

California Equity in Maternal Health Report

Improving Outcomes for Black Women and Latinas



California Equity in Maternal Health Report

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Research Direction and Implementation

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Table of Contents

I. EXECUTIVE SUMMARY

II. METHODOLOGY STATEMENT

III. INTRODUCTION

IV. DETAILED FINDINGS

A. Perceptions of California's Health & Birthing Care Systems

B. Access to Care

C. Childbearing Considerations

D. The Experiences of Black and Latina Mothers

E. Priorities for Resources and Supports

F. Birth Equity Policy Priorities

V. KEY CONSIDERATIONS

VI. POLICY RECOMMENDATIONS

VII. APPENDIX



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 (Hovort 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



Methodology Statement

The 2025 California Equity in Maternal Health Report is based upon qualitative and quantitative research conducted by EVITARUS under the direction of Dr. Shakari Byerly and Dr. Angela X. Ocampo. The focus group and survey were supplemented by a review of relevant literature on maternal health issues impacting Black women and Latinas.

The qualitative research was conducted September 19-24, 2024, and included two (2) online focus groups among new and expectant mothers, including one group among Black/African American women and a second among Latina new and expectant mothers. The focus group among Black/African American mothers included seven (7) participants, and the focus group among Latinas included six (6) participants. Screening procedures included verifying that participants were either pregnant or had given birth in the last two years, or both and that each group contained a regionally diverse set of participants. Participants were recruited from a panel of residents who had previously opted into participating in market research and public opinion studies. Each participant received a modest stipend as a gesture of respect for their time, experiences, and the valuable insights they shared during the focus group conversation.

The qualitative research was conducted from November 26 - December 5, 2024, and included an online survey in both English and Spanish, among 800 California women and birthing people ages 18-49 who identify as Black and Latina, including those who identify as both. The sampling frame was derived from a listed cellphone sample based on billing addresses in California, supplemented by a registration-based sample (RBS) drawn from voter registration roles. To reflect the populations of interest, the data were weighted to align with the distribution of California Latinas and Black women by age, educational attainment, region, and insurance status. Due to the dual-frame sampling design, there is no known probability of inclusion for each member of the focal population and therefore no associated margin of sampling error for the survey results. It is important to know that due to rounding, some percentages in the report may may not sum precisely to 100%.

The research and sampling design of this study was developed to help ensure that as many California residents who identify as Black and Latina, including those who identify as both as possible had at least some probability of inclusion in the survey sample. A multiple-frame sampling design was used to maximize coverage of the study's target population and overcome some of the limitations that might be associated with relying on a single sample source or a single-frame approach.

The sampling frames were composed of the following two frames:

- A listed cellphone sample based on billing addresses in California, to capture known California cell phone numbers most likely belonging to residents who currently live in the state, increase coverage of the target population, and minimize bias that might be associated with the listed sample frames included in the design
- A registration-based sample obtained from Political Data Inc. to maximize the likelihood of reaching the target sample size.

Poststratification weights were applied using a raking procedure separately to the Black/African American women data and Latina's data to align the distribution with the adult population of Black/African American women and Latina in California by age, region, insurance type, and education.

The weights were calibrated using the following sources:

- 2023 American Community Survey for population estimates by age, insurance type, and education
- Registered voter data for California voter population estimates by region, obtained from Political Data Inc.

Research and sampling design, implementation, weighting, tabulation, and data analysis were conducted by EVITARUS.



Introduction

Racism And The Social Determinants Of Health

Black and Latina mothers face a number of elevated levels of risk during and after giving birth relative to White mothers. For example, research shows that the odds of experiencing 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) than their White counterparts.

Scholarship indicates that these inequities can be traced significantly to historical and present-day manifestations of racism, discrimination, and the social determinants of health—the latter of which is also intertwined with racism and discrimination (Nguyen, et.al., 2023; Bazargan, Cobb, & Assari, 2021; Rosenthal & Lobel 2020; McLemore, et. al 2018;) Black women and Latinas have been historically underserved and subjected to medical harm within the broader system of health care and maternal health. For example, much of the foundation of medicine in obstetrics and gynecology, such as cesarean-section surgery, was built on experimentation of enslaved Black women.

The commodification of Black women's bodies and childbearing also meant that physicians' investment in the medical attention they received served business interests (of the enslaver/plantation owner) as a first priority (Owens and Fett 2019). Likewise, dating back to at least 1907, eugenics boards and other state-sanctioned programs, disproportionately and explicitly targeted Latinas for forced sterilization and other gynecological procedures without their consent—with California leading the nation in these practices (Novak, et. al 2017).

As recently as 2020, formal complaints have been filed against ICE detention centers for denying medical care and possibly forcing hysterectomies upon Latina immigrants (Arce 2021).

The social determinants of health also disproportionately create detrimental health impacts on Black women and Latinas—including negative maternal health and birthing outcomes. According to the U.S. Centers for Disease Control the “social determinants of health (SDOH) are define as “non-medical factors that affect health outcomes, [that can include] the conditions in which people are born, grow, work, live, and age. Social determinants also include the broader forces and systems that shape everyday life conditions,” such as economic policy, development agendas, social norms, social policies, racism, climate change, and political structures. Notably, social determinants such as poverty, insurance coverage, barriers to health care access, and environmental risks, among others, also disproportionately and deleteriously impact Black women and Latinas.

It is within this context that HOPE and BWOPA commissioned the research detailed in this report.



An abstract, vibrant background featuring a complex interplay of colors including bright yellow, orange, red, magenta, and teal. The composition is dynamic, with various brushstrokes, splatters, and geometric shapes creating a sense of movement and depth. The text 'Detailed Findings' is centered in a white, serif font, standing out against the colorful backdrop.

