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COMPOSE

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Starred

Important

- Amy Romano
- Beth Karberg
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- June Knight
- Ken Johnson
- Leland Amy
- lin lee
- Louise Roth
- Monica Braslie
- Cori Cohen
- Micaela Cadena

15% Annuity Returns - advise

Fwd: meeting with Sec

Ryan D Dickerson
I asked for a meeting

Susan Jenkins
Great news, Rene! A

Kate Bauer
to me, Rene', Charlot
I thought I had en
Also posted in Ba:

Kate Bauer, Execu
American Associa
3123 Gottschall R
215.234.8068 - 81
www.birthcenters

From: Susan Jenk
Sent: Wednesday,
To: Rene' Johnson

HSR Health Services Research

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DOI: 10.1111/1475-6773.12061
RESEARCH ARTICLE

Midwifery Care at a Freestanding Birth Center: A Safe and Effective Alternative to Conventional Maternity Care

Sarah Benatar, A. Bowen Garrett, Embry Howell, and Ashley Palmer

Objective. To estimate the effect of a midwifery model of care delivered in a free-standing birth center on maternal and infant outcomes when compared with conventional care.

Data Sources/Study Setting. Birth certificate data for women who gave birth in Washington D.C. and D.C. residents who gave birth in other jurisdictions.

Study Design. Using propensity score modeling and instrumental variable analysis, we compare maternal and infant outcomes among women who receive prenatal care from birth center midwives and women who receive usual care. We match on observable characteristics available on the birth certificate, and we use distance to the birth center as an instrument.

Data Collection/Extraction Methods. Birth certificate data from 2005 to 2008.

Principal Findings. Women who receive birth center care are less likely to have a C-section, more likely to carry to term, and are more likely to deliver on a weekend, suggesting less intervention overall. While less consistent, findings also suggest improved infant outcomes.

Conclusions. For women without medical complications who are able to be served in either setting, our findings suggest that midwife-directed prenatal and labor care results in equal or improved maternal and infant outcomes.

Key Words. Midwives, prenatal care, cesarean section, low-income women, African American women

Organized around a commitment to nonintervention in the normal pregnancy and birth process, midwifery models offer personalized and holistic care and education, including prenatal care and attending to the physical, psychological, and social well-being of the mother (Rooks et al. 1989; American College of Nurse-Midwives 2004; Ickovics et al. 2007; Dominguez et al. 2008). In this article, we examine the impact of a midwifery model of care on birth

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outcomes. We compare a set of maternal and infant outcomes reported on the birth certificate for women cared for by midwives in a freestanding birth center with women who receive conventional care. Freestanding birth centers are typically staffed by nurse midwives and operate separately from hospitals—presenting women with an alternative setting in which to receive prenatal and labor care. Previous studies of midwife-led and birth center care in the United States have done little to address selection bias—whereby women served in these settings have an average lower risk of poor birth outcomes than the comparison group. In an attempt to address these risk selection problems, we use propensity score modeling techniques to control for observed risk factors, and instrumental variable analysis to address remaining concerns that unobserved differences could bias the estimated effects of birth center care.

BACKGROUND AND MOTIVATION

+Susan

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