Bridging the Gap: A Targeted Path Forward for Colorado's Maternity Care Deserts

A thought leadership perspective on workforce strategy, equitable access, and the role midwifery can play right now

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The Reality on the Ground

Thirty-seven and a half percent of Colorado's counties are maternity care deserts which are places with no hospital labor and birth services and no obstetric providers. For many residents in these communities, the nearest qualified care is hours away. The burden falls hardest on those least equipped to carry it.

Native American residents are 2.9 times more likely to die from pregnancy-related causes than their white counterparts. Black Coloradans face twice the mortality risk, regardless of whether they live near a hospital. In southern rural counties like Huerfano, Costilla, and Saguache, Hispanic residents make up more than one-third of the population and have some of the fewest options for local care. More than half of births in these underserved areas are funded by Medicaid, reflecting the deep intersection of poverty and access.

This is not a distant problem. It is happening now in communities that deserve better, and the solutions are closer than they may appear.

Why Midwifery Is Part of the Answer

Midwife-led care for low-risk pregnancies costs an average of $2,262 less per birth than obstetrician-led care. In a state where a hospital vaginal delivery averages $13,000 to $14,000, midwifery-based care at $3,000 to $9,000 represents a meaningful difference for Medicaid-funded systems and uninsured families alike. Lower intervention rates, fewer episiotomies, and reduced preterm birth outcomes make midwifery not just more affordable but often clinically comparable for low-risk pregnancies.

Hispanic and Latino birthing people account for approximately 23% of CNM-attended births nationally. Black birthing people represent 13%. These numbers reflect both real engagement and real opportunity, because Black patients are still significantly less likely than white patients to receive prenatal care from a midwife (55% vs. 76%). Closing that gap requires deliberate outreach, trust-building, and culturally concordant care.

What Is Already Working Elsewhere

The path forward does not require reinventing anything. Models already in place across Colorado and nationally point the way:

- The University of Colorado Anschutz College of Nursing's Rural Midwifery Workforce Expansion Program is actively recruiting nurses willing to serve in underserved rural sites. Expanding awareness of and support for this pipeline is an immediate, actionable step.
- Beginnings Birth Center in Colorado Springs partners with Frontier Nursing University to offer one-year fellowships for new CNM graduates, creating a direct pipeline from education to practice in community-based settings.
- Denver Health and Colorado Birth and Wellness are recruiting CNMs through mainstream job platforms, demonstrating that visible, accessible job postings in the right channels can move the needle on workforce supply.
- Nationally, the concordant care model which matches patients of color with providers of their own racial or ethnic background has demonstrated measurably better outcomes and trust. Organizations prioritizing diversity in their recruitment pipeline are building toward this.

Three Things the Association Can Champion Right Now

The Association is uniquely positioned to amplify what is working and advocate for what is needed. Three focused actions can move the needle without overextending organizational capacity:

- Shine a spotlight on existing rural training pipelines. Partner with CU Anschutz and Frontier Nursing University to promote their programs to prospective students, particularly students of color who

reflect the communities most in need of care. Visibility and endorsement from the Association carries weight.

- The national association is already advocating for Medicaid reimbursement parity. The state affiliate could seek to localize and accelerate that existing momentum rather than start the lift from scratch. In states where midwives are reimbursed at the same rate as physicians, workforce supply grows. Colorado has room to move on this, and the Association's voice in that conversation matters.
- Create a communications framework that helps member midwives tell their story in maternity desert communities. Trust is built through presence and narrative. Equipping practitioners with tools to engage local communities, faith organizations, and school systems builds the pipeline of both patients and future providers from within.

Colorado's maternity care deserts are a serious and growing challenge. But the workforce, the models, and the will to address them already exist in meaningful form. The opportunity for the Association is not to solve everything at once. It is to use its platform, its membership, and its credibility to accelerate what is already working and amplify the voices of the communities waiting to be heard.

The families in these communities are not statistics. They are mothers and grandmothers and children who deserve the same standard of care as anyone else. That is a message worth carrying.

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