

The Successful Passage of Birth Center Legislation in Illinois in 2021: Mapping the Alignment of Key Events, People, and Politics

Mickie Brown, MPH Candidate, University of Illinois at Chicago School of Public Health

Author Positionality Statement:

Mickie Brown is a white, cis-gender female graduate student who was a member of the Birth Center Task Force (BCTF) starting late 2020, creating working relationships with all participants of this study prior to data collection. This research was not funded. UIC IRB Exemption #2021-1366.

Background:

Effectiveness of Birth Centers

A birth center is a freestanding community-centered health care facility that provides comprehensive and personalized prenatal, labor and delivery, and postpartum care for those with normal, uncomplicated, low-risk pregnancies under the care of midwives and other birthing care specialists.^{1,2} Though there are differences (e.g., race, age, parity, health risk factors, etc.) between those who do and do not select to give birth in birth centers, studies over time have tried to adjust for these factors when analyzing outcomes.³ A foundational 1989 study on maternal and infant health outcomes in birth centers found that over 70% of people who gave birth in birth centers experienced minor complications with only 2.4% of total hospital transfers defined as “emergency.”⁴ Also, there were similar infant mortality rates (1.3 per 1,000) between infants born in birth centers compared to low-risk hospital births.⁴

Further studies also suggest promising maternal and infant health outcomes among infants born in birth centers compared to national data on low-risk hospital births, including lower preterm births, lower rates of low birthweight, and rates of C-sections more than 4 times lower than hospital births.^{2,3,5} Additionally, birth centers demonstrate very high rates of exclusive breastfeeding at discharge (87%), compared to national rates

(41.5%).³ Birth center data also reveal narrower disparities in maternal and infant health outcomes by race compared to national data, exhibiting the potential for birth centers to help improve overall population health equity.³ Thus, birth centers have been shown repeatedly that they are a safe, effective, and important part of the continuum of birth setting options in a community.¹

Birth Centers in Illinois (IL)

In IL, the Birth Center Task Force (BCTF), an effort of the Health & Medicine Policy Research Group, has been advocating for the establishment and expansion of birth centers for over 30 years.⁶ In 2007, the BCTF worked to successfully amend the Alternative Health Care Delivery Act, which officially licensed birth centers as a pilot model program throughout IL; however, this legislation was quite restrictive and limited the number, type, and location of birth centers throughout the state.⁷

Consequently from 2007-2020, only two birth centers were operational in IL. By Spring 2020, it was clear that the initial legislation had become one of the significant barriers to further birth center development and implementation in IL. Additional policy changes were needed to expand access to birth centers for more Illinoisans. From 2020-2021, the BCTF worked to advance birth center policy through legislative change, resulting in the enactment of two separate Public Acts: [102-0414](#) which amended the Alternative Health Care Delivery Act to increase the number, type, and location of birth centers that can operate in IL, and [102-0518](#) which created an entirely separate licensing category and rules and regulations for birth centers in the state.^{8,9} Given the thirty plus year history of birth center advocacy efforts in IL, passage of two pieces of major birth center legislation in one year with limited pushback is a noteworthy achievement. As such, it is

important to understand how and why these changes came about so swiftly, as this understanding can inform future strategies and legislative efforts in IL and beyond. In particular, this exploration can help inform other policymakers and stakeholders throughout the nation interested in introducing or expanding birth centers or other birth setting options.

Research Objective

Kingdon's framework of policy development describes the different influences that can lead to the opening of a "window of opportunity," a point in time when streams of problem, policy, and political influence come together to create a powerful force allowing policy change to occur.¹⁰ Other studies have used this framework to track steps taken to achieve changes in health policy; however, this research adds to the literature by using Kingdon's framework while also incorporating the perspectives and reflections of individuals directly involved in the legislative process.^{11,12} The primary objective of this qualitative study is to understand the climate, key events, people, and other key factors that led to the relatively quick and successful passage of IL birth center legislation in 2021.

Methodology:

Interviews were conducted with members of the BCTF who include: 1) Life-long advocates of birth centers and long-time leaders of the Task Force; 2) Individuals who work in birth centers (including midwives); 3) Individuals with birth center administrative expertise; 4) An experienced legislative liaison/former state agency director; 5) Representatives from a statewide Maternal Health Task Force; 6) Students or individuals who provide administrative support; and, 7) Individuals with additional perspectives on birth settings. During the 2020-2021 timeframe, the BCTF was made up of approximately 20 active total members.

