



Promote Birth Justice in Colorado: Support the DORA Re-Authorization of Direct-Entry Midwives

“Integrating home and birth center settings into a regulated maternity and newborn care system...can improve maternal and infant outcomes.”

-Birth Settings in America: Outcomes, Quality, Access, and Choice (2020), a report from the National Academies of Sciences, Engineering, and Medicine

Why Elephant Circle Supports Midwifery as an Option for Perinatal Care in Colorado

- Provides families a safe birthing option that may be better for them than giving birth in a hospital for any number of reasons including travel distance, experiences of racism or discrimination for being LGBTQ, religious beliefs, or concerns about COVID transmission. The increased interest in community birth during the pandemic and in the face of rising maternal mortality demonstrates its unique ability to address perinatal inequities.
- Community birth (home and birth center birth) can be significantly less costly than giving birth in a hospital, especially for people who do not have health insurance. The rate of uninsured people in Colorado is 2x higher for families of color and 4.5x higher for the poorest families. Almost a third of Colorado’s immigrant residents were uninsured before the pandemic, with disparities widening as a result of the disproportionate spread of COVID-19.
- The Midwifery Model of Care can be safer for both parent and child by reducing primary cesarean rates, establishing and maintaining lactation, reducing exposure to stress and mistreatment. Surveys show higher rates of mistreatment in hospital settings and reduced mistreatment for women of color who birth in the community.

What is a Direct-Entry Midwife?

- A direct-entry midwife is a healthcare provider who cares for pregnant people and their babies, including prenatal care, assistance in labor and delivery, and newborn care.
- Direct Entry Midwives (CPMs) and are the only care providers with specialized training in community birth.
- In Colorado they have the Certified Professional Midwife credential which is nationally recognized and meets international standards.
- A Certified Nurse Midwife (CNM) is different: a nurse-midwife is an advanced practice nurse.
- A doula is different: a doula is not a clinical provider, they are a non-clinical support person.

What type of Training and Qualifications do Direct-Entry Midwives have?

- To register, an applicant must have graduated from a program accredited by the Midwifery Education Accreditation Council, recognized by the U.S. Department of Education.
- They must have passed a national midwifery certification exam offered as part of a National Commission for Certifying Agencies (NCCA) accredited credentialing program. This credential also satisfies the International Confederation of Midwives (ICM) Global Standards for Education and Essential Competencies.
- The midwifery clinical requires 20 births as an assistant, 20 births as the primary midwife, 75 prenatal examinations, 20 newborn examinations, and 40 postpartum examinations. Many midwives work as apprentices for much longer to build their experience before seeking their own clients; the overall education takes 3-5 years.



Birth Justice and the DEM Program in Colorado

Elephant Circle supports the recommendations from the 2020 DORA report:

- *Continue the program until 2028*
- *Provide for DEM practice in birth centers*
- *Include Group B Strep prophylaxis in the authorities*
- *Clarify policies for unregistered birth attendants*
- *Clarify the authority of the Director to enter into stipulations*

We also support the amendments already accepted by the Committee with regard to fees and data.

In addition, Elephant Circle recommends additional changes:

- 1. Clarify that DEMs are licensed health care providers;**
 - The statute calls them registered, but the program works like a license. DORA acknowledged this when they said "The Colorado direct-entry midwife registration program is in fact a licensing program," in the 2000 Sunset Review. It's confusing to consumers, increases barriers to insurance reimbursement and integration, and can be cleared up simply.