

November 1, 2022

Via E-Mail

Stephen Davis, Director
Division of Health Care Facility Licensure & Certification
Massachusetts Department of Public Health
67 Forest Street
Marlborough, MA 01752
Stephen.davis@mass.gov

Re: Beverly Hospital 30-day Notice of Closure of Birth Center Services

Dear Mr. Davis:

This letter is submitted on behalf of Beverly Hospital (license #V93D), located at 85 Herrick Street Beverly, MA 01915 (the "Hospital"), in follow up to the essential services closure notices that the Hospital filed with the Department of Public Health (the "Department") on May 11, 2022, and June 10, 2022, for its outpatient birth center service (the "Service" or the "North Shore Birth Center"). As you are aware, the Hospital paused its closure process for ninety (90) days on August 2, 2022 to engage in constructive dialogue with members of the community, representatives from EOHHS and DPH and elected officials regarding the future of the North Shore Birth Center.

During these 90 days, the Hospital listened to issues and concerns raised but continues to believe that closure of the North Shore Birth Center is necessary given the current staffing climate and its direct effect on the Hospital's ability to ensure the quality of care offered at the Center. After taking into consideration comments and discussion with elected officials, state regulators, and representatives of the Campaign to Save the North Shore Birth Center, the Hospital has made the difficult decision to proceed with the closure process. As such, pursuant to the Department's letter dated August 4, 2022, the Hospital hereby gives DPH the required thirty (30) days' notice of its intent to close the Service effective December 1, 2022.

Below please find the Hospital's multi-pronged plan for access to professional midwifery services in its primary and secondary service area post-closure and the steps the Hospital has taken to ensure continuity of care for patients of the Service. In addition, the Hospital has included its post-closure plan to bolster its current Labor and Delivery options to continue to ensure access for birthing individuals. This plan incorporates several of the requests that came out of discussions with various constituents over the last 90 days.

1. Information on the utilization of the Service prior to proposed closure.

As previously indicated in our June 10, 2022 letter, the Service had an average annual utilization of 211 patients over the last three full fiscal years (2019-2021).

	FY19	FY20	FY21	FY22
Total Birth Center Patient Deliveries (both at Birth Center and at Hospital)	217	188	228	168
Total Birth Center Patient Deliveries at the North Shore Birth Center	51	55	77	9
Total Birth Center Patient Deliveries at the Hospital	166	133	151	159

2. Information on the location, travel times, and service capacity of alternative delivery sites.

Currently, the Hospital and its affiliated community practice offer a wide range of prenatal, perinatal/intrapartum, and post-partum care in the North Shore community and at the Hospital. This includes care provided by the OB/GYN physicians and midwives who are part of the Hospital's community group practice, Northeast Medical Practice, Inc., in Salem and Lynn. The Hospital also maintains eight (8) Labor & Delivery rooms, two (2) Operating Rooms, and a post-anesthesia care unit. The Hospital welcomes certified doulas to accompany and support any patient giving birth at the Hospital. The Hospital also offers the following as part of its comprehensive maternal services:

- The Hospital maintains a robust parent education program offered to all in the community. Classes are taught by registered nurses and certified childbirth educators with offerings such as: preparing for childbirth, hypnobirthing, baby care, breastfeeding, and partner preparation.
- Mothers are offered consults with a registered nurse certified as a lactation consultant (RN IBCLC). RN IBCLC inpatient consults are available seven days a week to recently delivered mothers, and mothers may also elect to continue care with an RN IBCLC on an outpatient basis post-discharge.
- Based on the needs identified in the Hospital's community, the Hospital also offers two programs that provide additional support to young mothers (Connecting Young Moms) and mothers struggling with substance use disorder (Moms Do Care).
- The Hospital offers a bi-weekly group for mothers and their newborns to provide concrete education and psychosocial support through connection to other moms facilitated by a parent educator.