Non-probability sampling was used in selecting participants. Inclusion criteria for the selection of the interviewees were as follows: 1) Being an active member of the BCTF during 2020-2021; and, 2) Playing an operative role in the creation

and eventual passing of IL birth center legislation. An operative role is defined as an individual who did one or multiple of the following tasks: contributed to drafts of legislation, communicated with legislators and/or policy leaders, provided time, resources, and/or expertise in advocating for legislation, and/or attended regular BCTF meetings. Eight individuals were identified by the researcher who met these criteria and were asked to participate in an interview ($N = 8$).

An interview guide was developed with 10 questions asking about each participant's role on the BCTF and their experience, thoughts, and reflections on the events leading up to, during, and after the 2020-2021 birth center legislative efforts. Interviewees were also asked to share their suggestions for future work of the BCTF and other legislation.

The interviews ranged from 25 minutes to 1 hour and 4 minutes (average interview = 40 minutes). Interviews were conducted and recorded by the author and transcribed via Zoom audio transcribing software. The author reviewed the quality of the transcripts and redacted any identifying information. Interview data were analyzed via Dedoose qualitative research software, starting with coding each interview via deductive coding methods.¹³ First level coded data were then reviewed and thematically categorized into summary findings. Aggregate themes were reviewed in detail by the researcher and her academic advisor.

Results:

Climate Prior to Birth Center Legislative Efforts

Leading up to the 2020-2021 work of the BCTF, there were several key factors that created a climate for swift success in birth center-related legislative efforts in IL. On the national level, in 2019, Rep. Lauren Underwood (D-IL) and Rep. Robin Kelly (D-IL) were instrumental leaders in the establishment of the Black Maternal Health Caucus and the Caucus on Black Women and Girls in the U.S. House of Representatives.¹⁴ Rep. Underwood was the chief sponsor of the Momnibus Bill, and Rep.

Kelly was the chief sponsor of the MOMMA's Act.¹⁵ These bills helped lay the foundation for overall increased knowledge of Black maternal health disparities in the United States.

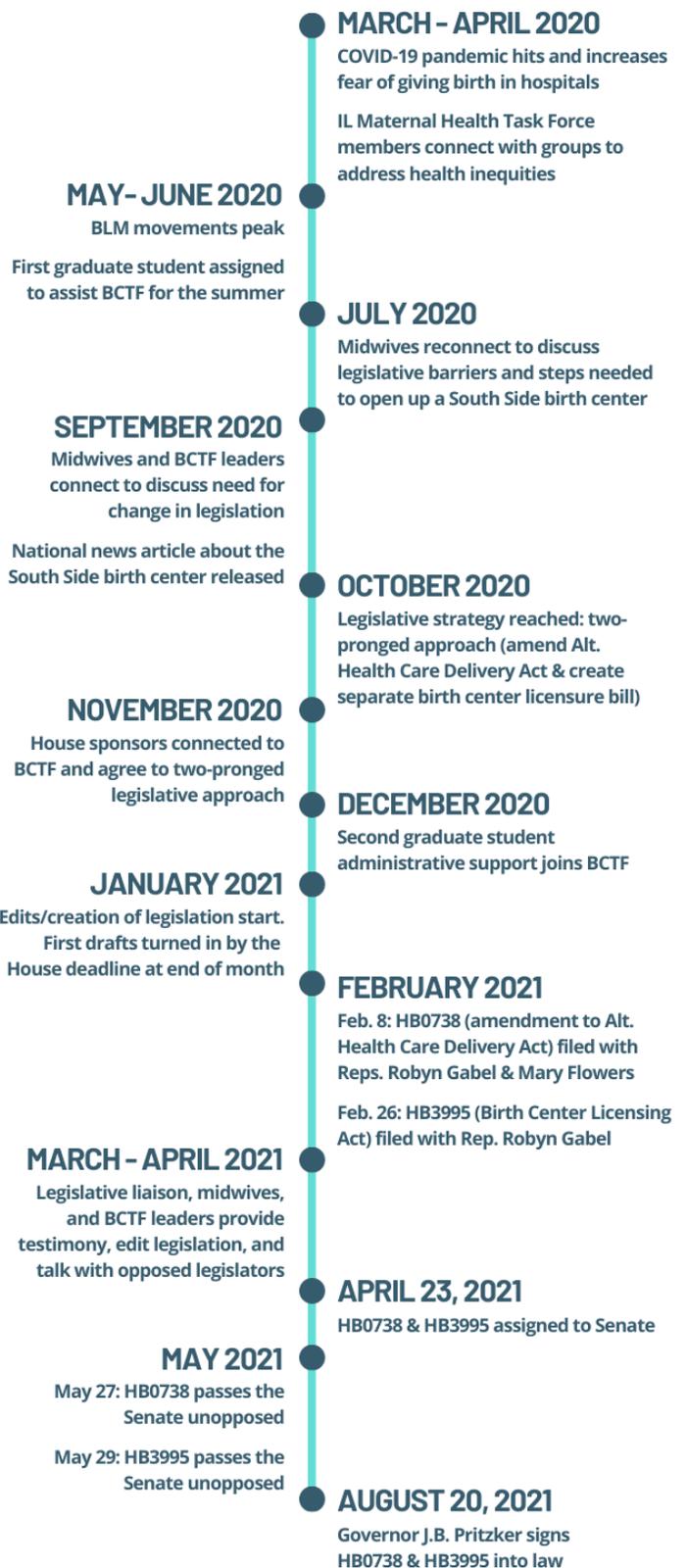
The Illinois Task Force on Infant and Maternal Mortality Among African Americans (IMMT) was launched in 2019, as authorized by state legislation.¹⁶ Additionally, the University of Illinois at Chicago received a federal grant (I PROMOTE-IL) to build a statewide Maternal Health Task Force focused on reducing maternal health inequities.¹⁷ These efforts contributed to growing awareness of Black maternal health disparities in Chicago and IL.

