

Testimony as Submitted in Support of HB24-1262: Maternal Health Midwives by Hunter Nelson, Political Chair at Colorado Black Women for Political Action

Senate Health & Human Services Committee

April 24, 2024, Upon Adjournment

SCR 357

Dear Madam Chair and Members of the Committee,

My name is Hunter Nelson, and I am the Political Chair for Colorado Black Women for Political Action (CBWPA). CBWPA is a membership-based organization dedicated since 1977 to engaging Black women in Colorado in policy and politics. CBWPA was founded by 13 Black women who wanted to encourage Black participation in the political process and serve as a political advocate for Colorado's Black community. Today, we provide programs and services to help Black women make informed political decisions and grow their policy engagement skills.

We are in strong support of HB24-1262: Maternal Health Midwives, and ask that you vote yes for this legislation.

Giving birth in Colorado and nationwide continues to have an increased risk for Black women. According to the Colorado Department of Public Health & Environment, between 2016 and 2020, Black birthing people in Colorado were nearly twice as likely to die during pregnancy or within one year postpartum than their white counterparts.¹ Among Black women in the United States, the increased maternal mortality rates persist despite socioeconomic and educational attainment level.² Also, in 2021, the infant mortality rate for Black infants in Colorado was more than twice as high as the rate for white infants.³ Bias and discrimination within the health care system and in society have created these increased maternal mortality rates for Black women, as well as the increased infant mortality rates for Black babies.⁴

Differences in the quality of care received by Black women have been well-documented, with Black women reporting poorer quality and management of care when seeking perinatal health services.⁵ This includes not having their concerns taken seriously by their maternal health provider, not having their birthing choices and autonomy respected, and being disrespected by maternal care providers during pregnancy, birth and postpartum, especially in hospital settings.

In Colorado, birth centers, including freestanding birth centers not affiliated with a hospital system, have been closing at an increased rate.⁶ These birthing centers, which rely on midwifery care, have lower preterm birth rates, lower rates of low birth weight babies and lower rates of women transferred to hospitals for cesarean sections. Most birth centers also focus on

¹ [FINAL 2023 MMPP Legislative Report.pdf - Google Drive](#)

² [2023-KC-Book-proof-8.23.23a.pdf \(coloradokids.org\)](#)

³ Ibid.

⁴ [Working Together to Reduce Black Maternal Mortality | Health Equity Features | CDC](#)

⁵ [Racism and Bias in Maternity Care Settings - Nursing for Women's Health \(nwhjournal.org\)](#)

⁶ [Community brings back Colorado birth center closed by private equity \(coloradosun.com\)](#)

administering culturally-sensitive and competent care to the birthing person.⁷ Midwifery care has also been associated with positive maternal health outcomes, especially for Black birthing people who share a racial background with their midwife.⁸ With more of these centers closing, it limits care options for Black birthing women, continuing to exacerbate maternal mortality and morbidity rates for Black women.

HB24-1262 includes several provisions to better integrate certified professional midwives into Colorado's maternal health care landscape. Certified professional midwives (CPMs) are trained and credentialed to offer care to perinatal people, specializing in community birth and home birth. Referred to as "direct-entry midwives (DEMs)" in Colorado state statute, CPMs already meet and have to abide by the requirements for licensure by the Colorado Department of Regulatory Affairs (DORA), yet are not referred to in statute as such.⁹ The bill would change how CPMs are referred to in statute to CPM from DEM, clarify that CPMs are "licensed" rather than "registered," and create incentives to support CPMs to train and care for underserved communities. These changes would allow CPMs in Colorado to practice their full scope, and elevate their ability to provide expert, culturally competent care to Black birthing women.

HB24-1262 also improves pathways to allow birthing people in Colorado to report discrimination they may face during the perinatal period, including in health care settings. This would better allow Black pregnant women who face discrimination in maternal care settings to report this discrimination, potentially leading to an investigation, retribution and preventing further harm to others.

