

Birth Facility Closure Best Practice Guidelines:



Mitigating Harm and Ensuring Safe Transfers of Care

Birth facility closures are accelerating in Colorado and across the nation, and are associated with negative impacts on perinatal and infant health. Birth facilities include hospital labor and delivery units (L&D) and freestanding birth centers. These guidelines are intended to help the State, birth facilities, community providers and other stakeholders ensure access to essential obstetric services, support care transitions, and lessen the impact on families, providers and communities when a birth facility closes.

The best practices for birth facility closures in Colorado include guidelines focused on:

- 1 **Oversight and review**
- 2 **Timely communication**
- 3 **Coordinated transfers of care**

Each guideline has a set of implementation steps.

5



5 birth facilities in Colorado closed in 2024 and 2025.



In 2025, Colorado had 55 birth facilities (50 hospital L&D units and five freestanding birth centers).



Most birth facilities are concentrated in the Denver Metro and Front Range regions.

1

Oversight and Review:

Guidelines for the State (Colorado Department of Public Health and Environment)

Guideline 1.1: Explore and conduct a community impact assessment

- Assess the potential impact of facility closures on cost, quality, equity, and access to perinatal care.
- Engage with the facility and community to identify risks, benefits, and local priorities.
- Intervene if a potential closure is deemed harmful.

 **Legislative Need:** Requires statutory authority for CDPHE to assess and intervene.

Guideline 1.2: Support the closing facility in implementing best practice guidelines

- Ensure notice is provided as specified in [state law](#) (House Bill 24-1262).
- Approve facility closure plans.
- Support communication between closing and regional facilities to coordinate transfers of care.

Guideline 1.3: Monitor the impacts of closures on perinatal care access and outcomes

- Track regional and community-level perinatal care access and health outcomes.

Guideline 1.4: Monitor notification of ownership transitions among perinatal care facilities and intervene as needed

- As needed, set conditions during ownership changes to prevent the potential future closure of a birth facility.

 **Legislative Need:** Requires statutory authority for CDPHE to assess and intervene.

2

Timely Notification and Supportive Communication: Guidelines for birth facilities

Guideline 2.1: Facilities provide notification of closure at least 90 days prior to discontinuing services

- Maintain the 90-day notice requirement by revoking the repeal date in the current [state law](#) (House Bill 24-1262).
- Encourage continuation of care for patients in their third trimester.

 **Legislative Need:** *Requires legislative action for CDPHE to mandate this timeline.*

Guideline 2.2: Communicate quickly and transparently to closing facility providers and staff

- Share clear reasons for the closure with internal staff and providers.
- Share anticipated workforce impacts with internal staff and providers.

Guideline 2.3: Communicate directly with current patients

- Notify patients via email, phone, mail, and/or during visits.
- Provide closure dates, transfer plans, provider options, and a contact for questions.

Guideline 2.4: Communicate with the affected community

- Provide a FAQ resource on the closure impacts.

Note: Guidelines 2.2 and 2.3 are already in the 90-day closure law.

3

Coordinate Transfers of Care:

Guidelines for the State, birth facilities, community providers, and other stakeholders

Guideline 3.1: Develop and implement system-level transfer of care plans

- Build a directory of perinatal facilities and programs for patients, providers and staff utilizing [Colorado's Regional Health Connector Program](#).
- Inform nearby birth facilities and perinatal practices about closure timelines and impacted patient volumes.
- Formalize transfer agreements and referral pathways with other perinatal facilities, practices, and providers.
- Support providers in communicating with patients by providing talking points about the closure and transfer of care.
- Support the [Colorado Safe Transfers Coalition](#), community midwives, and birth facilities in local planning and implementation around community-to-hospital transfers.

Guideline 3.2: Develop individual patient transfer of care plans

- Consult patients to create a transfer plan tailored to their needs and preferences.
- Designate staff to guide patients through transfer steps and medical record handoffs.

Guideline 3.3: Develop emergency response plans

- Train local emergency department staff to manage obstetric and neonatal emergencies.
- Establish transfer plans and policies with emergency medical services (EMS), regional facilities, and community midwives.
- Train and supply local EMS for obstetric and neonatal emergencies.



Read the legislative report for complete information on the best practice guidelines for birth facility closures and resulting transfers of care. Visit jsi.org/co-perinatal-access-report.

For a summary of the recommended strategies to mitigate birth facility closures, visit <https://bit.ly/4rsE4PA>.