From 2016-2019, the BCTF held bi-annual meetings as general group check-ins. Additionally, from October 2018-June 2019, continuous conversations with the Illinois Department of Healthcare and Family Services were held requesting that birth centers be allowed to receive Medicaid reimbursement.¹⁸ Lastly, in the Summer of 2019, discussions started among Black midwifery leaders in Chicago about options to open a birth center on Chicago's South Side. All of these efforts precede the timeline of events seen in Figure 1.

Key Events

There were multiple political, social, and economic events on the local, state, and national levels that contributed to facilitating the successful birth center-related legislative efforts in IL. Study participants identified that the COVID-19 pandemic was an important component that affected efforts to pass IL birth center legislation. One of these was increased fear of exposure to COVID-19 infection when giving birth in hospitals.¹⁹ As most hospitals throughout IL were at or over their capacity due to the influx of patients infected with COVID-19, individuals started to look for other birthing options (e.g., birth centers or home birth).¹⁹ Also, demands on hospitals during this time led to an increase in obstetrics (OB) unit closures.²⁰ These OB unit closures highlighted the extreme health challenges affecting Chicagoland's Black communities. These disparities were documented even more clearly in the 2020

Figure 1: Timeline of Events for Birth Center Legislative Efforts



Illinois Department of Public Health's (IDPH) Maternal Morbidity and Mortality Report showing that Black women were three times more likely to die from pregnancy-related issues compared to white women.²¹ Additionally, the murders of George Floyd and Breonna Taylor awakened the nation to ongoing racial injustice through the Black Lives Matter (BLM) movement and other calls for social justice reform. This created a spotlight on the "intense, wide-spread, and urgent" issues facing the Black population and added pressure to policymakers at multiple levels to pass measures to address racial health inequities.¹¹

During this time, the political climate in IL was ripe for the introduction of efforts to address the state's stark maternal health inequities given support from the Governor, J.B. Pritzker, a progressive Democrat, and the Black Legislative Caucus of the IL General Assembly. In addition, the longtime Speaker of the House, Mike Madigan, stepped down as state Democratic Party chair in January 2021, shaking up state power dynamics.²²

Key People

There were also key individuals identified by study participants who helped facilitate the successful birth center-related legislative efforts. First, South Side midwifery leaders championed the need to change birth center legislation to expand birthing options for Black pregnant people in Chicago. Multiple interviewees cited the midwifery leaders' call for change as "the impetus" for working on birth center legislation at that point in time. Their leadership was also key in the development of the two simultaneous birth center-related bills in order affect immediate and long-term changes in the birth center landscape, and to unify the efforts and resources of birth center advocates.

Interviewees also noted that BCTF leaders were experienced, committed, long-time activists. This expertise in knowledge and process allowed for conversations and decisions to be made quickly and effectively. In addition to good leadership, a trusted and experienced former state agency director who

served as the legislative liaison helped navigate quick connections for both supportive and potentially opposed legislators, mitigating political roadblocks. Also, effective bill sponsors (House Representatives and Senators) who were passionate about maternal health and were also veteran political navigators were influential in the success of the legislation. Lastly, I PROMOTE-IL leadership brought resources and connections, including funded graduate students to work with BCTF leaders on administrative tasks, providing capacity for the BCTF to undertake the many duties needed to engage in legislative advocacy.

