

California Equity in Maternal Health Report

Improving Outcomes for Black Women and Latinas



Executive Summary

While the United States is commonly regarded as one of the leaders in health care and medical innovation, it has one of the highest rates of pregnancy related mortality among developed countries around the world. For every 100,000 live births in 2020—the year for which comparison data is available— over 17 pregnancy-related deaths occurred in the U.S., compared to rates of just above 6 deaths in the U.K. and 8 deaths in Canada (Tikkanen 2020).

Addressing inequities in maternal health is critical to addressing the broader maternal mortality and maternal health crisis given that the U.S. health care system is characterized by significant disparities in maternal health for Black and Hispanic women relative to non-Hispanic White women. In 2022, the national mortality rate rose to 19 maternal deaths per 100,000 live births—the rate was 50 deaths for Black women, 17 deaths for Latinas, and 19 deaths for non-Hispanic White women (Hovert 2024). While California has some of the lowest rates in the country, the mortality rate remains high, especially among Black women.

In California, the wealthiest Black woman is at a higher risk of maternal mortality than the least wealthy white woman (Kennedy-Moulton). The mortality rate for Black mothers / birthing people was three to four times higher than the rate for other racial or ethnic groups through 2009-2020, and this variation cannot be explained by factors such as age, income, education, and health insurance coverage (Joynt 2023).

Black women and Latinas face a number of additional elevated levels of risk during and after giving birth. Research shows that the odds of a risk of postpartum depression is nearly 80% and 40% greater for Black and Latina mothers respectively, as compared to White mothers (Ceballos, et. al).

Black women and Latinas are also at greater risk of complications during childbirth and have higher incidences of preeclampsia, hypertension, gestational diabetes, and premature births (Suresh, et. Al 2022, Shah, et., al 2021, Martin, Hamilton, Osterman 2020).

In light of the significant inequities, in maternal health for Black women and Latinas, Hispanas Organized for Political Equality (HOPE) and Black Women Organized for Political Action (BWOPA) commissioned EVITARUS, a California-based public opinion research firm, to conduct qualitative and quantitative research to better understand the experiences, preferences, and priorities of Black and Latina birthing people and those of childbearing age as it relates to issues of maternal health.

The resulting 2025 California Equity in Maternal Health Report amplifies the voices of over 800 Black women and Latinas on issues related to childbearing, maternal health, and approaches to creating a more equitable birthing system in California based on two online focus groups conducted from September 19-24, 2024; and an online survey of 800 California women and birthing people ages 18-49 who identify as Black and Latina, including those who identify as both.

The Equity in Maternal Health Report reveals significant gaps in maternal healthcare for Black women and Latinas in California, highlighting their lack of confidence in the state's birthing health systems to do what is right for people who share their background, difficulties accessing health and women's health care services, and widespread experiences of unfair treatment and discrimination. To address these and other inequities, Black women and Latinas emphasize the need for more Black women and Latina maternal care providers, more patient-centered maternal care, culturally competent providers, expanded paid family leave, and greater investment in critical economic and social supports services such as mental health care and childcare.



Key Findings

- **One in four Black women and Latinas (26%) find it difficult to access obstetric and gynecological care. Notably, an even higher percentage—nearly one-third (32%)—find it difficult to access a health provider for routine health care.**
- **Nearly half of Black women and Latinas (57%) report some level of unfair or adverse treatment during a pregnancy or birthing experience.** While California hospitals are required to provide written instructions on how to file a complaint for patients that experience discrimination or unfair treatment, **a striking majority (59%) of Black women and Latinas say they do not know how to file a complaint if needed.**
- **Black women and Latinas express low levels of confidence in the systems in place to support women and birthing people while they are pregnant, giving birth, or after giving birth.** Fifty-eight percent (58%) say they either “don’t know” how often they can trust California’s birthing health systems, say these systems can “never” be trusted, or only trust these systems “some of the time.” **By contrast, a majority (53%) do trust nurses and a near majority (50%) trust obstetricians and gynecologists (OB-GYNs).**
- **Three-quarters (74%) or more of Black women and Latinas report that economic insecurity and the impact of childbearing on their health factor into their decision about whether to have a child.**
- **A majority of Black women and Latinas report experiencing depression (55%) and/or anxiety (43%) during pregnancy or post-partum. Separately, many (46%) did not receive or do not recall receiving mental health screening as a part of prenatal or post-partum care.**



Key Recommendations

Black women and Latinas have a clear vision for how to advance equity in maternal health and address health disparities, including placing a priority on:

- Centering the experiences of women and birthing people in the maternal health care system.
- Increasing the number of Black women and Latinas who are OB-GYNs/doctors, obstetrics nurses and birthing care providers.
- Increasing the number of doctors, nurses, and other professionals who are trained to understand, and be sensitive to, the diverse communities they are serving.
- Expanding access to paid family leave and time off work for maternal care.
- Investing in priority support services such as mental health, lactation counseling, information about diet and nutrition, and childcare.

Taken together, the findings point to the imperative for California to continue addressing inequities and strengthening the systems that support women and birthing people, so that all Californians can access high-quality, safe maternal care that promotes health and well-being

