

Strong Start Birth Centers

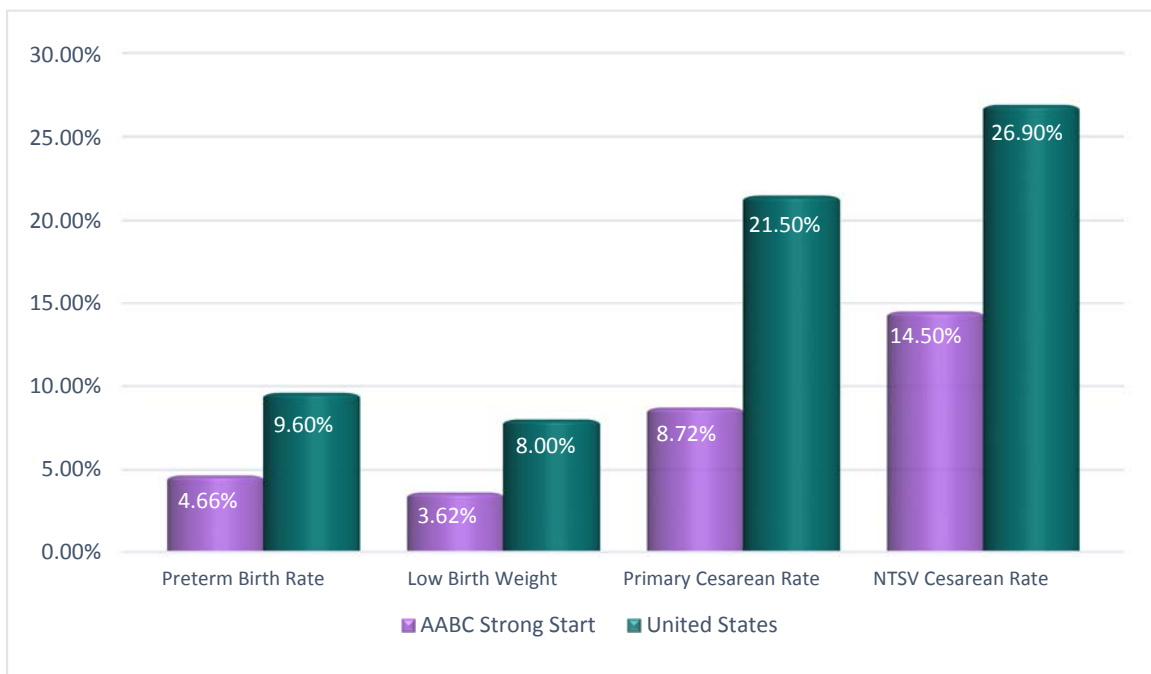
Decreasing Cost and Improving Quality of Pregnancy Care

Strong Start is a project sponsored by the Center for Medicare and Medicaid Innovation (CMMI) to study methods of prenatal care designed to lower preterm birth rates and improve other outcomes of pregnancy.¹ The American Association of Birth Centers (AABC) was approved to convene a group of 45 freestanding birth centers to measure outcomes for women with Medicaid or CHIP insurance receiving enhanced birth center prenatal care. Freestanding birth centers are health care facilities that are not hospitals, where women receive comprehensive, family-centered maternity care.

Preliminary data show that prenatal care provided in birth centers gives women better support, more information and decreases rates of complications of pregnancy.² Women in the AABC Strong Start program demonstrated a similar sociodemographic and medical risk profile as in national data during the study time period.³

Comparisons of Preterm Birth Rates, Cesarean Rates, Low Birth Weight^{2,4,5,6}

Outcomes of care for Strong Start birth center Medicaid beneficiaries are far better than national rates:



Vaginal Births, Breastfeeding, Client Satisfaction

Strong Start participants were very satisfied with their birth center care. At the end of prenatal care, 97.7%⁷ were moderately, very, or extremely satisfied with their care. After their births, over 88.9% of participants were moderately, very, or extremely satisfied with their care in the birth center.

Medicaid recipients at Strong Start birth centers exclusively breastfed their infants 88.9% of the time, leading to better short and long term health for their infants.



Cost Savings with Higher Utilization of Birth Center Care

Cesarean Savings

For every 10,000 births to women in birth centers compared to 10,000 hospital births, we could expect approximately 75% fewer cesareans which would lead to significant savings (expect 600 sections for birth center clients and 2400 in hospital).

Using the financial model in Stapleton et al. (2013), savings would be almost \$5 million in facility charges alone for the cesareans prevented. This does not include savings from decreased morbidity and avoidance of further complications with longer hospital stays.

Preterm Birth Savings

Every preterm birth has an average lifetime cost of \$50,000. (IOM, 2007)

The national preterm birth rate varies with populations but averaged 9.6% for 2014 births. For some populations and areas of the US, rates are much higher than this. The preterm birth rate for Medicaid beneficiaries in Strong Start birth centers was 4.75% for >4000 births, which is 50% of the national average.

If 10,000 women who are Medicaid beneficiaries had prenatal care in the birth center rather than usual care, this could potentially save 485 preterm births or > \$24 million.

What Makes Birth Center Care Different?

Prenatal care as provided in the birth center has many components that make it different from traditional prenatal care in the physician's office. Birth center care is provided by midwives who take the time to listen and get to know the clients they serve. Visits are typically 30 minutes in length to provide time needed for enhanced care services. Women with social or economic risks, or poor support benefit from the supportive and educational time spent together at prenatal visits.

The outcomes of this care are clear in the data cited above. Investing in freestanding birth centers is an investment in the future health of this county. Birth center care for Medicaid beneficiaries will result in cost savings and significant improvements in quality measures.

¹ Hill, Ian et al. (2016). Strong Start for Mothers and Newborns II Second Annual Evaluation Report. Retrieved April 5, 2016, from https://downloads.cms.gov/files/cmml/strongstartenhancedprenatalcare_evalrptyr2v2.pdf

² American Association of Birth Centers, Birth Center Outcome Data from AABC Perinatal Data Registry, Perkiomenville, PA. Unpublished data. Retrieved February, 2016.

³ Jolles, D. Stapleton, S., Langford, R. (2016). The Birth Center Model of Care and Childbearing Medicaid Beneficiaries: A comparison of national benchmarks and variations in care and quality. Manuscript submitted for publication.

⁴ Joyce A. Martin. Natl Vital Stat Rep. 2015;64:1. Available at http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf

⁵ Fact Sheet: Maternity Care. (2015, April 1). Retrieved November 11, 2015, from <https://leapfroghospitalsurvey.org/web/wp-content/uploads/FSmaternity.pdf>

⁶ Osterman MJK, Martin JA. Trends in low-risk cesarean delivery in the United States, 1990–2013. National vital statistics reports; vol 63 no 6. Hyattsville, MD: National Center for Health Statistics. 2014.

⁷ Preliminary data, AABC Strong Start Evaluation form data collection. 2013-2015.