Other Key Factors

The study participants also identified other key factors that helped facilitate the successful birth center-related legislative efforts. The first was that IL had a track record of success with two active birth centers for the past 5-10 years in suburban Cook County and Bloomington, IL. The data from these birth centers combined with the fact that they were already operating successfully in IL without adverse outcomes for patients or nearby hospitals, helped ease the anxiety of legislators concerned about risks of out of hospital births. Additionally, continued efforts to develop more birth centers under the 2007 Alternative Health Care Delivery Act was still occurring from 2020-2021. Certificates of Need for two additional birth centers expanded the number of operational birth centers from two to four in 2021 alone. This helped highlight the increased need and community interest in birth centers for IDPH, an important partner whose support was critical in this work. Finally, the continued advocacy of maternal and child health advocates throughout IL was a key factor leading to the success of this legislation.

Discussion:

The overall confluence of climate, key events, people, and other factors played a major role in facilitating the successful and relatively fast legislative process leading to both birth center licensure and the ability for more birth centers to be opened in IL. BCTF members also noted that the work to improve maternal health outcomes, especially among Black pregnant

and postpartum people, had been ongoing for decades and reached important momentum during the COVID-19 pandemic. The opportune political and social climate of 2020-2021 helped bring the importance of improving maternal health outcomes into the mainstream and to the top of key policymaker's agendas.

Moving Forward

Informed by lived experience, interviewees offered suggestions to those interested in similar birth center-related legislative efforts.

Suggestions for Policy and Advocacy Related to Increasing Birth Setting Options:

- Convene the right mix of people and connections (see list of BCTF members in the Methodology section)
- Know relevant statistics and specific community needs (e.g., conduct surveys or perform a community needs assessment)
- Fully understand the current rules and regulations affecting birthing options and be able to articulate where there are issues and why
- Know who/what groups may be opposed to birth setting-related legislation and develop counter talking points
- Use resources: American Association of Birth Centers (AABC), connections from professional organizations, legislation from other locales, and peer-reviewed literature
- Identify key legislative champions (potential bill sponsors) and a trusted legislative liaison or registered lobbyist

Study participants also identified future policy efforts to continue the momentum of the 2020-2021 advocacy and improve the health and well-being of birthing persons in IL.

Implications for Future Birth Setting-Related Policy and Advocacy:

- Focus on support for legislation related to expanding the workforce of birth centers (e.g., Certified Professional Midwives (CPMs), doulas, home visitors, community health workers, etc.)
- Seek adequate reimbursement for Medicaid-covered patients (and those with private commercial insurance) for care, services, and supplies at birth centers
- Continue expanding the scope of birth settings and community birth services
- Provide additional infrastructure support to facilitate the ability for groups to start and manage birth centers throughout IL

Limitations:

Although data collection terminated when "information power" was determined to be reached, there are likely other potential influences on the legislative process not captured due to the interviewee selection criteria.²³ Even though efforts were put in place to try and minimize bias through structured interview and analysis practices, and the use of member checking and peer debriefing to review accuracy of results, familiarity between the researcher and BCTF members may have influenced both data collection and analysis.

Conclusion:

As Kingdon explains in his framework for the policy making process, "each of the participants and processes act as an impetus or a constraint".¹⁰ During 2020-2021, the confluence of climate, key events, people, and other key factors flowed together through their various streams to serve as the impetus to influence the swift passage of birth center legislation in IL. As one BCTF member stated, "when we have the right people in play... who actually put their actions and their words to movement, we can get it done."

It is important to note that policy change can often be incremental. Though these legislative efforts passed swiftly, the decades of education, relationship building, and continued work around birth centers were necessary efforts that laid the foundation for success. As another BCTF member stated, "timing matters. And so does hanging with it."

A shared vision for needed transformation paired with a readiness and ability to identify when a window of opportunity opens, are key in ushering policy and systems change. The BCTF has seen great success in their efforts to increase birth setting options in IL, while developing and supporting a group of passionate and collaborative maternal and child health professionals and advocates. With the alignment of key events, people, and factors, successes in long-term legislative efforts can occur, significantly impacting the health of pregnant people, infants, and families.

