

# Commission for the Accreditation of Birth Centers

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## ***Inside an Alongside Midwifery Unit***



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In 2018, the CABC expanded their accreditation options to include Alongside Midwifery Units (AMU). These units mirror the midwifery-led model of care that would be found in a free-standing birth center only they are located within a hospital. As a separate unit from the traditional labor and delivery, this is an alternative environment that supports physiologic labor and birth, breastfeeding exclusivity and bonding time for clients with low-risk pregnancies.

Family Beginnings Birth Center, in Dayton Ohio, has been operating with this model of care for 25 years. Through focus groups and research in the early 1990's, it was found that the southwest region of Ohio was greatly lacking alternative birth options for individuals experiencing low-risk pregnancies and desiring minimal intervention. Family Beginnings opened its doors in 1995 to meet these needs and continues to serve clients from Dayton and surrounding cities and states. In 2003, Family Beginnings sought accreditation through the CABC. The AMU designation was not an option at that time, therefore from 2003-2018 it was accredited as a free-standing birth center. Through the years, the staff and leadership have been firm in upholding the midwifery model and adhering to the same guidelines for transfer of care that is expected in a freestanding birth center.

Family Beginnings operates as an open model, meaning the attending midwives and physicians are not employed but rather credentialed through Miami Valley Hospital. However, physicians and midwives alike

who choose to practice in the unit, are expected to follow the standards set forth by the AABC and CABC Indicators for accreditation. The only staff members of the center are the clinical director and the registered nurses, with the other required roles for the center integrated into the larger model of women's services. The clients receive prenatal and postpartum care through their maternity care provider's office. Clients expressing a desire to give birth in the AMU, are provided with a packet of information that describes the care model and the requirements including that they: remain low-risk, complete an orientation class, fulfill childbirth education requirements, and attend a 36-week appointment on the unit. Even though the prenatal care is done outside of the unit, the staff are still able to build a relationship with the clients through the orientation, classes, 36-week appointment, and postpartum follow-up calls. Patient satisfaction scores in Family Beginnings consistently exceed goals – year to date they are greater than 90<sup>th</sup> percentile in seven out of eight HCAHPS domains.

The benefits gained by being part of a larger system significantly outweigh any cons and allow us to provide this highly desired service to our community. These benefits include having access to financial support, marketing initiatives, and significant clinical support - through emergency response teams, clinical staff that float to the unit, lab services, infant photography services, and hearing screeners. While being part of a large system adds some additional steps in completing policy changes, trying new equipment, or implementing documentation changes that a privately-owned freestanding birth center would not encounter, these potential barriers are readily overcome through strong leadership and collaboration among administration, staff, and providers.

The alongside midwifery unit model is one that adds to the array of options available to childbearing individuals and families and to those seeking to improve maternity care in the United States.

***Have an idea for a future newsletter topic? Let us know!***



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