Detailed Findings

A. Perceptions Of California's Health & Birthing Care System

Black women and Latinas who participated in the focus groups expressed frustration and the concern that our current birthing system does not center women and birthing people. The survey research reinforces this finding. When asked to share how often they could trust various aspects of California's maternal health system, a full **55% said they can only trust the systems in place to support women and birthing people while they are pregnant, giving birth, or after giving birth "some" or "almost none of the time."** An even higher percentage—**67%**--report similarly low levels of trust in California's health system overall.

In contrast to the lack of faith in California's health and maternal health systems, **a majority of Black women and Latinas (53%) report that they do trust nurses "almost all" or "most of the time."** Similarly, half say that they can trust OB-GYNs/gynecologists, and other doctors who specialize in women's reproductive health "almost all" or "most of the time."



Black Women And Latinas Desire A Health System That Centers, Supports, And Empowers Birthing People

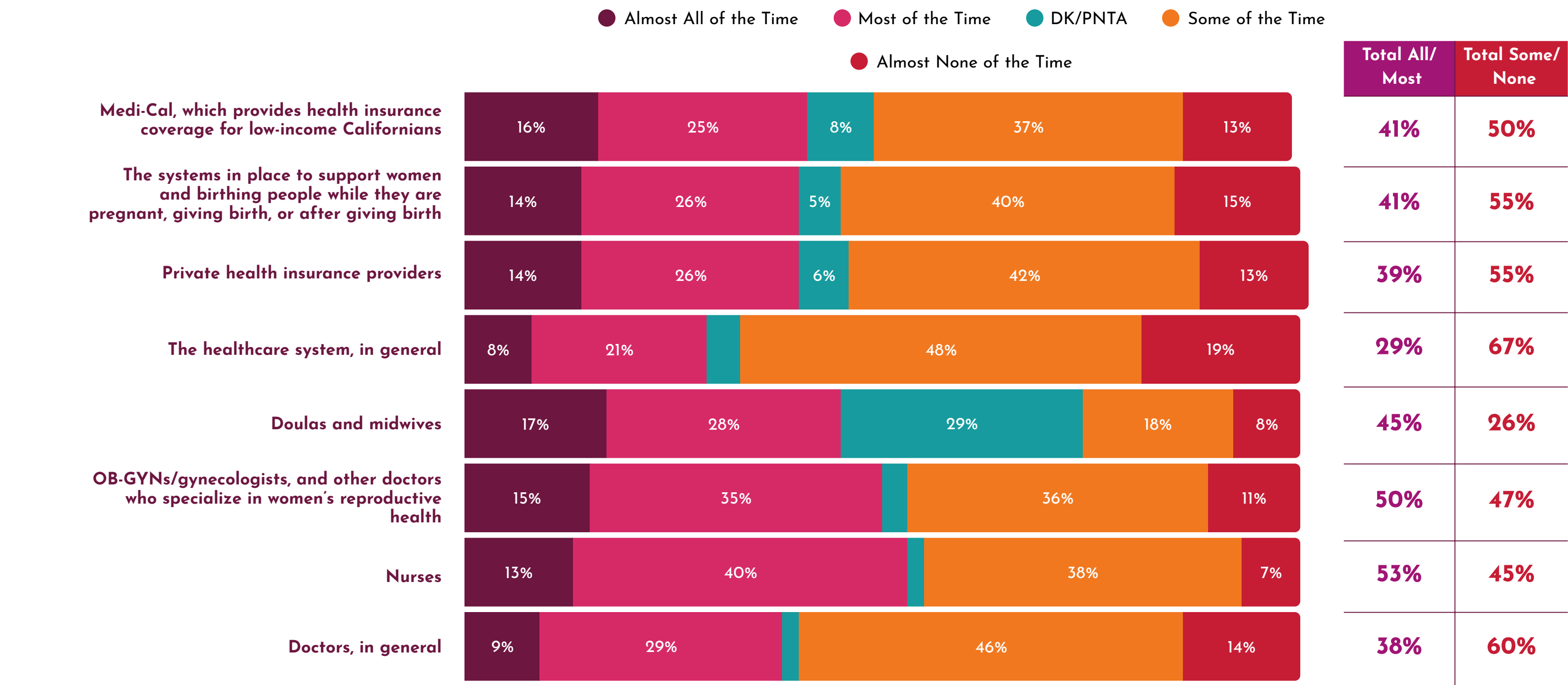
[A good system] would show that they care more than just about passing us along or than getting us in and out each appointment, and also in and out of the labor and delivery rooms.

Because like someone else mentioned, they push C-sections, they push Pitocin, they push all these things to speed stuff up, rather than letting it be whatever we actually want it to be. And so yeah, it's just proven, from everything everybody is saying, let alone my own experience, that **the doctors and the systems that are in place are not for the well-being of the parents or the babies.** It's just to kind of get numbers in and out of the rooms that we're going to be in for whichever stage of pregnancy it is.

-Latina Focus Group Participant, Age 24, Inland Empire

Less Than A Third Of Respondents Trust The Healthcare System All Or Most Of The Time. A Majority Trust OB-GYNs And Nurses All Or Most Of The Time.

Q: Thinking about how things are in California right now, how much of the time do you think you can trust the following (in general) to do what is right for people who share your background? (Ranked by Almost All Of The Time)*



*Percentages below 3% are not displayed. Items were delivered in two randomized blocks.

