



Certified Professional Midwives as Clinical Staff in Colorado Birth Centers

- CPMs, (also known as Direct-Entry Midwives in statute and regulations), are recognized by the state of Colorado as independent providers of care during pregnancy, labor, birth, and the postpartum period. Because the definition in statute says “at home” DORA has interpreted this to mean they cannot be clinical staff in birth centers. But during the Birth Center Rulemaking in 2017 CDPHE indicated they would be happy to add CPMs as clinical staff in Colorado Birth Centers as soon as this definition is clarified.
- The CPM is the *only* midwifery credential that requires knowledge about and experience in out-of-hospital settings, making them uniquely qualified to work in birth centers.¹
- It is common for CPMs to work in birth centers and they do in many other states. One-half of all birth centers in the United States employ or are owned by CPMs.²
- The American Congress of Obstetricians and Gynecologists recognize CPMs as one of the types of providers who are qualified to attend at the “birth center” level of care.³
- Including CPMs in Colorado birth centers will expand access for consumers and support the already exceptional quality of care consumers find in birth centers.
 - Consumers and birth center owners alike want these midwives to be able to work in birth centers.
- The direct-entry midwifery definition was written before the CPM credential existed and before birth-centers took their contemporary form; the “home” limitation is an anachronism.
- In 2013, a prospective cohort study of women receiving care in 79 midwifery-led birth centers in 33 US states from 2007 to 2010 was conducted.⁴
 - The study demonstrated the safety of birth centers and the consistency of their outcomes over time.
 - Emergent transfer was required in less than 2% of the patients.
 - Only 6% ended up having to transfer for a c-section.
 - There were no maternal deaths.
 - The intrapartum fetal mortality rate was .47/1000, and the neonatal mortality rate was .40/1000 excluding anomalies.
 - This coincides with the outcomes in planned homebirths with CPMs.⁵

¹ North American Registry of Midwives, What is a CPM, <http://narm.org/> 2016.

² National Association of Certified Professional Midwives, CPMs: Playing a Leading Role in the Development of Birth Centers in the U.S. <https://nacpm.org/cpms-playing-a-leading-role-in-the-development-of-birth-centers-in-the-u-s/>

³ American Congress of Obstetricians and Gynecologists, Levels of Care, Obstetric Care Consensus, Number 2, February 2015, <http://www.acog.org/Resources-And-Publications/Obstetric-Care-Consensus-Series/Levels-of-Maternal-Care>

⁴ J Midwifery Womens Health. 2013 Jan-Feb;58(1):3-14. Epub 2013 Jan 30. Outcomes of care in birth centers: demonstration of a durable model. Stapleton SR1, Osborne C, Illuzzi J.

⁵ J Midwifery Womens Health. 2014 Jan-Feb;59(1):17-27. Epub 2014 Jan 30. Outcomes of care for 16,924 planned home births in the United States: the Midwives Alliance of North America Statistics Project. 2004 to 2009. Chevnev M.