—Slug:.....COMM-0872.opin.view.tennant_final

—Contributor.....Corina Tennant, M.D.

—Contributor email.....corinatm@gmail.com

—For section.....Voices/Viewpoint

—Format.....Opinions

—Dateline.....Brattleboro

—Article Number:.....43876

Notes from editor (not for publication):

HEADLINE ELEMENTS:

####BEGIN HED####

Our birth center is worth saving. Are we willing to save it?

####END HED####

####BEGIN SUBHED####

No community hospital can solve this crisis alone. It requires state and federal reimbursement reform, rural health investment, and local philanthropy. We are fighting on all of those fronts — and we need our community alongside us.

####END SUBHED####

TEXT BODY:

####BEGIN TEXT####

WHEN I BECAME an OB/GYN, I was told, "Great choice — you'll never go out of business delivering babies." I now find myself fighting to make sure that's still true.

I knew I wanted to be an OB/GYN when I was 2 years old, watching my parents prepare for my sister's home birth in Dummerston. But after almost two decades at large academic medical centers, I found myself a cog in a system rich in specialists — all underutilized and replaceable.

In 2020, after giving birth to my own two kids, something snapped into focus: I needed a community where my work and my family could exist together.

At Brattleboro Memorial Hospital (BMH) I found it. I help patients conceive, deliver their babies, and treat the prolapse and incontinence that can come with time.

Earlier this year, we delivered a baby at 23 weeks, the mother too unstable to transfer. In the middle of the night, a home birth patient arrived in hemorrhagic shock after a 45-minute ambulance ride. She would have likely died if she had had to travel another half hour.

We are saving the lives of our neighbors.

* * *

FIVE YEARS AFTER returning to Brattleboro, I find myself in a fight I didn't sign up for.

Since 2020, more than 130 rural hospitals have closed or announced plans to close their labor and delivery units — more than two per month. On June 30, the BMH board of directors voted to close our birth unit within six to nine months unless emergency funds can be secured.

But we are not accepting this decision as final.

The question is not whether we can afford to keep the birthing center open — it is whether we can afford to close it. We are fighting to avoid becoming part of that statistic.

Here is the reality:

Birth centers lose money. They always have. The difference now is there's nothing left to cover the loss. BMH collects only 43 cents of every dollar billed for OB/GYN care. Hospitals historically offset these losses with revenue from specialty care, surgery, and radiology.

That model is collapsing. Nationally, Medicare covers 83% and Medicaid covers 58% of the true cost of healthcare, forcing hospitals to rely on private insurance to make up the difference. In Windham County — the oldest county in Vermont, with high rates of poverty — there are not enough private insurance dollars to cover the gap.

The fixed costs of running a birth center don't bend with volume. Round-the-clock staffing must be maintained every hour of every day, whether one baby or 20 are born that week. A hospital delivering 150 babies a year pays nearly the same operating costs as one delivering 500 but receives only one-third of the revenue.

Vermont has the lowest fertility rate in the nation, and Windham County has the lowest in Vermont. Births here have declined 20% since 2019, compared to 10% statewide and 3% nationally. Brattleboro's population has been stable since the 1980s, yet births at BMH have dropped from nearly 500 per year to fewer than 250 today.

The workforce pipeline is thin. Recruiting OB/GYNs, labor and delivery nurses, and anesthesiologists to rural communities is genuinely hard. Medical training happens in large urban centers, and graduates tend to stay where they train.

When a key provider leaves, there is often no one ready to step in — and filling the gap with traveling clinicians costs far more. At any given time, multiple hospitals in Vermont are recruiting OB/GYNs.

* * *

WHEN I WAS BORN at home in Newfane, my parents relied on Brattleboro Memorial Hospital as their backup. Forty years later, I am the one providing that backup. BMH is not simply a safety net — we have built one of the highest-quality community obstetric programs in New England.

In 2025, our primary cesarean rate was 13% and overall cesarean rate was 24% — well below national averages of 23% and 33%, respectively.

Our midwife-led birth model trusts the natural birth process, with the clinical judgment to know when intervention is necessary. We have never gone on diversion. Our nursery runs 24/7 with clinicians certified in neonatal resuscitation, backed by real-time collaboration from Dartmouth's Maternal Fetal Medicine and Neonatology teams.