B. Access To Care

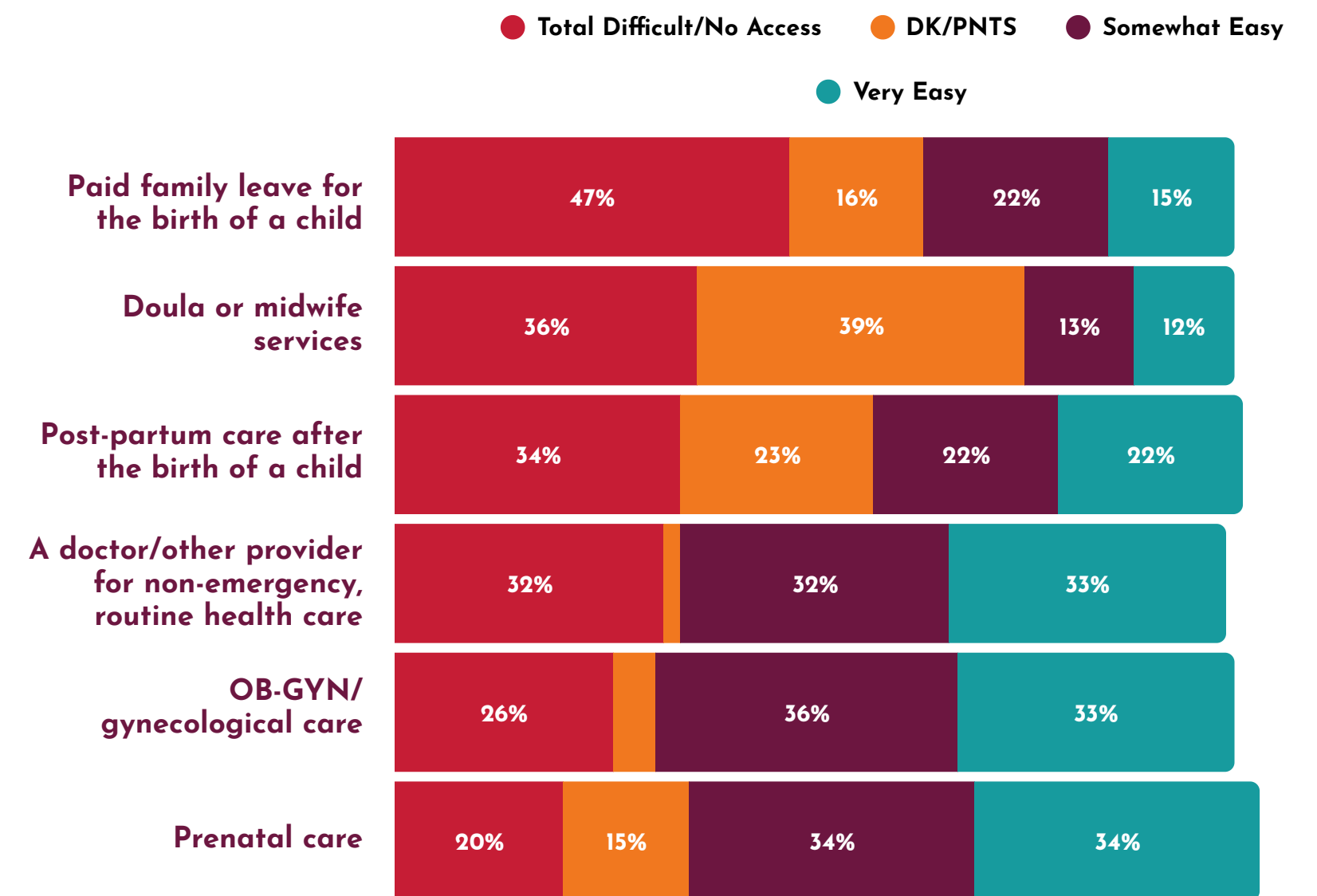
A significant number of Black women and Latinas report limited access to health and maternal care services. More than one in four (26%) say it is difficult to access obstetric and gynecological care, while nearly one-third (32%) struggle to find a provider for routine health care.

Access to midwife services is particularly limited, despite evidence showing that such support leads to better outcomes for Black women and Latinas—including fewer cesarean deliveries, shorter labor, fewer complications, higher breastfeeding rates, and greater satisfaction with the birth experience (Gruber et al., 2013; Hans et al., 2018; Hodnett et al., 2013; Kozhimannil et al., 2013). Specifically, nearly two in five respondents reported difficulty accessing (36%) or not knowing where to find (39%) doula or midwife services.

Beyond these gaps in maternal health care, nearly half (47%) of respondents reported difficulty accessing, or having no access to, paid family leave for the birth of their child.

Access To Post-Partum Care, Paid Family Leave, And Doula/Midwife Services Is Especially Limited

Q: If you had a need, how easy or difficult would it be for you to access the following? (Ranked by Total Difficult/No Access)*



*Percentages below 5% are not displayed.