References

1. American Association of Birth Centers (AABC). (2016). *What is a birth center?* Retrieved January 21, 2022, from https://www.birthcenters.org/page/bce_what_is_a_bc
2. Alliman, J., & Phillippi, J. C. (2016). Maternal Outcomes in Birth Centers: An Integrative Review of the Literature. *Journal of midwifery & women's health*, 61(1), 21–51. <https://doi.org/10.1111/jmwh.12356>
3. Alliman, J., Stapleton, S. R., Wright, J., Bauer, K., Slider, K., & Jolles, D. (2019). Strong Start in birth centers: Socio-demographic characteristics, care processes, and outcomes for mothers and newborns. *Birth (Berkeley, Calif.)*, 46(2), 234–243. <https://doi.org/10.1111/birt.12433>
4. Rooks, J. P., Weatherby, N. L., Ernst, E. K., Stapleton, S., Rosen, D., & Rosenfield, A. (1989). Outcomes of care in birth centers. The National Birth Center Study. *The New England journal of medicine*, 321(26), 1804–1811. <https://doi.org/10.1056/NEJM198912283212606>
5. National Birth Center Study II. (2013). *Evidence Confirms Birth Centers Provide Top-Notch Care*. Retrieved January 21, 2022, from <https://www.birthcenters.org/page/NBCSII>
6. Health and Medicine Policy Research Group. (2020). *Freestanding Birth Centers*. Retrieved January 22, 2022, from <https://www.hmprg.org/programs/freestanding-birth-centers/>
7. Illinois General Assembly. (2007). *Alternative Health Care Delivery Act*. Retrieved February 1, 2022, from <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1214&ChapterID=21>
8. Illinois General Assembly. (2021). *Public Act 102-0414*. Retrieved February 3, 2022, from <https://www.ilga.gov/legislation/publicacts/102/PDF/102-0414.pdf>
9. Illinois General Assembly. (2021). *Public Act 102-0518: Birth Center Licensing Act*. Retrieved February 3, 2022, from <https://www.ilga.gov/legislation/publicacts/102/PDF/102-0518.pdf>
10. Kingdon, J. W. (2003). Chapter 9: Wrapping Things Up. In *Agendas, Alternatives and Public Policies* (2nd ed., pp. 196–208). essay, Harper Collins College Publishers.
11. Giese, K. K. (2020). Coronavirus Disease 2019's Shake-up of Telehealth Policy: Application of Kingdon's Multiple Streams Framework. *The Journal for Nurse Practitioners*, 16(10), 768–770. <https://doi.org/10.1016/j.nurpra.2020.08.015>
12. Babaey, F., Raessi, P., & Ravaghi, H. (2019). Agenda setting analysis for maternal mortality reduction: Exploring influential factors using Kingdon's stream model. *Eastern Mediterranean Health Journal*, 25(3), 160–171. <https://doi.org/10.26719/emhj.18.025>
13. Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62(1), 107–115. <https://doi.org/10.1111/j.1365-2648.2007.04569.x>
14. United States House of Representatives Black Maternal Health Caucus. (2021). *About the Caucus*. Retrieved February 3, 2022, from <https://blackmaternalhealthcaucus-underwood.house.gov/about>
15. United States Congress. (2019). *H.R. 1897 – MOMMA's Act*. Retrieved February 5, 2022, from <https://www.congress.gov/bill/116th-congress/house-bill/1897/text>
16. Illinois General Assembly (2019). *Task Force of Infant and Maternal Mortality Among African Americans Act*. Retrieved February 5, 2022, from <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=101-0038>
17. I PROMOTE-IL: Innovations to ImPROve Maternal Health Outcomes in Illinois. (2021). Retrieved February 5, 2022, from <https://ipromoteil.org/>
18. Courtot, B., Hill, I., Cross-Barnet, C., & Markell, J. (2020). Midwifery and birth centers under state Medicaid programs: Current limits to beneficiary access to a high-value model of care. *The Milbank Quarterly*, 98(4), 1091–1113. <https://doi.org/10.1111/1468-0009.12473>
19. Preis, H., Mahaffey, B., & Lobel, M. (2021). The role of pandemic-related pregnancy stress in preference for community birth during the beginning of the Covid-19 pandemic in the United States. *Birth*, 48(2), 242–250. <https://doi.org/10.1111/birt.12533>
20. Black, C. (July 2020). South Side's maternal health desert poses added risks for Black women during pandemic. *The Chicago Reporter*. Retrieved February 2, 2022, from <https://www.chicagoreporter.com/south-sides-maternal-health-desert-poses-added-risks-for-black-women-during-pandemic/>
21. Illinois Department of Public Health (April 2021). *Illinois Maternal Morbidity and Mortality Report*. Retrieved February 2, 2022, from <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/maternalmorbiditymortalityreport0421.pdf>
22. Petrella, D. (2021). Embattled former Illinois House Speaker Michael Madigan steps down as state Democratic Party chair. *Chicago Tribune*. Retrieved February 15, 2022, from <https://www.chicagotribune.com/politics/ct-madigan-resigns-state-democratic-party-chair-20210222-tvqgosi57fchnfwr5mfvg4hiq-story.html>
23. Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies. *Qualitative Health Research*, 26(13), 1753–1760. <https://doi.org/10.1177/1049732315617444>