Windham County has Vermont's highest home birth rate — 6%, more than double the state average — and BMH accepts more home birth transfers than any other community hospital in the state. Three times more Vermonters live more than 30 minutes from a birth hospital compared to the national average.

When something goes wrong outside a hospital, we are the safety net that saves lives.

Vermont is the only state in the nation to earn a perfect "A" grade on the March of Dimes maternal health report card. That is not an accident. Annual skills training, statewide data review, and a deeply collaborative care network have made Vermont's community hospitals among the safest places in the country to have a baby.

Keeping births in Vermont is the safest option for our residents.

* * *

BMH PAYS APPROXIMATELY $3.8 million per year for birth services uncovered by insurance reimbursement — and it is now drawing directly from our dwindling endowment to cover the gap.

Closing the birth center would eliminate that loss on a balance sheet, but doing so would cost our community far more than it would save.

Southeastern Vermont is disproportionately hurt by birth center closures. For decades, 11-15% of Vermonters have given birth out of state. If BMH closes, out-of-state births in Windham and Windsor will jump to 86%, roughly 5 times the state average.

Patients and babies will be less safe having to travel farther, and Vermont healthcare dollars and higher-wage jobs

from our region will flow into neighboring states. BMH is the largest employer in Brattleboro — as many as 50 jobs could be lost.

When communities lose birthing services, young families leave or don't come — a pattern already well underway in Vermont.

Vermonters in the southeast corner of the state would be forced to rely on hospitals facing their own crises. Our patients will be directed to Baystate Franklin in Greenfield, Massachusetts, and Cheshire Medical Center in Keene, New Hampshire — both hospitals facing their own serious financial pressures.

Baystate Franklin announced layoffs just this month. Dartmouth just posted a $63.5 million deficit over the past six months. These are not stable receiving facilities.

Southeastern Vermonters will have no remaining local options and no voice if those centers face their own closures

* * *

THERE IS A way forward.

No community hospital can solve this crisis alone. It requires state and federal reimbursement reform, rural health investment, and local philanthropy. We are fighting on all of those fronts — and we need our community alongside us.

We must recapture Vermont births with insurance incentives, medical transportation from Windsor County, and hybrid prenatal care models with Children and Infant Services.

Vermont Medicaid and private insurers must increase reimbursements for childbirth services. Vermont should also implement Standby Capacity Payments — proposed by the nonpartisan Center for Healthcare Quality and Payment Reform — combining a fixed monthly payment per woman of childbearing age in the service area with a service-based fee when a birth occurs.

Other states are finding ways to support their rural birth centers. Oregon is giving $37.5 million to rural birth hospitals for

stabilization — $15 million from the state and $22 million from the federal government.

While we must restructure how birth care is paid for, states and the federal government must develop solutions to this growing issue. In the meantime, BMH needs a robust philanthropic campaign to give us time to explore long-term solutions.

* * *

HERE IS HOW you can help.

• *Use our services*. Choose BMH for prenatal care, delivery, and all your healthcare needs. Every service here helps offset the cost of keeping the birth center open.

• *Give*. Charitable gifts to BMH help replenish the endowment keeping the birth center alive. In the short term we need philanthropy; in the long term, systemic policy change is essential.

• Speak up. Learn about the issue and make your opinion known.

The next generation of Windham County families deserves to be born and raised right here in Vermont — close to home and surrounded by their community.

####END TEXT####

BIO/COATTAIL:

####BEGIN BIO/COATTAIL####

CORINA TENNANT, M.D., is a board-certified OB/GYN, chief of obstetrics and gynecology at Brattleboro Memorial Hospital, and a partner at Four Seasons OB/GYN & Midwifery in Brattleboro. For more information, visit SaveBirthAtBMH.org.

####END BIO/COATTAIL####

LAST ISSUE IN WHICH THIS FILE CAN BE RUN:

####BEGIN MAXISSUE####

0

####END MAXISSUE####

LINKS:

####BEGIN LINKS####

176

####END LINKS####

VIDEO:

####BEGIN VIDEO####

177

####END VIDEO####

LOGLINE (SOCIAL MEDIA):

####BEGIN LOGLINE####

178

####END LOGLINE####