Addressing Structural Inequalities in Perinatal Care
Aligning Data and Systems for Equity

The infrastructure for all families to thrive during the perinatal period does not yet exist. This is especially true for families of color, Indigenous families, undocumented families, people who are low-income, people with disabilities. Even though Colorado ranks mid- to average- in safe birthing indicators (21st in midwifery integration[1], 8th in cesarean surgery rate[2]), social determinants, like a significant racial wealth gap, are impacting Colorado's families, and the pandemic is worsening disparities. Further, only 14% of births in Colorado are attended by midwives who are shown to provide optimal care.[3] To achieve the structural change needed we must align data and systems toward equity. The following are tractable first steps:

- **Equitable reimbursement and no discrimination from health insurance plans**
    - *The Division of Insurance would require plans to have policies prohibiting discrimination against provider type and promoting high-quality, high-value, prevention and wellness.*
- **Require that all providers accept transfers and interprofessional collaboration with community birth providers**
    - *DORA would require licensed providers to demonstrate that they use best-practices for transfer from community to hospital birth and intraprofessional collaboration.*
    - Best practice guidelines were developed through a Delphi process and have been published for use.[4]
    - "Evidence shows that a lack of integration and coordination and unreliable collaboration across birth settings and maternity care providers is associated with poor birth outcomes for pregnant people and infants in the U.S."[5]
- **Improve implementation science for policies related to the perinatal period in Colorado**
    - *Have an academic institution create a report on the use of research evidence in policies related to the perinatal period in Colorado.*
    - Research and evidence about best practices for perinatal care exist and yet use of that data in creating policy is lagging (for example, midwifery integration is far

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[1] Colorado Midwifery Integration Report Card at https://www.birthplacelab.org/wp-content/uploads/2018/02/Colorado.pdf
[2] CDC, Cesarean delivery rate by state, at https://www.cdc.gov/nchs/pressroom/sosmap/cesarean_births/cesareans.htm
[3] UNFPA ICM, WHO: "The state of the world's midwifery 2014: A universal pathway. A women's right to health". 2014, New York: United Nations Population Fund https://www.unfpa.org/sowmy (87% of service need can be delivered by midwives, when educated to international standards).
[4] https://www.birthplacelab.org/best-practice-guidelines-for-transfer-and-collaboration
[5] The National Academies, Birth Settings in America: Outcomes, Quality, Access, and Choice, Policy Brief at https://www.nap.edu/resource/25636/Birth%20Settings%20Policy%20Brief.pdf

too low).[6] Through the Colorado Evaluation and Action Lab, Colorado is dedicated to closing this gap in general and should leverage the lab for help in closing this gap in the perinatal policy.

- **Review data collection processes and barriers to gain insight into disparities by race and ethnicity**
  - *Empower CDPHE and the Maternal Mortality Review Committee (MMRC) to review existing maternal health data collection processes and quality measures and make recommendations accordingly - with particular attention to race/ethnicity and other birth outcome data.*
  - While much is known about best practices, more needs to be learned about where disparities exist. Part of the problem is a simple lack of collection of data about the race and ethnicity dimensions of various practices and outcomes.
  - The race and ethnicity dimensions of the following categories should be tracked: induced labors, birth outcomes, cesarean surgery rates, NICU stays, diagnosed preeclampsia, disability, deaths associated with preeclampsia, distances traveled for care, grievances filed at the facility level.[7.]

- **Ensure that all Colorado licensed care providers can be and are being reimbursed by Medicaid**
  - *Require Medicaid to have policies prohibiting discrimination against provider type and promoting high-quality, high value, prevention and wellness.*
  - Midwives struggle to be reimbursed equitably or at all. Medicaid does not currently reimburse Certified Professional Midwives, although several other states do.[8]

- **Extend Medicaid coverage to one year postpartum**
  - *There is momentum behind Federal funding to expand Medicaid coverage to one year postpartum. Colorado should take advantage of the 100% match and extend postpartum coverage.*
  - In Colorado, months 7-12 postpartum are very high risk for maternal accidental overdose or suicide[9].

- **Improve data collection through Vital Statistics**
  - *Revise the birth certificate worksheet to include a requirement to report intended place of birth at onset of labor.*

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[6] National Partnership for Women and Families, Maternity Care in the United States: We Can – and Must – Do Better at https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf

[7] Rachel Mayer et. al., The United States Maternal Mortality Rate Will Continue To Increase Without Access To Data, Health Affairs, February 4, 2019 at https://www.healthaffairs.org/do/10.1377/hblog20190130.92512/full/

[8] National Partnership for Women and Families, Maternity Care in the United States: We Can – and Must – Do Better at https://www.nationalpartnership.org/our-work/resources/health-care/maternity-care-in-the-united.pdf

[9] Understanding Maternal Deaths in Colorado 2008-2013, CDPHE report Oct 2017 at https://cdphe.colorado.gov/maternal-mortality