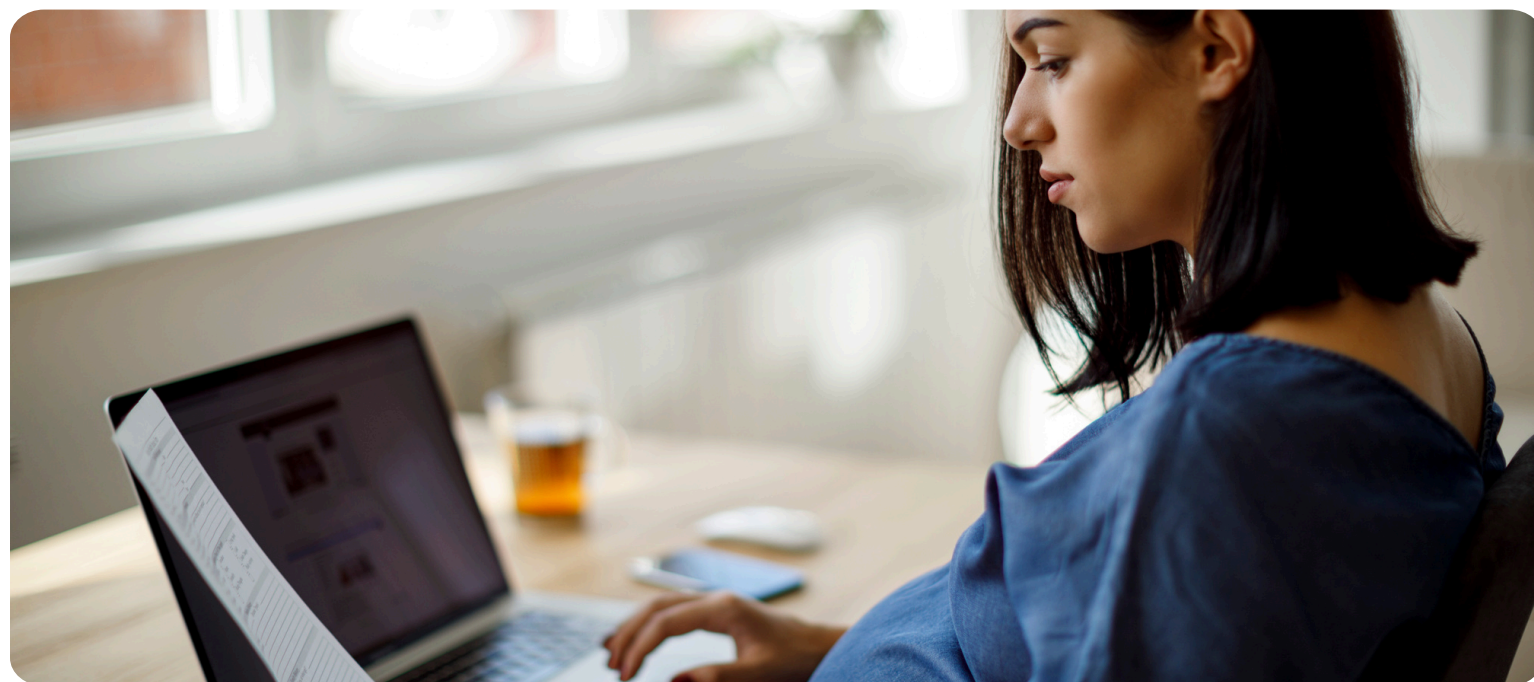


C. Childbearing Considerations

A variety of considerations factor into the childbearing decisions of Black women and Latinas. Considerations related to income (80%), health (74%), and cost of living (73%) rank as the most important in their birthing decisions.

A full 59% of respondents consider statistics related to maternal health disparities, racism, or discrimination in healthcare when having a child.

In terms of their provider preferences, nearly half (46%) find it important to have a maternal care provider who shares their race or ethnicity.



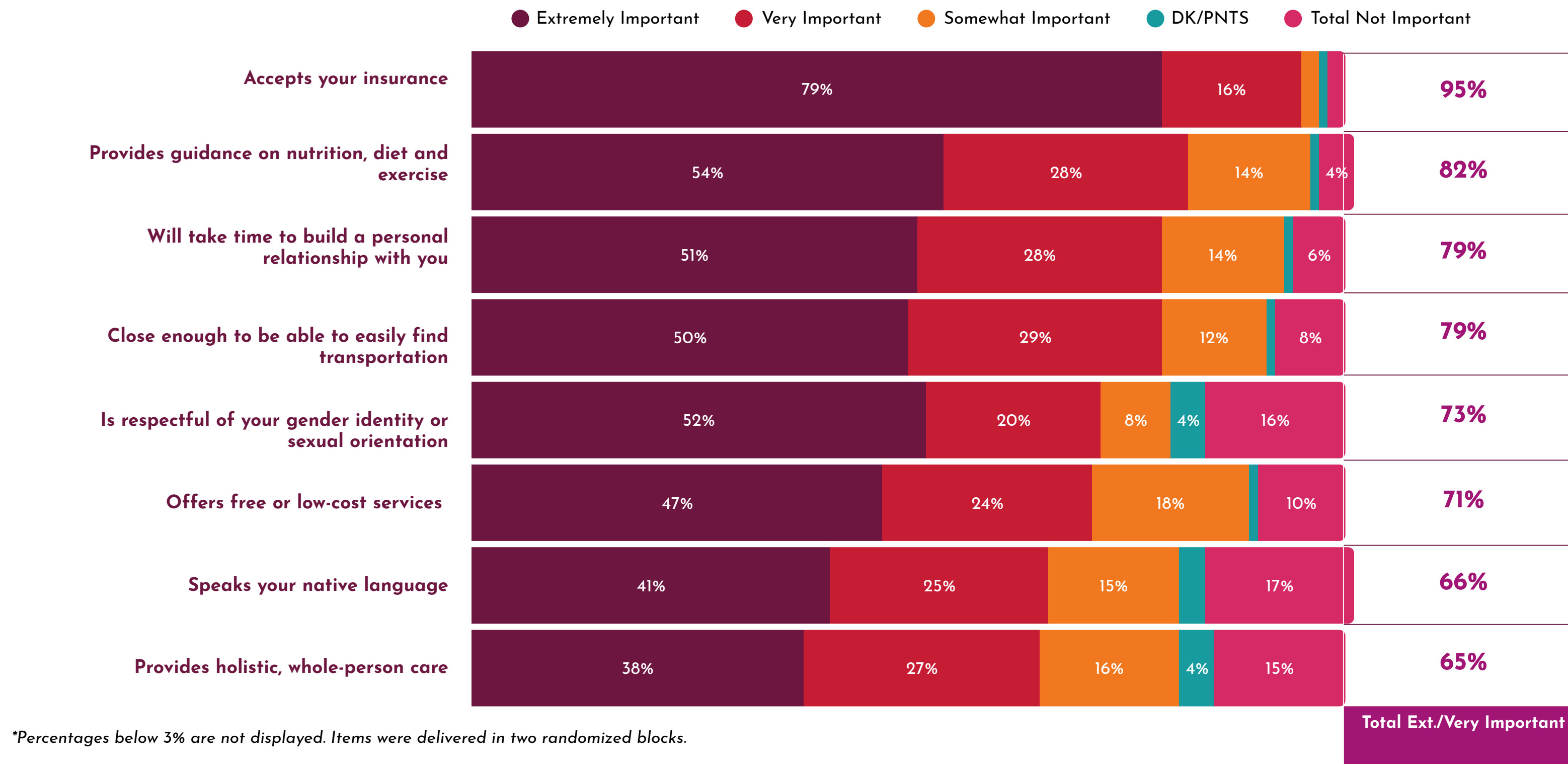
Socio-Economic Factors, Concerns About Well-Being, Access To Childcare And Quality Care Are Important Considerations

Q: At any time in the past, have any of the following been part of your thinking or decision-making about whether or not to have a child or to have more children?