HB24-1262 would also require a study to be conducted on the cause of perinatal health gaps across the state, including birth center closures, and recommend best practices to protect communities from new or growing maternal deserts. It would also require a 90 days' notice to the state and community before a maternal care facility closes and discontinues services. Currently, 40% of Colorado counties are considered maternity care deserts.¹⁰ Studying the reasons for maternity care gaps and maternal health care facility closures would better equip state departments and advocates with the data needed to prevent these closures, and help fill needed maternity care gaps so that all perinatal people can easily access maternity care in their community.

Black women deserve to give birth safely in the settings and with the providers of their choice, including from CPMs in birth centers. Black women's maternal health needs to be prioritized - when Black women thrive, everyone benefits. **Please vote yes on HB24-1262.**

Thank you,
Hunter Nelson, MSW
Political Chair, Colorado Black Women for Political Action

⁷ [BC Experience - American Association Of Birth Centers](#)

⁸ [This Black Maternal Health Week, Let's Expand Access to Midwifery Care \(tcf.org\)](#)

⁹ Elephant Circle (n.d.). *Implications of Being Licensed*.

¹⁰ [Maternity Care Deserts Report | March of Dimes](#)

Submitted on April 24, 2024.

Testimony on Bill #HB24-1262, MATERNAL HEALTH MIDWIVES Concerning maternal health.

on April 24, 2024, at Upon Adjournment in front of the Health & Human Services

From: Ealasha Vaughner

Submitted on: April 24, 2024.

Testimony in support of HB24-1262, MATERNAL HEALTH MIDWIVES Concerning maternal health.

Submitted to: Health & Human Services

Dear Chair and members of the Committee

My name is Ealasha Vaughner, and I work as the Manager of Policy & Advocacy at Clayton Early Learning. I am here today on behalf of myself, Clayton's Parents, Clayton Community members, and Clayton Early Learning to request your support for HB24-1262. Clayton Early Learning is an innovation hub that partners with families to discover what works and advance systems change by developing a whole child, whole family approach to the early years. We serve over 500 families annually through school, home, and community-based programs, providing a multi-generational, holistic approach to care for young children and their families. We aim to cultivate equitable opportunities for children to thrive and support overall family well-being.

As one of the largest providers of Head Start services in Colorado, we are proud to serve families who have been or are being assisted by midwives and doulas during their pregnancy journeys, and we believe that this is one of the many reasons why we support this bill.

Midwives have a long history of providing high-quality care that addresses the physical and emotional needs of marginalized communities. Additionally, many Midwifery programs are established in resource-poor areas.

We believe that HB1262 is a vital bill that will allow us to establish a sustainable, diverse maternity care workforce and support opportunities for our families to have more equitable options for their birthing experience.

Providing midwives with the opportunity to receive Medicaid reimbursement can help improve care and outcomes for pregnant individuals who face adversities and inequalities while seeking a comprehensive birth experience outside of a hospital. Due to the frequency of structural racism in conventional healthcare settings, more and more individuals from the BIPOC community are

choosing to give birth at home or in birthing centers where midwives, who do not necessarily have a nursing degree, provide their services.

This approach also offers a promising solution for providing continuous care throughout preconception, postpartum, and interconception phases, while also addressing the issue of maternity care deserts in rural areas - a concern that many states are grappling with. According to recent studies, over half of the counties in the U.S. lack rural hospitals that offer obstetric services.[1] By increasing access to midwives, we can help bridge this gap and provide care to people living in remote areas with a single provider. Such efforts are particularly impactful for individuals facing persistent health disparities.

While I may not be an expert in this subject, I do recognize the importance of building midwifery capacity and integrating midwives into our maternity care system. From what I have observed and learned from the experiences of our community members and parents, I firmly believe that doing so is critical to addressing our maternal and reproductive health crisis and our provider workforce shortages.

