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Community rallies in support of BMH birthing center

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Task force looks at fundraising, advocacy, and public support of OB-GYN services at struggling hospital after its board votes to close birth services

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Text body:

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Brattleboro Memorial Hospital's decision by its board of trustees to close the hospital's birthing center within six to nine months has prompted a groundswell of support for saving a service that proponents say is essential for maternal health and safety and building and sustaining a community.

Within three days of the July 1 email to staff announcing the decision, hundreds of employees and community members marched in the Brattleboro Goes Fourth Independence Day parade to mourn the potential loss and to advocate for a solution that will keep and sustain obstetric services in town.

Emily Martyn, a midwife at the hospital, originally launched a website, savebirthatbmh.org, a few days before the announcement to make a long-term case for community support of the center.

After the announcement, the site logged approximately 9,000 page views in about a week.

Shares of the site on social media included dozens of comments from birth parents and families making arguments ranging from visceral sorrow at the concept of the loss to the practical realities of making access to hospital birthing services more difficult and potentially more dangerous.

"I'd have birthed my third in the car if I'd had to drive an hour," one user wrote on Reddit.

"We thought it would be a helpful way to sound the alarm that things at BMH were getting tense, and that we needed community support to stay open," Martyn told *The Commons* on July 7, noting that she "never expected the Board to make their decision when they did, and for the website to be the central hub in the resistance against closure."

This week, a variety of business, civic, and municipal leaders have created a task force — the Birthing Center Response Team — to try to avoid closure.

According to a news release posted on the town of Brattleboro's website, "The group is moving forward immediately on three fronts: community fundraising, state-level advocacy, and public mobilization."

The coalition is "also working in close coordination with BMH leadership, state legislators, the Governor's office, the Green Mountain Care Board, and the Agency of Human Services to pursue every available policy lever," the town reports.

The town has reported that fundraising "from individuals, local businesses, and foundations is already underway, with a focus on raising stabilizing funds while structural policy solutions are pursued at the state level."

Surprise announcement

The news, announced to hospital staff via email on July 1, comes amid intense financial precarity and executive-level strain at the hospital. The hospital said its obstetrics unit lost $3.8 million in 2025. Its leaders predicted a loss of $4.8 million in 2026.

There are no current changes to patient care, and the hospital intends to take the next six to nine months to close the services and find alternatives, the interim co-CEOs, Dr. Elizabeth McLarney and Dr. Tony Blofson, wrote in their email.

"We acknowledge that we need to keep this hospital open. When we took over, the lack of knowledge and understanding about finances at this institution was pretty astounding, and we have been working really hard to kind of rebuild the foundation," McLarney said in an interview.

Dr. Corina Tennant, the hospital's chief of obstetrics and gynecology and a partner at Four Seasons OB/GYN & Midwifery, told *The Commons* that the she and her colleagues had been preparing for six to nine months for a sustained effort to keep the obstetric services alive at the hospital.

But the June 29 board vote came as a complete surprise to Tennant, Martyn, and their colleagues.

On June 8, the hospital had issued a news release headlined "Brattleboro Memorial Hospital Reaffirms Commitment to Local Maternity Care," and Tennant had just sent off an op-ed to area news media, including *The Commons*, with a positive message urging the importance of community support for BMH's birthing services.

"I'm really heartbroken by this," Martyn told VTDigger in an interview. She said she was born there, as were her mother,

grandmother, and her children. “I feel very blindsided by the board. We were not expecting this to happen now.”

She estimates that if the center closes, about 50 staff members will lose their jobs directly, though she expects the closure to have ripple effects on other services at the hospital.

This isn’t the first time in recent years a Vermont hospital has wanted to cut its birthing services. In November, Copley Hospital in Morrisville closed its birthing center. Copley’s closure prompted the state to revise — and then re-revise — its process for approving hospital service closures.

Currently, the Vermont Agency of Human Services oversees closure work as part of its broader hospital restructuring project. Still, Brattleboro Memorial Hospital needs to seek public input before it can end its birthing services.

The Brattleboro hospital said it is working with the agency and the governor’s office to identify ways to preserve local access to obstetric care.

The next closest hospitals with birthing services are Cheshire Medical Center in Keene, New Hampshire, and Baystate Franklin Medical Center in Greenfield, Massachusetts.