	Percent "Yes"
Your income or having enough money to raise a child	80%
The potential impact of childbearing on your health and well-being	74%
Access to affordable housing or a place to live	73%
Access to affordable health insurance coverage	71%
Access to affordable childcare	69%
The quality of care you might receive while pregnant or while giving birth	68%
The nature or quality of your support system	67%
Concerns about being able to take time off work during pregnancy or after having a child, i.e. paid family leave	66%
Access to affordable health care, including pregnancy care	65%
Statistics related to maternal health disparities, racism, or discrimination in healthcare settings	59%
Pre-existing health or mental health conditions you may have	55%
Access to affordable infertility treatment such as IVF	34%

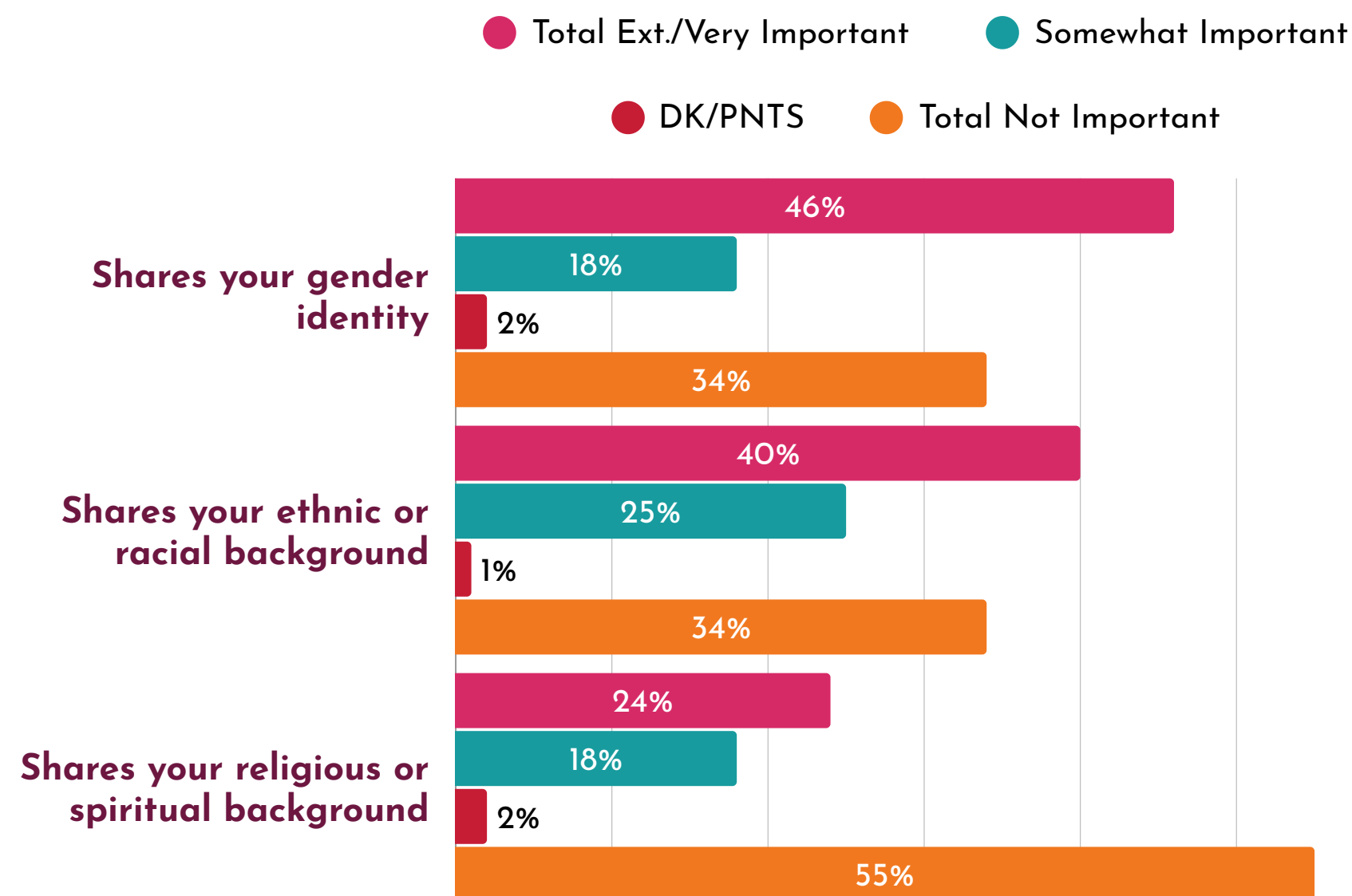
Key Priorities for Women in Choosing Obstetric and Pregnancy Care: Access, Affordability, Trust, and Whole-Person Support

Q: If you ever wanted or needed to see a health provider for obstetric/pregnancy related care, how important would it be to have a provider with the following qualities or characteristics? (Ranked by Extremely Important)*



Shared Gender Identity, Ethnic/Racial Background, And Religious Background Are Secondary Considerations

Q: If you ever wanted or needed to see a health provider for obstetric/pregnancy related care, how important would it be to have a provider with the following qualities or characteristics? (Ranked by Extremely Important)



In Their Own Words: Feelings About Co-Ethnic Providers



“But I actually had three Black nurses that were taking care of me, and they’re the ones that actually said, “You’re in distress. The doctor may keep telling you that you can wait 24 hours. You can’t.”... It was really a blessed experience because I had three Black women that gave me the look. And so for me, I get emotional when I think about it because I don’t know that if a white nurse would have come in, and I’m with you, I don’t want to race-bait, but I don’t know that they would have given me the look.”