In addition to the comprehensive services offered by the Hospital in its primary and secondary service area¹ detailed above, the following professional midwifery services also are available within the Hospital's primary and secondary service area:

- i. Essex OB/GYN (Beverly, Danvers and Gloucester)
- ii. Salem Hospital/ North Shore Physicians Group (Beverly and Danvers)
- iii. MassGeneral/North Shore Center for Outpatient Care (Danvers)
- iv. Lynn Community Health Center (Lynn)

Expected travel times to these nine (9) alternate delivery sites are listed below.²

<i>Estimated Travel Times to Alternate Delivery Sites</i>	<i>Mileage</i>	<i>Non-peak (9:30 am)</i>	<i>Peak (4:30pm)</i>
Essex County OB/GYN (Beverly)	.2 miles	2 minutes	2 minutes
Salem Hospital/North Shore Physicians Group (Beverly)	1.4 miles	6-8 minutes	6-9 minutes
Northeast Medical Practice (Salem)	4.7 miles	12-24 minutes	26-35 minutes
Mass General/North Shore Center for Outpatient Care (Danvers)	5.4 miles	9-14 minutes	10-18 minutes
Salem Hospital/North Shore Physicians Group (Danvers)	5.6 miles	10-14 minutes	12-20 minutes
Essex County OB/GYN (Danvers)	6.7 miles	12-20 minutes	14-24 minutes
Northeast Medical Practice (Lynn)	9.2 miles	24-40 minutes	28-55 minutes
Lynn Community Health (Lynn)	9.2 miles	24-40 minutes	28-55 minutes
Essex County OB/GYN (Gloucester)	13.5 miles	16-20 minutes	16-22 minutes

¹ Beverly, Danvers, Essex, Gloucester, Hamilton, Ipswich, Lynn, Manchester, Middleton, Peabody, Rockport, Rowley, Salem, Topsfield, and Wenham.

² Utilizing Google Maps for peak arrival times on an average Tuesday of 9:30am (morning) and 4:30pm (afternoon).

The Hospital is confident that the alternate delivery sites in its primary and secondary service area have the capacity to provide equivalent clinical services to those currently offered by the North Shore Birth Center. There have been no documented or otherwise reported access or capacity issues for maternity services in the Hospital's service area as supported by its two most recent Community Health Needs Assessments.

It is worth noting, however, that data supports that many individuals already travel from well outside the Hospital's primary and secondary service area to access the Service. Therefore, our post-closure access plan takes into account access to professional midwifery services outside the Hospital's primary and secondary service area including:

- i. Women's Health Care (Newburyport and Haverhill)
- i. Salem Hospital/ North Shore Physicians Group (Swampscott)
- ii. Cambridge Health Alliance (Cambridge) * also offers a hospital-based birth center experience
- iii. Mount Auburn Hospital (Cambridge)
- iv. Women's Healthcare at Arlington (Arlington)
- v. Charles River Community Health (Waltham, Brighton)
- vi. Brigham & Women's Midwifery (Boston)
- vii. Boston Medical Center Midwives (Boston)
- viii. St. Elizabeth's Medical Center (Brighton)
- ix. AFA OB/GYN, PC (Concord, Leominster, Westford)
- x. Wentworth Health Partners Garrison Women's Health (Dover, NH)
- xi. Birth Cottage (Salem, NH and Milford, NH) * also offers a freestanding birth center experience

3. Protocol to maintain continuity of care for current patients of the discontinued Service and an assessment and plan for transportation needs post-closure.

As of the closure date, the Service will have provided all necessary post-partum appointments to its established patients. The Hospital has set up a dedicated patient relations number for patients of the Service to call to obtain assistance with the transition of their care to one of the above providers. This team has been educated to offer assistance to patients calling to transfer their medical records, discuss transportation options, or obtain information on how to contact one of the above identified midwifery providers. Patients can also navigate to the Hospital's website to obtain contact information for an OB/GYN or midwifery provider in the Hospital's service area. While the Hospital has not identified any significant transportation needs that present a barrier to patients in its service area seeking to access professional midwifery services post-closure, the Hospital is fully prepared to assist any pregnant individual in its service area who is encountering transportation issues.

