



American Association of Birth Centers
formerly the National Association of Childbearing Centers

Uniform Data Set 3.0

AABC ANNUAL BIRTH CENTER PROFILE

Birth Center Profile

1. Name of Birth Center: _____
 Address: _____
 City: _____
 State, State, Zip: _____
 Date Center Opened: _____ (MM/DD/YYYY)
 Administrative Director: _____ Years in Position: _____
 Clinical Director: _____ Years in Position: _____
 Collaborating Hospital: _____

Preparation for Establishing the Birth Center

2. What was the motivation for opening the center? (check all that apply)
- Consumer demand
 - My philosophy of care
 - Needed to practice midwifery – no employment
 - Build client base
 - Make money
 - Other: _____
3. Did you attend a NACC/AABC workshop or convention?
- How to Start a Birth Center Workshop
 - NACC/AABC Convention
 - None
4. Did you need to do a Certificate of Need?
- Yes No
5. Did you do a community assessment to determine readiness for a birth center?
- Yes No
6. Did you develop a business plan?
- Yes No
7. Did you visit other birth centers?
- Yes No
8. Where did you obtain capital for start-up?
- Bank – line of credit/mortgage
 - Family / friends
 - Personal funds
 - Other: _____

9. Did you have an established practice prior to opening the birth center?

- Home birth practice
- Hospital birth (privileges)
- None

10. What other preparation did you do?

General

11. Licensed as:

- Birth Center/Maternity Center
- Ambulatory Care Center
- Maternity Hospital
- Licensure Not Available
- Not Licensed

12. Accredited by:

- CABC (The Commission for the Accreditation of Birth Centers)
- JCAHO (Joint Commission on the Accreditation of Health Care Organizations)
- None

13. How is the birth center legally organized?

- Sole Proprietorship
- Partnership
- Corporation

If it is organized as a corporation, what type?

- For-Profit
- Non-Profit : private public

14. Who owns the birth center **FACILITY**? (Check all that apply)

- CNM
- MD
- LM/CPM
- RN
- Hospital
- Community Board
- Investors
- Leased from private individual/corporation
- Other – specify: _____

15. Who owns the birth center **PRACTICE**? (Check all that apply)

- CNM
- MD
- LM/CPM
- RN
- Hospital
- Community Board
- Investors
- Other – specify: _____

16. Has the ownership of the facility or practice ever changed? Yes No

If yes, please explain: _____

17. How far is the center from the collaborating hospital obstetrical unit?

- In same hospital but separate
- On hospital campus
- _____ minutes and _____ miles from hospital

18. What type of facility is the birth center?

- Renovated Home
- Suite/Office Building
- New Construction
- Primary Care Center
- Former Hospital Space
- Other – specify: _____

19. What space is included? (list # of each_

Reception area _____
Business office _____
Play area _____
Family Room _____
Kitchen _____
Classroom _____
Storage Space _____
Lab Space _____
Laundry Space _____
Exam Rooms _____
Birth Rooms _____
Full Bathroom _____
Half Bathroom _____
Conference Room _____
Utility Room _____
Other _____

20. What is the square footage of the center? _____

21. When is the first postpartum follow-up visit?

- 12 hours 24 hours
- 36 hours 48 hours
- 72 hours >72 hours

Where is this-visit?

- Home
- Office

Who does this visit?

- Birth Center Staff
- Visiting Nurse Service
- Other: _____

Staffing

22. Is the center open staff (practitioners have privileges) or closed staff (practitioners are employees)?
- Closed Staff - Only birth center employees provide care
 - Closed Staff (A) - Most care providers are employed by the birth center. Some community providers with birth center privileges
 - Closed Staff (B) - The birth center does not employ providers. All providers must have birth center privileges.