– Black/African American Focus Group Participant, Age 45, Bay Area



“The care is much more important to me than their ethnicity. I just want someone that truly sees me more than just a number and is compassionate and caring and knowledgeable, so I can look beyond race. Race is not that important to me. It’s not really important to me at all to be honest, as long as they speak plain English.”

– Latina Focus Group Participant, Age 44, Northern California



“My first doctor, the one that I said was sitting there, was an African (inaudible) who just sat there and was looking at TV and the nurses was doing it too. They are disappointing because it’s like you expect more of your own kind, kind of, and they let you down.”

– Black/African American Focus Group Participant, Age 36, Sacramento

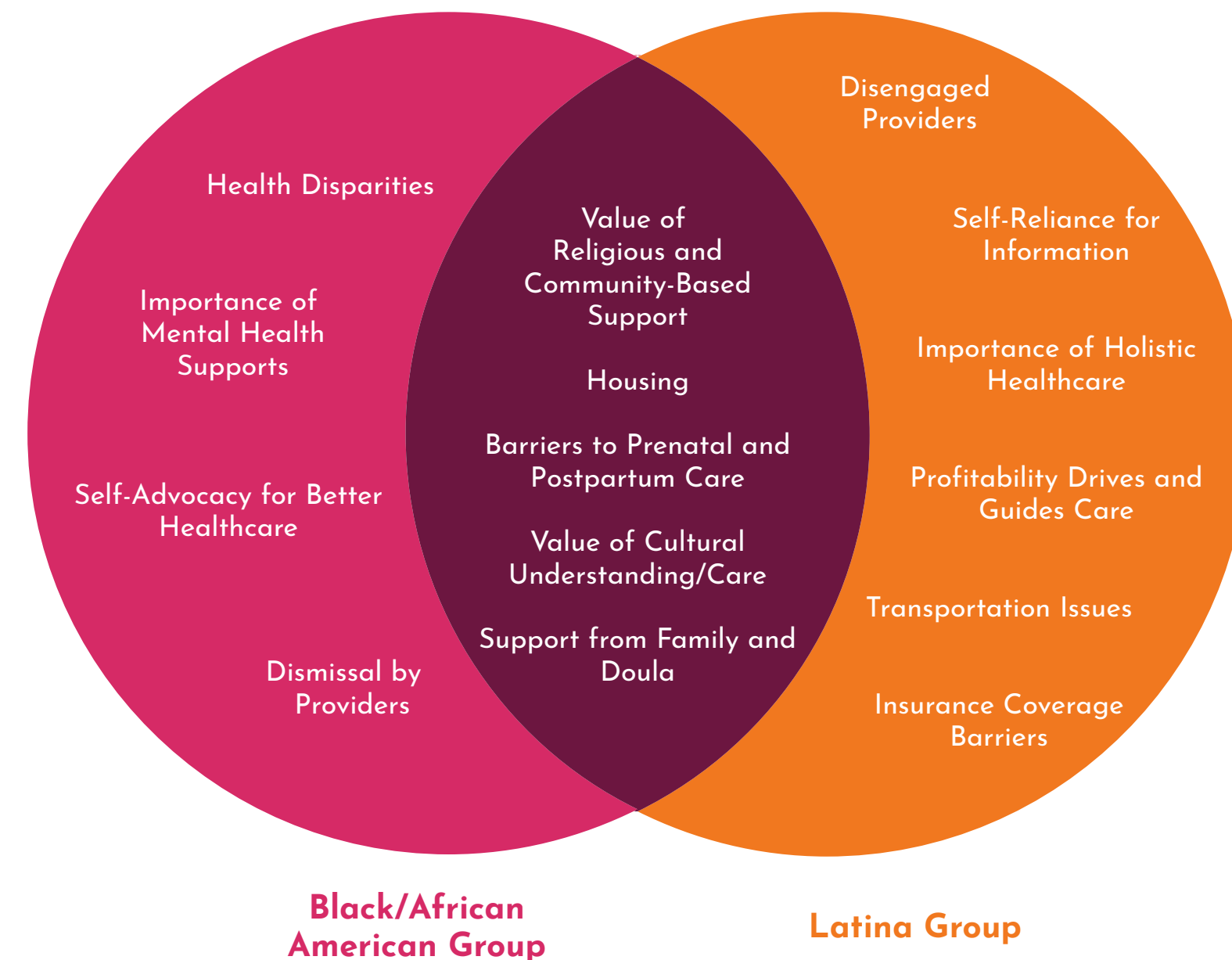
D. The Experiences of Black and Latina Mothers

A majority of Black and Latina mothers (57%) have experienced concurrent health issues during pregnancy, giving birth, or in the post-partum period. Conditions such as depression (57%) and anxiety (55%) emerge as most prevalent, while anemia (45%) and hypertension (29%) are also widely reported. Despite the high prevalence of mental health conditions and concerns, 46% did not or cannot recall receiving mental health screening.

In addition, nearly half of Black and Latina mothers (46%) report some level of unfair or adverse treatment by a doctor, nurse, or some other maternal health professional. The most common reasons for poor treatment are “assumptions about income level or education” (28%), race or ethnicity (22%), and physical appearance (22%). Indeed, focus group participants reflect these findings, as many discussed experiences of stigmatization from care providers due to their education, race, or other factors.

