continue to experience significantly higher rates of both preterm birth and low birth weight, and have more than 2 times the risk of dying before their first birthday.[6,7] In communities affected by poverty, the risk is higher. [5, 6, 7]
- Cost is great at $111 billion per year[8]
  - Hospitalization related to pregnancy and childbirth is the #1 hospital cost to Medicaid.[3]
  - Almost half of all births in the U.S. are covered by Medicaid and lack of access to quality maternity care makes these costs go up as more complications occur. One-third of all Medicaid births are by caesarean section, which costs twice as much as vaginal birth with a higher risk of complications.[9]

Freestanding Birth Centers: Part of a National Solution

Expansion of the freestanding birth center model of care should be part of a cost effective plan to improve access to community maternity care. Birth centers improve health of mothers and babies by improving the quality of care, reducing caesareans and other poor outcomes, and saving health care dollars.[10,11, 12]

Birth centers can be located in low resource areas to provide local access to high quality care. Studies demonstrate significantly reduced caesarean sections in birth centers.[10, 12] Birth centers are licensed facilities and have been developed to be a point of entry into a continuum of care based on medical, psychological, social needs of women and their families.

Strong Start for Mothers and Newborns demonstrated that when freestanding birth centers provide maternity services for women and infants who are Medicaid or CHIP beneficiaries:

- ✓ Preterm and low birth weight births were reduced by half
- ✓ Breastfeeding initiation and duration increased
- ✓ Caesareans were reduced by more than half
- ✓ Women and infants received safe, quality care that costs less and uses fewer resources[8,10]

Cost Savings

Strong Start and other studies of birth center care demonstrate cost savings from lower caesarean rates and fewer medical interventions, and from reductions in preterm, low birthweight births when births occur in the birth center. [8,10,11,12]

- ✓ Estimated Medicaid savings caesareans prevented per 10,000 births $4.35 million[11,12]
- ✓ Estimated savings reduction in preterm births per 10,000 births $24.25 million[11,12]
- ✓ Strong Start participant costs were $2010 less per mother-baby pair for 1st year of life[8]

Proposed Legislation

The proposed legislation would create a federally funded Birth and Women's Health Center demonstration program. These freestanding birth centers can be sustainable with cost-based reimbursement plans. Funding could be made available for existing grant funding programs for reduction of disparities and improving access to care.

During the last 10 years, progress has been made in expanding access to Birth Centers, but much more needs to be done. Our goal should be to make sure that every maternity shortage area in America has a federally funded Birth Center and that midwifery care in Birth Centers is available to communities with poor maternal and infant outcomes.

As we increase access to primary community-based maternity care for all, we will reduce healthcare spending in our country, and the end result will be more healthy mothers and babies.

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