23. What percentage of birth center providers have hospital privileges? _____%

24. Please fill in the table with the staffing information of the clinicians who provide care in the birth center.

# of Practitioners	Type of Care Provided
____ Nurse-Midwife	<input type="checkbox"/> AP Care <input type="checkbox"/> IP Care <input type="checkbox"/> Delivers <input type="checkbox"/> PP Care <input type="checkbox"/> GYN Care <input type="checkbox"/> Consultant Other:
____ Direct-Entry-Midwife	<input type="checkbox"/> AP Care <input type="checkbox"/> IP Care <input type="checkbox"/> Delivers <input type="checkbox"/> PP Care <input type="checkbox"/> GYN Care <input type="checkbox"/> Consultant Other:
____ Obstetrician	<input type="checkbox"/> AP Care <input type="checkbox"/> IP Care <input type="checkbox"/> Delivers <input type="checkbox"/> PP Care <input type="checkbox"/> GYN Care <input type="checkbox"/> Consultant Other:
____ Family Physician	<input type="checkbox"/> AP Care <input type="checkbox"/> IP Care <input type="checkbox"/> Delivers <input type="checkbox"/> PP Care <input type="checkbox"/> GYN Care <input type="checkbox"/> Consultant Other:
____ Nurse-Practitioner	<input type="checkbox"/> AP Care <input type="checkbox"/> IP Care <input type="checkbox"/> Delivers <input type="checkbox"/> PP Care <input type="checkbox"/> GYN Care <input type="checkbox"/> Consultant Other:
____ Nurses	<input type="checkbox"/> AP Care <input type="checkbox"/> IP Care <input type="checkbox"/> Delivers <input type="checkbox"/> PP Care <input type="checkbox"/> GYN Care <input type="checkbox"/> Consultant Other:
____ Lab Assistants	<input type="checkbox"/> AP Care <input type="checkbox"/> IP Care <input type="checkbox"/> Delivers <input type="checkbox"/> PP Care <input type="checkbox"/> GYN Care <input type="checkbox"/> Consultant Other:
____ Other	<input type="checkbox"/> AP Care <input type="checkbox"/> IP Care <input type="checkbox"/> Delivers <input type="checkbox"/> PP Care <input type="checkbox"/> GYN Care <input type="checkbox"/> Consultant Other:

Financial Health of the Birth Center

25. Taking into account the maturity of your center, the birth rate, turmoil in the payment system, etc., please rate the overall financial health of your birth center:

- Excellent Very Good
- Good Poor

26. How does this year compare to last year?

- Better Same
- Worse N/A

27. How many years did it take you to break even?

- 1 year 2 years
- 3 years 4 years
- 5 years Did not break even yet

28. How many births does it take to break even?

- < 100 101-125
- 126-150 151-200
- 201-250 > 250

29. What percentage of your accounts receivables (A/R) are not collected? (numeric) _____

30. Why are these A/R not collected?

- Insurance would not pay
- Self-pay defaulted on bill
- Internal billing problems
- Other: _____

31. What are the primary factors affecting the financial health of the your birth center negative or positive?

Billing (positive negative) Specify: _____

Reimbursement (positive negative) Specify: _____

Contracts/Credentialing (positive negative) Specify: _____

Staffing (positive negative) Specify: _____

Market Demand (positive negative) Specify: _____

Capital (positive negative) Specify: _____

Competition (positive negative) Specify: _____

Other (positive negative) Specify: _____

32. What are your current charges for birth center care?

Birth Center: Facility Fee: \$_____ (numeric)
 Professional Fee: \$_____ (numeric)
 TOTAL Fee: \$_____ (numeric)

Hospital: Facility Fee: \$_____ (numeric)
 Professional Fee: \$_____ (numeric)
 TOTAL Fee: \$_____ (numeric)

33. What is included in the Birth Center charges?

- Lab
- Office Visit
- Home Visit
- Childbirth Education (CBE)
- Other

34. What is the average payment received from:

A) Medicaid	\$_____	_____ % of client population
B) HMO/PPO	\$_____	_____ % of client population
C) Fee for Service	\$_____	_____ % of client population
D) Self-Pay	\$_____	_____ % of client population
E) Other: _____	\$_____	_____ % of client population
TOTAL AVERAGE RECEIVED	\$_____	

35. What insurers pay you? (attach additional sheet if necessary)

Company	Do you have a contract?
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no

Liability Insurance Coverage

36. Do you carry liability insurance for the BIRTH CENTER?

- Yes
- No

37. Do the birth center PRACTITIONERS carry liability insurance?

- Yes
- No

38. Have any malpractice claims been filed for an event occurring within the center?

- Yes
- No

	Year of Claim	Name of Claim	Status of Claim
39.			<input type="checkbox"/> Pending <input type="checkbox"/> Dropped without settlement or judgment <input type="checkbox"/> Settled out of court <input type="checkbox"/> Court judgment for the plaintiff <input type="checkbox"/> Court judgment for the birth center
40.			<input type="checkbox"/> Pending <input type="checkbox"/> Dropped without settlement or judgment <input type="checkbox"/> Settled out of court <input type="checkbox"/> Court judgment for the plaintiff <input type="checkbox"/> Court judgment for the birth center
41.			<input type="checkbox"/> Pending <input type="checkbox"/> Dropped without settlement or judgment <input type="checkbox"/> Settled out of court <input type="checkbox"/> Court judgment for the plaintiff <input type="checkbox"/> Court judgment for the birth center