So, I ask you today to support HB24-1262

Thank You,

Ealasha Vaughner

Citation: <https://www.sideeffectspublicmedia.org/rural-health/2024-02-26/report-finds-more-than-half-of-rural-hospitals-no-longer-deliver-babies>

April 24, 2024

Senate Health & Human Services Committee
Colorado General Assembly
200 E. Colfax Ave.
Denver, Colorado 80203

Re: HB24-1262 Maternal Health Midwives

Dear Chair and Committee Members:

Thank you for the opportunity for the Colorado Center on Law and Policy (CCLP) to submit written testimony in strong support of House Bill 24-1262, Maternal Health Midwives. CCLP is an anti-poverty non-profit organization dedicated to the vision that every Coloradan should have what they need to experience good health, maintain a livable income, access nutritious food, and sustain stable housing. The endowed necessity to improve maternal and infant health outcomes has been an absent consistency for communities of color

As part of House Bill 24-1262, a proposed solution is to improve access to community birth options and promote better pathways for the midwifery workforce specializing in community birth in the maternal healthcare space. A recent study mapping integration of midwifery in the healthcare system across the US found that states with a greater density of midwives are linked to improved maternal and health outcomes, including higher rates of vaginal delivery, breastfeeding, lower rates of C-sections, lower pre-term births, fewer low birth weight infants, and the least number of infant deaths¹. States with the least number of midwives have the highest rate of infant mortality and share the highest rate of black births². This directly resulted from

¹ Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, et al. (2018) Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS ONE 13(2): e0192523. <https://doi.org/10.1371/journal.pone.0192523>

² Vedam S, Stoll K, MacDorman M, Declercq E, Cramer R, Cheyney M, et al. (2018) Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS ONE 13(2): e0192523. <https://doi.org/10.1371/journal.pone.0192523>



the lack of healthcare options such as midwifery. The usage of midwifery choices has been understandably valuable to communities of color due to its central focus on relationship and trust building, shared decision-making, and, most of all, centering joy in one of the most memorable experiences of their lives.

Furthermore, there needs to be more choice and accountability as racism and discrimination occur in perinatal care. Per CDC, 1 in 3 (which is 30% Black, Hispanic, and Multiracial women) reported mistreatment during maternal care, and reports of discrimination were highest among Black, Multiracial, and Hispanics. The most common mistreatment types were lack of response to requests for help, being threatened to withhold treatment, being forced to accept unwanted treatment, or being shouted at or scolded³. Mistreatment and discrimination not only impact the subjective experiences of care but also create a breakdown of trust, open communication, and respect for the birthing person's values, needs, and desires. This bill will provide more direction in collecting valuable data related to such cases so better practices and accountability measures can be taken to prevent this from happening.

Finally, the overwhelming demand for community birth care from Communities of Color shows that increased accessibility needs to happen. Colorado must investigate the reasons for birth center closures and their impacts on communities and identify viable and preventative measures. More importantly, we must support childbearing mothers from sudden disruptions of care. Both initiatives can produce profound benefits to ensuring historically marginalized and low-income birthing people will have equitable access to quality health care options.

Every mother should be entitled to not experience these mitigating and devastating impacts on their life, their child's health, and their ability to provide for their growing family. The underserved community citizens know what is best for them and should prioritize House Bill 24-1262 to ensure everyone has viable and equitable options for safe and effective maternal healthcare outcomes.

CCLP strongly supports House Bill 24-1262's initiatives to expand access and equitable practices for maternal and infant health and encourages you to listen to the community's needs and desires by voting in support of HB 24- 1262.

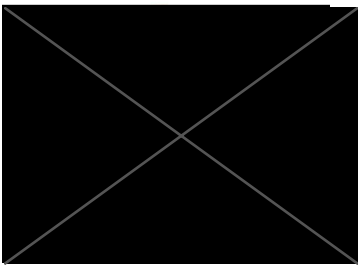
Thank you for your time.

³ “Many Women Report Mistreatment during Pregnancy and Delivery,” Centers for Disease Control and Prevention, 2023, <https://www.cdc.gov/vitalsigns/respectful-maternity-care/index.html>.



