

SB24-175 IMPLEMENTATION UPDATE:

STRENGTHENING PERINATAL CARE IN COLORADO



WHY SB24-175 IS NEEDED



174
Colorado women died during pregnancy or within the first year postpartum between 2016 and 2020.¹

In Colorado, as in the rest of the United States, **maternal mortality disproportionately** affects people of color, individuals living in poverty, those with less than a high school education, those over the age of 40, and those residing in frontier areas.²

It doesn't have to be this way:

Colorado's Maternal Mortality Review Committee found that nearly

90%

of maternal deaths are preventable.

Statistics like these drove CPCQC to successfully advocate for the passage of [Senate Bill 24-175: Improving Perinatal Health Outcomes](#) during the 2024 legislative session. The organization's mission is to ensure safe, high-quality, respectful perinatal care across Colorado no matter who you are or where you live. By creating a unified system of **quality improvement (QI)** for every birth setting, SB24-175 aims to reduce preventable deaths, advance equity, and build sustainable hospital-based quality improvement infrastructure statewide.

SB24-175 IN ACTION

CPCQC's QI initiatives and resources are already having a real impact on Colorado moms, families and communities. In just 18 months since SB24-175 was passed, we've:

100%

participation
(49 out of 49 eligible hospitals)

compared to 68% participation (35 out of 51 hospitals) at the time of bill passage.

Lowered the rate of **low-risk C-sections** across our participating hospitals. Participating hospitals are now performing better than the national benchmark.

Seen a more than **100 percent increase** in comprehensive care for perinatal patients with identified substance use disorder in our participating hospitals.

Integrated **maternal mental and behavioral health** through every program, with enhanced coordination in select Colorado counties.

Introduced **Colorado's first-ever trauma-informed debrief tool** for unplanned or emergency cesarean births—designed for both patients and providers.

Ensured 100 percent of CPCQC programs include **patient and family voice** to strengthen relevance, trust, and responsiveness to the needs of families most impacted.

Sources:

¹ Colorado Department of Public Health and Environment (2023). *Maternal Mortality in Colorado, 2016-2020*.

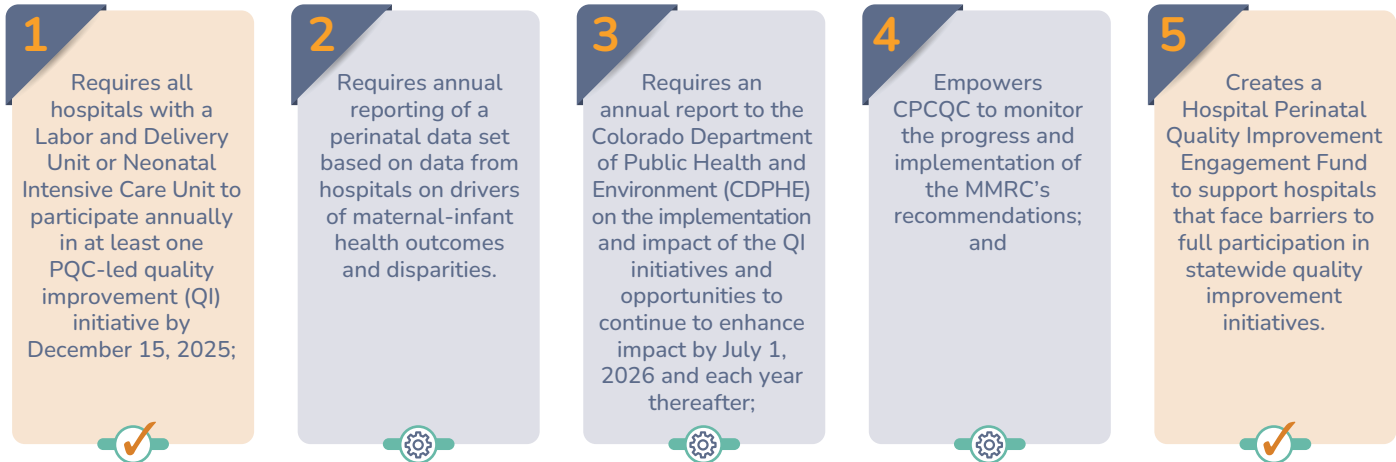
² Ibid.

FOR MORE INFORMATION, VISIT: [CPCQC.ORG](https://cpcqc.org)

WHAT SB24-175 DOES

SB24-175 included five key provisions related to CPCQC's work:

✓ Complete ⚙️ In Progress



OUR QI PROGRAMS

The bill requires all hospitals with a Labor and Delivery Unit or Neonatal Intensive Care Unit to participate annually in at least one PQC-led quality improvement initiative by December 15, 2025. CPCQC currently offers four quality improvement programs designed to address key drivers of Colorado maternal and infant mortality and morbidity:



Turning the Tide supports hospitals in caring for perinatal women impacted by substance use through universal screening, intervention, and referral to treatment during hospital birth admission.



