Good morning commissioners. My name is David Wacks and I live in Eugene in Commissioner Sorenson's district. I speak not only as the father of a child whose birth was attended by the midwives, but also as someone who is concerned with maintaining and expanding women's choices in the type of health care they receive, as well as making available to Lane County residents low-cost, evidence-based health care that improves health outcomes for Lane County.

When I say evidence-based, I mean that the model of care practiced by the Certified Nurse Midwives working under their own clinical direction is directly informed by research. This is not always the case when Midwives work under the clinical direction of obstetricians, who tend to favor more aggressive medical interventions that carry additional risks, are far more expensive, and lower health outcomes in the aggregate. Nurse Midwifery care is healthier for Lane County.

The World Health Organization recommends a population-level caesarean section rate of 10%. The current US national caesarean rate is 31%. The Nurse Midwifery Birth Center's rate is approximately 15%, still over the WHO target but one half of the national average, and well under one half of RiverBend's current rate. In short, when the majority of births happen at a nurse midwifery birth center, the population is healthier. This is why a recent study in Journal of Midwifery & Women's Health states very plainly that "Policy makers in the United States should consider supporting the birth center model to improve local, state, and national maternal outcomes"²

¹ Clapp and Barth predict that "as more states move to recognize the independent practice of midwifery and more payers seek lower cost options for childbirth, we anticipate the overall rate will drop to 20% or 25%, but not for another 15 years or more." Clapp, Mark, and William Barth. "The Future of Cesarean Delivery Rates in the United States." Clinical Obstetrics and Gynecology, vol. 60, no. 4, Dec. 2017, pp. 829–39. insights.ovid.com, doi:10.1097/GRF.000000000000325. See also Sandall, Jane, et al. "Midwife–led Continuity Models versus Other Models of Care for Childbearing Women." *Cochrane Database of Systematic Reviews*, no. 4, 2016. www.cochranelibrary.com, doi:10.1002/14651858.CD004667.pub5.

² Alliman, Jill, and Julia C. Phillippi. "Maternal Outcomes in Birth Centers: An Integrative Review of the Literature." Journal of Midwifery & Women's Health, vol. 61, no. 1, 2016, pp. 21–51. Wiley Online Library, doi:10.1111/jmwh.12356.

From the perspective of public expenditure, an in-hospital birth with no complications attended by an Obstetrician can cost between 200 to 300% more than a normal birth attended by the Certified Nurse Midwives in a free-standing birth center. Research supports that for the majority of births, Nurse Midwifery Birth Centers provide quality comparable or better outcomes than hospitals.³

Finally, birth center care is indicated for Medicaid recipients. The women currently served by the midwives at the county clinic are receiving state of the art care. A 2019 article by Jolles et al. in the journal *Birth* states very plainly that "midwifery–led birth center care is the type of care that Medicaid beneficiaries need." Closing the birth center would decrease the quality of care for Lane County recipients of Medicaid. The adage that a society should be judged by its treatment of its most vulnerable members has been attributed to many different people, and while we cannot be sure of its provenance, I believe it to be true.

Thanks for the opportunity to comment.

³ Altman, Molly R., et al. "The Cost of Nurse-Midwifery Care: Use of Interventions, Resources, and Associated Costs in the Hospital Setting." Women's Health Issues, vol. 27, no. 4, July 2017, pp. 434–40. ScienceDirect, doi:10.1016/j.whi.2017.01.002.

⁴ Jolles, Diana R., et al. "Strong Start for Mothers and Newborns: Moving Birth Centers to Scale in the United States." *Birth*, vol. 46, no. 2, 2019, pp. 207–10. *Wiley Online Library*, doi:10.1111/birt.12430.