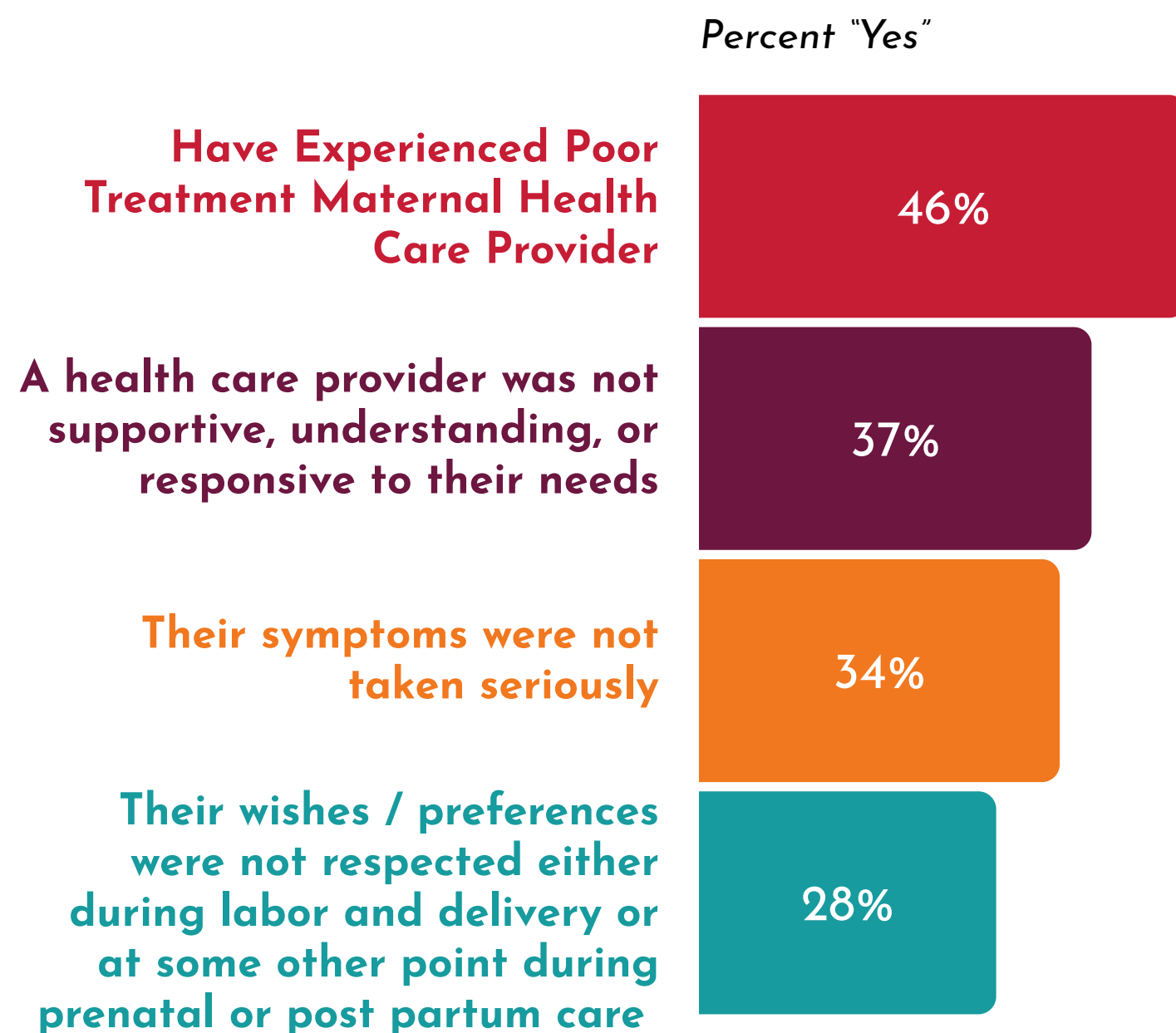


Dominant Focus Group Themes *Listening To Mothers*



Nearly Half Have Been Treated Poorly By A Maternal Health Care Provider.

Nearly 1 In 4 Report Having A Health Care Provider Who Was Not Supportive Or Responsive To Their Needs.



In Their Own Words: Poor Treatment Based On Assumptions About Socio-Economic Status



They had to put me on anti-seizure medication, literally concerned that my organs were going to start failing, and they said, "We are so glad that you advocated for yourself." So my whole thing is when I called and I said, "I can't breathe," and you know that I just had a baby and that is the #1 sign of post-partum pre-eclampsia, that was your opportunity there to say, "Emergency room." ... **So listen to us. We know our bodies. Listen to us. Stop being so dismissive.**

- Black/African American Focus Group Participant, Age 45, Bay Area



During my pregnancy I've always been treated like... just dismissed [...] I just felt that **because I'm so young, 23, that these doctors tried to tell me what was better and things like that**, and that's where I have the issue, **I suppose, that it feels unfair because of my age.**