SOAR reduces variation in Cesarean delivery rates for low-risk births through a structured quality improvement and collaborative learning framework that promotes equitable, patient-centered care.



SPARK improves postpartum care and outcomes through quality improvement and collaborative learning that strengthens care transitions and ensures seamless recovery after birth.



NEST reduces sleep-related infant deaths through evidence-based family education, modeling of safe sleep in the hospital setting, and standardized hospital discharge practices that promote safe sleep for every newborn.

SUPPORTING HOSPITAL PARTICIPATION IN QUALITY IMPROVEMENT

SB 24-175 established the **Hospital Perinatal Quality Improvement Engagement Fund** to support hospitals that face barriers to full participation in statewide quality improvement initiatives. The fund is administered by CDPHE and provides financial assistance for hospitals in rural or frontier regions; hospitals serving high proportions of Medicaid or uninsured patients; and hospitals with lower-acuity maternal or neonatal care levels. The fund can distribute up to \$250,000 annually across awarded hospitals.

4 Colorado hospitals participated and received funding through the Engagement Fund during the 2024-2025 fiscal year.

Examples of activities supported through the fund include staff hours, improvements to data collection, and staff training.

In addition to these four core QI programs, CPCQC also developed aligned Education and Supplemental Programs to further support hospitals and communities. These resources include:

- **A Rural Hospital Toolkit** to help rural and frontier hospitals implement AIM Patient Safety Bundles in resource-constrained settings.
- **A Patient Reported Experience Measure Survey (PREMS)** to elevate patient voice and experience in hospital quality improvement efforts.
- **A Doula Integration Guide** (release in 2026) to expand awareness of doula coverage and showcase effective hospital integration models.
- **A C-Section Debrief Tool** to guide trauma-informed patient and provider reflection after unplanned or emergency C-section births.
- **A Colorado Safe Transfers Coalition Toolkit** (launching 2026) to strengthen coordination between community midwives, EMS, and hospitals for safe care transitions.
- **A simulation-based equity training** created in partnership with the CU Anschutz School of Medicine Center for Advancing Professional Excellence (CAPE) to improve healthcare provider communication skills through perinatal-specific scenarios.
- **The IMPACT BH program** to create stronger perinatal behavioral health care systems at the local level. IMPACT BH continues to expand to rural communities across Colorado. These communities experience disproportionate rates of severe maternal morbidity, as well as maternal and infant mortality.
- **A Quality Improvement 101 training** to build foundational, practical quality improvement skills among frontline healthcare teams.
- **Labor Support Workshops** to enhance hands-on skills for providing patient-focused support during labor and birth.
- **A Naloxone Readiness Drill** to ensure L&D teams can recognize and respond rapidly to overdose events.
- **A Breaking Stigma training** to reduce stigma toward pregnant and postpartum people with substance use, improving provider knowledge, empathy and confidence.
- **An Intimate Partner Violence Taskforce** to develop Colorado-centered resources and education to guide hospitals in delivering universal, trauma-informed intimate partner violence prevention, screening, and education during hospital birth admission.
- **A Perinatal Substance Use Field Guide and Sustainability Toolkit** to support patient-facing, provider-facing, and QI-driven strategies for families affected by substance use.

WHAT'S NEXT

Implementation of SB24-175's provisions is ongoing. Here is a preview of what is in store for 2026 and beyond:

- **More transparent and actionable data on hospital-based perinatal outcomes:**
CPCQC partnered with the Colorado Hospital Association to develop a first-of-its-kind data set on perinatal outcomes among Colorado hospitals. The dataset will provide insight on topics such as severe maternal morbidity, maternal and neonatal readmissions, and mental health diagnoses, among others. Findings from the 2025 data will be published in a publicly available annual report by July 1, 2026.
- **Publicly available data on the impact of maternal and infant mortality QI initiatives:**
CPCQC will release an additional annual report on July 1, 2026 highlighting the impact of implementation of three Alliance for Innovation on Maternal Health (AIM) Patient Safety Bundles in Colorado hospitals, as well as hospital participation in QI initiatives. Together with the perinatal data set report, these resources will support Colorado in identifying priorities for maternal and infant health targeted to our state's unique landscape.
- **Improved data infrastructure:**
SB24-175 supports the development of a secure, HIPAA-compliant perinatal data hub through CPCQC's partnership with CHA that enables linked, disaggregated maternal health data, routine statewide insights, streamlined annual reporting, and enhanced dashboards and technical support for hospital teams.
- **Closer tracking of progress toward implementation of MMRC recommendations:**
Colorado's Maternal Mortality Review Committee issues dozens of recommendations designed to reduce maternal deaths in our state. SB24-175 empowers CPCQC to track the implementation of these recommendations – uplifting the progress Colorado has made toward reducing maternal mortality and shining a light on areas where work remains to be done.

Sustained partnership among hospitals, communities, and state leaders will be essential as SB24-175 implementation continues—and CPCQC is ready to continue leading this work forward.