Martyn and others who have spoken out against the board’s decision worry about the safety risks of shuttering birthing services. Since Springfield Hospital closed its birthing program in 2019, the Brattleboro hospital has become the destination for many people giving birth in the area. The hospital is especially important for high-risk births, for which radiologists, pediatricians and other higher-acuity care doctors are on hand.

“We’re the last ones. There’s no safety net, which is really terrifying,” Martyn said. “This is not the end of birth at BMH, it’s the end of safe birth at BMH. People are still going to show up in the emergency department and still going to have babies here.”

BMH outsources its emergency department to a contractor, McLarney and Blofson said, which has experience training ED staff to deliver babies in hospitals with no birthing centers.

"We have been in active conversations with them," McLarney said. "But still, it is scary. They are not the same as an obstetrician. They are not the same as a pediatrician."

Staffing woes

The hospital also intends to maintain its gynecological services and is in the process of figuring out how to preserve pre- and post-natal care locally. But that depends on if the hospital can keep the midwives and obstetricians to do so.

He added that staffing, in addition to financial headwinds, was part of the hospital's decision.

It's hard to plan when a birth will happen or how long it may take. Hospital obstetrics services normally have maternity staff on call all day, every day.

The hospital is down to 1½ full-time nurse midwives, Blofson said, noting two resignations occurred in just the last two weeks. The hospital only has one full-time pediatrician covering the birthing center and relies on contracts with outside doctors, who are put up in hotels, to fill the gap — a practice that alone costs the hospital half a million dollars a year, McLarney said.

Tennant told *The Commons* that the combination of the housing crunch, the hospital's pay scale, and the persistent uncertainty of the birthing center's future all undermined the capacity of the center to stay fully staffed.

"Yes, there are workforce issues," she said. "We have two older doctors and we need to recruit another OB-GYN. But our midwives are very happy here and have only said that they are leaving because of the instability of the job. Plus we pay about $20,000 less than our competing institutions at Cheshire and Franklin. But they actually were OK with that because they like the job so much until the [issue of] job security [came up]."

Birthing is often considered a "loss leader" in hospitals. It's a service that's known to cost more than it earns but fosters a relationship with patients who may return throughout their lives.

McLarney and Blofson said they wrote Gov. Phil Scott's administration a letter asking for $3 million to $4 million a year for the next three years to make up for the hospital's inability to make money on birthing and keep the birthing center afloat. They are planning to meet with his administration.

While the Windham County delegation of state lawmakers have issued a statement supporting efforts to keep the center operating, Tennant said the board's timing of the decision makes it difficult for state assistance to actually happen.

"That's a really weird period of time because the legislators have made it really clear they wish they'd been involved earlier because now they're out of session and they can't get any money," she said.

"If this goes down and we lose this, it feels like there's so many different paths we could have taken," Tennant said.

Community resources look at problem

Martyn remains optimistic that robust fundraising and state intervention will change this week's announcement: "There is still hope. This is not a done deal. I think if people's voices are heard, I'm hopeful that we can reverse this decision."

As for her website, that will be handed off to the Brattleboro Development Credit Corporation, under the supervision of Laura Sibilia, its director of regional economic development strategies and programs and a state representative for the Windham-2 district.

With the website off her plate, "I can focus on being a midwife and support preventing this closure in other ways only someone who actually works in OB can," Martyn said.

For her part, Tennant is grateful for the community efforts that have blossomed in the past week.

The Birthing Center Response Team “has gotten really organized and is trying to use all these very great resources to help us,” she said.

With medical providers overwhelmed with the business of running a hospital, she was heartened by the swarm of skills and talent from members of the group.

“It was just pretty cool to see all the people [saying], ‘Oh, I'll help take over the website that my midwives and I had started,’ and ‘I'll talk to so and so at the Green Mountain Care Board,” Tennant said.

She said that as she looked at the array of volunteers, she realized, “oh, right — these people know how to do all this stuff that we don't know how to do very well at the hospital level,” she said.

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BIO/COATTAIL:

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A version of this piece, written by Olivia Gieger with additional reporting by Kevin O’Connor, originally appeared on VTDigger on July 2. It was updated on July 7 with additional reporting by Jeff Potter of *The Commons*. VTDigger offers its reporting at no cost to local news organizations through its Community News Sharing Project. To support this work, please visit vtdigger.org/donate.

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