



## Community Birth and Pandemic Planning

- Community Birth is the term for planned home and birth center births. During a pandemic community birth is essential to minimizing transmission, maintaining health, and efficiently utilizing medical resources.
- Even in normal times, Community Birth is a safe option for most pregnant people. 85% are generally considered “low risk” and could safely give birth outside the hospital.<sup>1</sup>
  - During a pandemic, when hospitals are overwhelmed with sick patients, healthy pregnant people may be all the more inclined to give birth out-of-hospital.
  - During the SARS outbreak in 2003, parents made last-minute changes from a planned hospital birth to a planned home-birth to avoid the risk of hospital-based SARS exposure.<sup>2</sup>
- Midwives are the most common community birth providers (though sometimes physicians also work in community birth). In the United States there are three midwifery credentials that all meet the educational requirements of the International Confederation of Midwives.
  - Those credentials are the Certified Nurse Midwife (CNM), the Certified Midwife (CM) and the Certified Professional Midwife (CPM). The CNM and the CM require graduate level education, the CPM is entry-level.
  - The CPM is the *only* midwifery credential that requires knowledge about and experience in out-of-hospital settings, making them uniquely qualified Community Birth providers.<sup>3</sup>
- Despite their being the primary care providers for healthy birth all over the world, midwives in the United States remain not-well-integrated into the maternity care system. This impacts outcomes in normal times, and will expose the problems with lack of integration during a pandemic.<sup>4</sup>
  - In a pandemic, this lack of integration means that low-risk, healthy pregnant people who do not need to birth in the hospital will have nowhere else to go and medical providers who could otherwise treat sick people will be needed to care for pregnant people.

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<sup>1</sup> 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>. See also Miriam Zoila Pérez, New Study Shows Birth Centers Are a Quality Option for Low-Risk Births, Rewire News, February 20, 2013. <https://rewire.news/article/2013/02/20/new-study-shows-birth-centers-are-a-quality-option-for-low-risk-births/>

<sup>2</sup> Elena Cherney and Mark Heinzl, New disease curbs visits to hospitals in Toronto - Expectant mothers turning to midwifery for delivery, Wall Street Journal, April 3 2003. <https://www.wsj.com/articles/SB104932780716267100>

<sup>3</sup> North American Registry of Midwives, What is a CPM, <http://narm.org/> 2016.

<sup>4</sup> Supra note 1. See also S. Vedam et al. Mapping integration of midwives across the United States: Impact on access, equity, and outcomes. PLoS ONE 13(2): e0192523. (2018) <https://doi.org/10.1371/journal.pone.0192523>



- As many as 54,000 Colorado births in the next year could happen outside of a hospital, except that due to historical lack of integration, there are not enough midwives or birth centers to handle that volume.
  - Colorado has licensed over 700 CNMs and 235 CPMs (but not all are currently active).
  - There are 7 birth centers currently operating in Colorado (though there are also 2 recently closed birth centers and others that could be opened).
- Despite these limitations, there is room to increase the volume of Community Birth during this pandemic, and relieve some of the pressure on hospitals.
- Barriers to Community Birth should be eliminated during a pandemic to increase Community Birth and relieve pressure on hospitals. In Colorado this may include:
  - Expediting, fast-tracking, renewing or providing provisional licenses for birth centers.
  - Waiving facility requirements for birth centers (like doorway widths, for example).
  - Allowing CPMs to staff birth centers (this was already on track to be addressed in 2021 legislation and has been discussed in birth center rulemakings).
  - Removing barriers to reimbursement for CPMs by Medicaid and CHIP.<sup>5</sup>
  - Allowing previously licensed providers to become active whether through expedited renewals or waivers of some sort.
  - The interface between hospitals and community birth professionals when a laboring patient is in need of a higher level of care, could be improved through the modification of certain transfer requirements, and requiring certain transfer protocol from medical facilities.<sup>6</sup>
- Midwives who specialize in Community Birth should be involved in emergency planning for maternity care during a pandemic.
  - Community birth midwives have expertise in what is needed to make out-of-hospital birth successful and can provide essential insight and training to other providers and planners.

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<sup>5</sup> Until recently, Colorado CPMs were eligible for CHIP reimbursement and while CPMs are reimbursable by Medicaid in general, Colorado has not yet added them to the State Plan. See 42 USC sec 1396(a)(6) and 42 CFR 440.60.

<sup>6</sup> See, The Birth Place Lab, Best Practice Guidelines for Interprofessional Collaboration: Community Midwives and Specialist Providers. Available at: <https://www.birthplacelab.org/best-practice-guidelines-for-transfer-and-collaboration> and The Birth Place Lab, Best Practice Guidelines: Transfer from Planned Home Birth to Hospital. Available at: <https://www.birthplacelab.org/best-practice-guidelines-for-transfer-and-collaboration/>