4. Protocol that describes how patients in the Hospital's service area will obtain the Services post-closure.

In light of the changes in the Hospital's delivery of maternal services described above, the Hospital plans to enhance its existing offerings with a particular focus on mothers who choose a low intervention birth plan. As described in detail below, the Hospital is committed to ensuring access to midwifery care and birth center-like services at the Hospital, supporting access for birth centers in Massachusetts, establishing a system-wide maternal quality initiative, and ensuring access to patient-centered prenatal and post-partum care at the Hospital.

a. Access to midwifery care and birth center-like services at the Hospital. The Hospital plans to strengthen its commitment to team-based care through enhanced partnership throughout the entire hospital-based maternity service. To accomplish this, the Hospital has initiated a systematic review of its maternity program to assure continued access to high-quality midwifery care and low-intervention birthing services. An obstetrician, nurse midwife, doula and a lactation consultant are all part of the team that has been engaged to conduct this review. As the Hospital updates its policies and procedures to reflect a renewed commitment to team-based care, the Hospital will engage in additional training and education with its providers. As part of this effort, the Hospital has also committed to:

- *Addition of a water birth tub.* The Hospital purchased a tub to pilot on its Labor and Delivery floor on July 18, 2022, with delivery expected between April and July 2023. The Hospital has been working with a multi-disciplinary team to develop the necessary policies on the use of the tub. It plans to educate and train its staff on the adopted policies and training on the use of the tub to ensure laboring and delivery in a birthing tub are options available to patients.
- *Leasing the North Shore Birth Center building.* Beyond the clinical services that will be offered by the Hospital post-closure, the Hospital is also willing to lease the building that currently houses the North Shore Birth Center to an independent midwifery practice until April 2025 while identified community organizations work to create, expand, or reopen birth center services at a new location.
- *Continued support for natural labor and access to low intervention pain relief.* Obstetricians and midwives on the Hospital's medical staff will continue to support natural labor, in addition to offering pharmacological and non-pharmacological options for patients who want them. Since February 2016, the Hospital has made nitrous oxide available to birthing mothers as a pain relief option.

b. Support for access to birth centers. While the Hospital is no longer in a position to continue to operate a hospital-based birth center, it supports mothers and families who choose the birth center model of care. In light of that, the Hospital will provide \$1.5 million in grant funding to one or more community organizations to create, expand, or reopen birth centers licensed by the Department. Given the strong arguments from community advocates and in keeping with the Hospital's non-profit mission, the Hospital anticipates such centers would prioritize unmet needs for maternity care in underserved communities. Funding would be made available for capital and infrastructure needs through grant applications.

c. Establishment of a BILH system-wide maternal quality initiative. BILH will establish a system Maternal Quality Council—with representation across hospitals and incorporating physicians, nursing, midwifery, and allied health professions—to improve patient experience, quality and safety, health equity, and population health outcomes for mothers across the Eastern Massachusetts region. The Council will actively incorporate input from Patient and Family Advisory Councils and share best practices regarding prenatal, perinatal/intrapartum, and post-partum care across community and academic sites of care.

d. Access to patient-centered prenatal and post-partum care in the community. The Hospital commits to the following initiatives to ensure continued access to patient-centered prenatal and post-partum care at the Hospital.

- *Expansion of midwifery services in the community.* Northeast Medical Practice, which has locations in Lynn and Salem, will grow its midwifery services in the community. Northeast Medical Practice will also work to expand its Spanish language service offerings at the Lynn practice, where approximately 80% of its patients are non-native English speakers and covered by MassHealth.
- *Increase post-partum mental health offerings.* The Hospital is working with its Department of Obstetrics and Gynecology to enhance the capacity of its providers to identify and address post-partum mental health and substance use disorders, including training for obstetricians and pediatricians on access and encouraging utilization of the Massachusetts Child Psychiatry Access Program (MCPAP) for Moms.
- *Development of a patient and family advisory council (PFAC) dedicated to maternal newborn care delivery at the Hospital.* The Hospital will establish a maternal newborn PFAC to connect our maternal and newborn caregivers at the Hospital with patients and family members in our community in a more formal manner. PFACs are an important resource that assist the Hospital in the development and shaping of its programs, services, and initiatives with a focus on the continuous improvement of the patient care experience. Patients or family members with recent maternal or newborn care experiences at the Hospital would be invited to apply to be part of the PFAC.

The Hospital remains committed to maintaining choice and providing access to equivalent midwifery services for all birthing people in its community post-closure of the Service. If you require further information with respect to this matter, please contact Meg Cosgrove, Senior Associate General Counsel at (781) 510-1363.

Sincerely,



Tom Sands, FACHE
President

cc: M. Gendreau, Chief Medical Officer, Beverly Hospital
K. Perryman, Chief Nursing Officer, Beverly Hospital
M. Schuyler, Vice President, Government Affairs, Beth Israel Lahey Health