Sincerely,

Karimah Sabree
Master of Social Work Intern
Colorado Center on Law and Policy



Informed Consent to Midwifer Treatment



I, _____ (“Client”), verify that the following Informed Consent to Midwifery Treatment (“Informed Consent”) has been read to me in a language which I understand, that I understand each section of the Informed Consent, and that all of the questions I asked have been answered by the direct-entry midwife (“Midwife”).

I understand that the educational background and training of the Midwife is as follows:
BS in Biology from University of California in 1994, AS in Midwifery from National College of Midwifery and CPM licensure in 2021, after completing all the requirements for practice in July of 2020. The Midwife has **attended births since 1997**, and began teaching childbirth education classes in 2015.

I understand that the nature and scope of the care that I will receive is as follows:
Pregnancy, birth, postpartum, and newborn care as outlined in my “Informed Choice Agreement” (ICA).

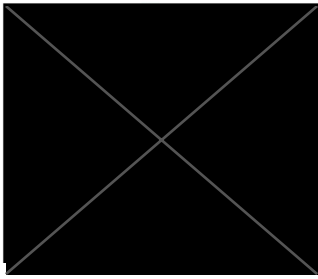
I understand that the risks of home birth are as follows:
The normal birth process is the same whether the birth takes place in a medical facility or at home. Additional risks arise in a home birth in emergency situations due to the lack of access to immediately available medical personnel, equipment and drugs.

I understand that the Midwife is not covered under a policy of liability insurance for the practice of direct entry midwifery.

I understand that Colorado law provides that if I must receive medical care from a health care provider after receiving care from the the Midwife because of acts or omissions of the Midwife, any physician, nurse, pre-hospital emergency personnel, and health care institution providing such subsequent care may not legally be sued by me for negligence. In order for me to maintain a lawsuit against a physician, nurse, pre-hospital emergency personnel or healthcare institution for subsequent medical care, I must prove that the provider engaged in gross negligence or willful and wanton conduct.



Client’s Signature:

Date:



Mandatory Disclosure:

Every direct entry midwife is required by section 12-37-104(1), C.R.S., to provide the following information in writing to each client during the initial client contact:

-  CPM, LM, 
- Attending births since 1997, Childbirth educator since 2015, graduation from National College of Midwifery 2021. Length of time and number of contact hours required to obtain said credentials, as required by the North American Registry of Midwives (NARM).
- Membership in professional organizations: Colorado Midwives Association, National Association of Certified Professional Midwives (NACPM), and DONA International.
- I do not have a policy of liability insurance.
- The practice of Direct-entry midwifery is regulated by the Department of Regulatory Agencies (DORA). DORA's address and telephone number are: State of Colorado, DORA Office of Direct-Entry Midwifery Registration, 1560 Broadway, Suite 1350, Denver, CO 80202, (303)894-7429. Violation of the Direct-Entry Midwives Practice Act may result in revocation of registration and of the authority to practice direct-entry midwifery in Colorado.
- A copy of the emergency transport plan as provided in section 12-37-105(6), C.R.S.

I, _____ (Client), have read and acknowledged the above. I have been given a copy of this information and an emergency transport plan as set forth by the State of Colorado.

Client Signature:

Date:

I am a CPM and small business owner living and practicing in Durango, CO since 2007. I serve 3 rural colorado counties and San Juan county NM. .

Since I started my practice I've served around 10-15 clients per year. Since 2020 that number has increased to 20-25 clients per year

We have great pride in serving clients that may face more racial disparities in a hospital based practice. Our model of care allows for more time and more continuity of care to build a trusting relationship. This is essential to our work and undoubtedly is connected to our positive outcomes.

hour long prenatal appointments we get to know our client's desires and needs and discuss all of their options for care along the way. We draw our own labs in our office and our birthing families don't wait in waiting rooms to see us. ach recommended lab test or ultrasound. We spend a lot of time on education and emotional support. It's really good care; it is client centered care. It's the only type of care that I wanted to have when I was having babies!