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American College of Nurse-Midwives, MA Affiliate   
Regarding: Testimony for 105 CMR 140.000 – Licensure of Clinics regarding birth centers

October 28, 2024

First of all, allow me to thank the Department of Public Health maternal-child experts that have started the important work of advancing the current birth center regulations. My name is Susan J. Hernandez and I am offering testimony related to the newly legislative mandate to review and update the Massachusetts licensure regulations pertaining to birth center facilities. As the Legislative Co-Chair for the MA Affiliate of the American College of Nurse-Midwives, I advocated for the passage ***An Act promoting access to midwifery care and out-of-hospital birth options*.** I believe deeply in the truth that increasing access to birth centers and birth choices is important to individuals and families seeking safe community-based births. My testimony is informed by being a midwife who practiced in a free-standing birth center and as consumer of midwifery care when my daughter was born in a birth center. The work that we are engaged in today will ensure that Massachusetts has modernized, evidenced-based and safe regulations aligned with the national quality standards.

First, it is important that the revised regulations reflect the national standards offered by the American Association of Birth Centers. AABC uses evidence-based research, advocacy, and education to set quality standards for birth centers throughout the country. The DPH drafted regulations should allow a “deemed by accreditation” option which would automatically recognize the quality oversight and accreditation offered the Commission for the Accreditation of Birth Centers (CABC). Having the state offer options for pathways to licensure for birth centers will decrease the bureaucratic burden, minimize unnecessary costs, and ultimately create sustainable regulatory measures for building birth centers.

Second, any updated regulations should expand the definition of a birth assistant beyond the requirement of being a registered nurse with labor and delivery experience. This is narrow and unnecessary regulation significantly limits the availability of skilled and qualified professionals from staffing models. There is no evidence to support that licensed nurses should be the mandated staff. Additionally, given the current nursing workforce shortage, meeting this measure will be prohibitive to appropriate staffing. Most nurses with hospital experience are not educated nor trained in community-based birth. National standards offered by the AABC support regulations that broaden the pool of qualified and certified professionals who can be considered for birth assistants.

Thirdly, in MA, Certified Nurse-Midwives (CNM) are recognized as professional providers of pregnancy termination and the restriction that prohibits abortions from being offered at birth center facilities should be removed. Abortions are preformed in ambulatory care settings and are part of routine gynecology services within the scope of practice for CNMs. In a time when rights and choices of pregnant people are being increasingly restricted, any public health regulatory policies should be reflective of current evidence-based clinical practices.

Finally, please rescind the restriction that medications can not be distributed to clients for self-administration at home. Ambulatory health care settings routinely store, distribute, and administer medications. With proper clinical and operational protocols, births center facilities should be allowed to offer medications based on the scope of practice of the licensed prescribing professional. There are

multiple examples of medications that can be safely distributed from the non-hospital-based practices as part of routine family planning and reproductive health services.

As a representative of the American College of Nurse-Midwives, I am grateful to the advocates, our legislators, and Governor Maura Healy for working together to pass legislation which will advance maternal health equity and health outcomes for people in MA. Accordingly, with the recent birth center legislation, these measures will enable birthing people and families access to individualized reproductive care and family centered birth.

Respectfully,

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