



Community birth capacity in Colorado during COVID-19

Elephant Circle surveyed Colorado community birthworkers to evaluate their current and potential capacity.

- For the purposes of this survey, a “community birthworker” is someone who provides services to pregnant, birthing, and postpartum people in a setting other than the hospital.
- Forty-eight responses were collected from midwives (CPMs, CMs, and CNMs), doulas, lactation providers, medical providers (MD and nurse), and one birth photographer.
- The majority of response were from midwives (>50%) and doulas were the next largest group (25%).
- Respondents participated in a variety of practice settings, including solo or team home birth practices, freestanding birth centers, all access clinics, and prenatal/postpartum clinics.
- Nearly 90% of the survey respondents said they could increase their capacity to provide services to perinatal folks during the COVID-19 crisis.
- Though this response does not represent the entire birth community in Colorado, it is a representative sample.

Community birth accounts for 2.6% of births in Colorado¹.

- Community birth providers believe they could increase their capacity by about 25% with the current systems and infrastructure in place.
- This capacity could increase to 40% with some regulatory and reimbursement changes.
- Changes being implemented in other states include “pop-up birth places” – temporary non-hospital facilities being used for birth of lower-risk pregnant people. Community birth workers are both working in these facilities and training others to adapt their approach to non-hospital birth.

Medicaid reimbursement for all Colorado midwives is an important piece in protecting the viability and sustainability of pregnant people and their community birth providers.

- Medicaid reimbursement is recognized as a critical element to increased integration of midwives into the maternity care system, which improves outcomes².
- CNM-run birth centers are eligible for Medicaid reimbursement, and more than 25% of Colorado’s birth centers serve >50% Medicaid clients.

¹ MacDorman MF, Declercq E. Trends and state variations in out-of-hospital births in the United States, 2004-2017. *Birth*. 2019;46(2):279–288. doi:10.1111/birt.12411

² National Academies of Science, Engineering, and Medicine. 2020 *Birth Settings in America: Improving Outcomes, Quality, Access, and Choice*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25636>.

- Since CPMs are not currently eligible for Medicaid reimbursement in Colorado, this is a barrier to expanding capacity. CPMs are eligible in other states and could be here too.
- A number of survey respondents mentioned Medicaid reimbursement as an important piece of the puzzle in this time of economic crisis.

Nearly all of the respondents (94%) were in favor of CPMs being able to work at birth centers.

- Just over 60% of the respondents believed that having CPMs work in birth centers would increase their capacity for perinatal care.
- Some current birth centers anticipate that CPMs could increase their capacity.
- There were many CPMs who felt that birth centers would make their contribution to the response to COVID-19 more sustainable.
- The three respondents who did not favor CPMs being able to work in birth centers did not say why, but all three have nursing training (CNM, nurse, IBCLC).

Doulas are an important part of the continuity of care and support that is likely to be disrupted during hospital birth as a result of COVID-19.

- Doulas, while not medical providers, can help support pregnant and parenting families in this stressful, anxious time.
- 100% of the doulas who responded to our survey said they could increase their capacity to support families during COVID-19.

There were many personal comments along a few themes. The following quotes are representative of other similar comments.

- “I think that community birth workers need to be included into the response of COVID-19 as valued first responders. Birth workers need to have sustainable ways to provide care while taking care of themselves and their families and that takes cooperation and collaboration from all levels of health systems.”
- “I would renew my CPM to jump in on any potential and feasible work if CPM practice was expanded to birth centers. I let it lapse because CPMs couldn’t work in birth centers in 2017.”
- “We need to be eligible for receiving funding for our services. All types of insurance need to accept our credential and cover our care. Our care is important to the well-being of our community. We cannot offer our services for free or low-cost as that is not sustainable. We need to be at the table when it comes to financial support, stocked with PPE, and integrated into the healthcare system.”
- “I think another way we can help efficiently is with prenatal, maybe even more importantly postpartum care. I feel as if postpartum care is so important. It is a very critical time.”