



# MASSACHUSETTS MEDICAL SOCIETY

*Every physician matters, each patient counts.*

## **MASSACHUSETTS MEDICAL SOCIETY COMMENTS**

### **MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**RE: 105 CMR 130.000: *Hospital Licensure – Birth centers*  
105 CMR 140.000: *Licensure of Clinics – Birth Centers*  
105 CMR 142.000: *Operation and maintenance of birth centers***

**October 28, 2024**

The Massachusetts Medical Society (MMS) is a professional association of over 24,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, to give them a better health care system, and on behalf of physicians, to help them provide the best care possible. We are committed to eliminating racial and ethnic disparities in maternal health outcomes and strive for a health care system where everyone has equitable access to comprehensive, integrated, and high-quality care throughout their lives, particularly during critical times such as the perinatal period. As such, the MMS appreciates the opportunity to provide comment regarding proposed amendments to birth center regulations.

As the Commonwealth confronts a growing crisis of inequities in maternal mortality and morbidity, it is essential that all pregnant individuals have access to patient-centered, high-quality, and respectful care. The MMS supports a birthing person's right to choose between a diversity of health care professionals and settings. Research consistently demonstrates that for low-risk pregnancies, accredited birth centers offer safe environments for childbirth and are associated with lower rates of medical interventions and higher rates of breastfeeding and satisfaction with care.<sup>1</sup> Unfortunately, financial challenges and regulatory hurdles have led to several birth center closures in Massachusetts, significantly impacting access to quality maternal health care and reproductive autonomy. In response, there have been widespread calls for policy changes to better support birth centers, including legislative and regulatory reforms to enhance their viability. By integrating birth center care more broadly into our health care system,

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<sup>1</sup> Alliman J, Bauer K, Williams T. Freestanding Birth Centers: An Evidence-Based Option for Birth. *J Perinat Educ.* 2022 Jan 1;31(1):8-13. doi: 10.1891/JPE-2021-0024. PMID: 35165499; PMCID: PMC8827343. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8827343/#ref1>

particularly in underserved areas, Massachusetts can improve maternal health outcomes, reduce costs, and foster a more equitable health care landscape for all families.

The MMS therefore supports the Massachusetts Department of Public Health (DPH) in its efforts to ensure high-quality, accessible care for all pregnant individuals in the Commonwealth through proposed revisions to the birth center service requirements in 105 CMR 130 and 105 CMR 140. The proposed amendments will ease operational challenges faced by birth centers and strengthen the quality of care provided at these facilities. Importantly, these revisions align with requirements put forth in recently enacted legislation ([Chapter 186 of the Acts of 2024](#)) directing DPH to regulate freestanding birth centers, create minimum staffing standards, and encourage the creation of more freestanding centers.

The MMS strongly supports the Department's work to implement the "[Levels of Maternal Care](#)" strategy to reduce severe maternal mortality and morbidity in Massachusetts. Developed by the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine in 2015, this classification system is a crucial tool for ensuring patients receive risk-appropriate maternal care at hospitals equipped to meet their specific needs.<sup>2</sup> To further this effort, we recommend DPH adopt a definition of "Birth Center" in 105 CMR 130 and 105 CMR 140 in closer alignment with ACOG's more comprehensive guidelines. ACOG defines "Accredited Birth Center" as "care for low-risk women with uncomplicated singleton term vertex pregnancies who are expected to have an uncomplicated birth."<sup>3</sup> This definition is also endorsed by the American Association of Birth Centers and the American College of Nurse Midwives.<sup>4</sup> Well-defined risk thresholds help ensure every birth facility is aware of what conditions they have the capacity to safely address, and that they have the resources to transfer patients when clinically appropriate.

In 105 CMR 130 and 105 CMR 140, the MMS also recommends the Department expand the list of prohibited surgical procedures to encompass assisted vaginal birth, commonly known as assisted vaginal delivery. While the regulation mentions "forcep delivery," it is important to note that assisted deliveries may involve various tools, including vacuum devices. Incorporating the

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<sup>2</sup> Levels of Maternal Care. Obstetric Care Consensus. Reaffirmed 2021.

<https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2019/08/levels-of-maternal-care>

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

phrase "assisted vaginal birth/delivery" provides a more comprehensive definition, helping to ensure that this procedure is not performed in a birth center.

Finally, the MMS would like to address comments raised during the public hearing regarding the removal of regulatory restrictions on birth centers providing surgical abortions and a wider range of reproductive health services. The MMS believes abortion is an essential medical component in the continuum of reproductive health care and should be safely accessible in a collaborative, team-based model of care through physicians and appropriately trained and credentialed medical professionals. As such, the MMS supports expanding access to reproductive health services — including abortion, miscarriage management, and contraception — at licensed birth centers where the Medical Director is either a physician or certified nurse midwife qualified to provide and oversee this care consistent with their license and scope of practice. Development of clinical care guidelines for additional services at birth centers beyond low-risk pregnancies should be overseen by clinicians with the requisite education, training, and experience to ensure patient safety and optimal health outcomes.

The Massachusetts Medical Society is grateful to the Department of Public Health for your efforts to modernize birth center regulations and ensure birthing people and newborns have access to the best care possible. Thank you for your consideration of these comments. For any questions, please contact Leda Anderson, Director of Advocacy & Government Relations, at [landerson@mms.org](mailto:landerson@mms.org).