



## **Birth Equity Bill Package**

### **SB21-101, SB21-193, SB21-194**

Discrimination, mistreatment and harm regularly occur during the perinatal period contributing to poor birth and health outcomes for parent and child.<sup>i</sup> **1 in 6 surveyed** reported experiencing one or more types of mistreatment during perinatal care, with the rate being higher in hospitals and for people of color.<sup>ii</sup> **To improve care, human rights must be protected.** Even though Colorado ranks mid- to average- in safe birthing indicators (21st in midwifery integration)<sup>iii</sup> and 8<sup>th</sup> in cesarean surgery rate<sup>iv</sup>, social determinants, like a significant racial wealth gap, are impacting Colorado's families. The pandemic is only worsening inequities. Further, less than 20% of births in Colorado are attended by midwives, the providers shown to provide optimal care.<sup>v</sup> **The Maternal Mortality Bill Package aims to address these perinatal racial inequities through 2 bills and a sunset by:**

- 1) Addressing Structural Inequalities** in Perinatal Care, by Aligning Data and Systems for Equity
- 2) Protecting the Perinatal Period** by addressing Maternity Care with a Human Rights approach
- 3) Supporting** the integration of midwifery care through continuing the Direct-Entry Midwifery program.

#### **Bill 1: Human Rights approach to Perinatal Care**

- Ensure that malpractice insurance policies do not discriminate against vaginal birth after cesarean.
- Increase the statute of limitations for informed consent violations.
- Amend the advance directives law so that pregnant people aren't excluded.
- Require facilities to meet minimum standards for the care of incarcerated pregnant people during the perinatal period.
- Create a grievance process through the Colorado Civil Rights Division for mistreatment during the perinatal period where instances of mistreatment can be collected and reported.
- Ensure that every birthing person may have adequate support in the birth room or operating room, by client choice, in addition to a spouse.
- Require that licensed facilities have policies and procedures that keep the infant and birthing person/family together to 'room in'.
- Ensure families do not face medical interventions without consent.
- Require that licensed facilities streamline perinatal transfers from community to hospital birth using best practices.

#### **Bill 2: Data & Systems for Equity**

- Ensure that all licensed Colorado care providers can be reimbursed by public & private insurance.
- Streamline transfers between providers during prenatal/antepartum/postpartum care.
- Ensure the use of research evidence in policies related to the perinatal period in Colorado.
- Increase data collection for better insight into disparities by race and ethnicity.
- Make data public for increased transparency accountability.
- Increase Medicaid coverage from 2 months postpartum to one year postpartum.
- Add a question to birth certificate worksheets about intended place of birth at onset of labor.
- Direct-Entry Midwifery Sunset - Continue the Direct-Entry Midwifery program and make improvements that support equity and integration of the model of midwifery care.

**ENDORSEMENTS:**



**Thank you partners  
for endorsing the Birth Equity Bill  
Package!**



**if  
when  
how**



COLORADO STATEWIDE PARENT COALITION

**SB 193  
SB 194  
SB 101**



**WESTWOOD UNIDOS**



**ROSE**  
Reaching Our Sisters Everywhere



**NAACP**

Colorado / Montana / Wyoming  
State Area Conference



**EL PASO COUNTY DEMOCRATIC PARTY**



**FAMILIES FORWARD  
RESOURCE CENTER**



Sacred Space  
Holistic Therapy



ALL FAMILIES DESERVE  
A CHANCE COALITION

Strong Families, Strong Communities



**COLORADO CHILDREN'S CAMPAIGN**  
Every Chance For Every Child



Every Baby Our Baby



**ADICD**



**Clayton**  
EARLY LEARNING

<sup>i</sup> Jamila Taylor et. al. Eliminating Racial Disparities in Maternal and Infant Mortality, Center for American Progress, May 2, 2019. Available at: <https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/>

<sup>ii</sup> Vedam, Saraswathi et al., *The Giving Voice to Mothers Study: Inequity and Mistreatment during Pregnancy and Childbirth in the United States*. 16 *Reproductive Health*. 77 (2019).

<sup>iii</sup> Colorado Midwifery Integration Report Card at <https://www.birthplacelab.org/wp-content/uploads/2018/02/Colorado.pdf>

<sup>iv</sup> CDC, Cesarean delivery rate by state, at [https://www.cdc.gov/nchs/pressroom/sosmap/cesarean\\_births/cesareans.htm](https://www.cdc.gov/nchs/pressroom/sosmap/cesarean_births/cesareans.htm)

<sup>v</sup> 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).