- Latina Focus Group Participant, Age 23, Inland Empire

59%

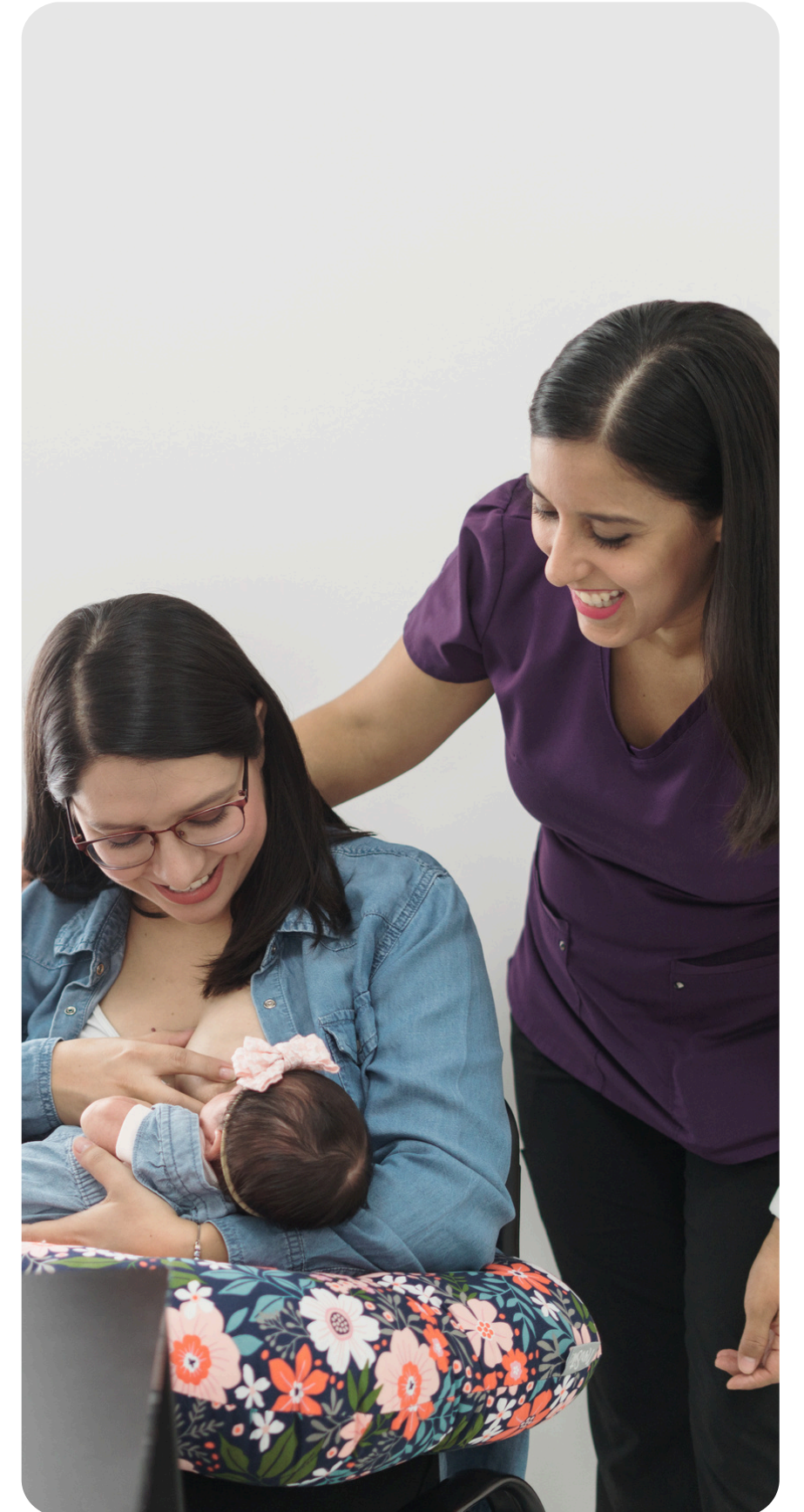
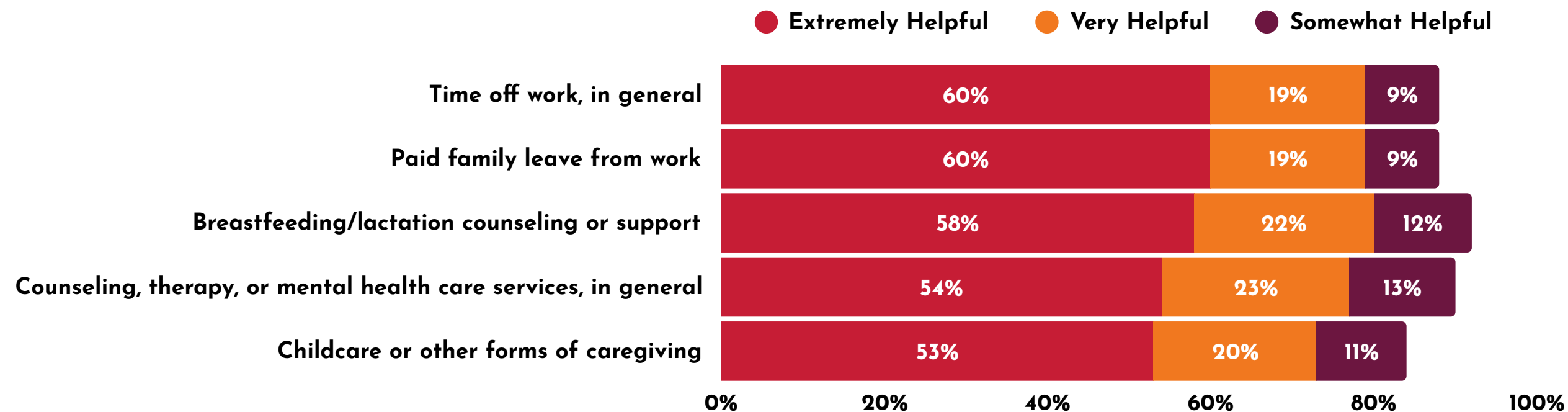
Do not know how to file a complaint due to discrimination or unfair treatment.

E. Priorities For Resources And Supports

Black and Latina birthing people rank a variety of resources and supports that would have been helpful during their most recent pregnancy or birth. A clear majority believed that “time off work, in general” (60%), “paid family leave from work” (60%), “breastfeeding/lactation counseling or support” (58%), and “counseling, therapy, or mental health care services, in general” (54%) would have been very helpful during their most recent birth or pregnancy.

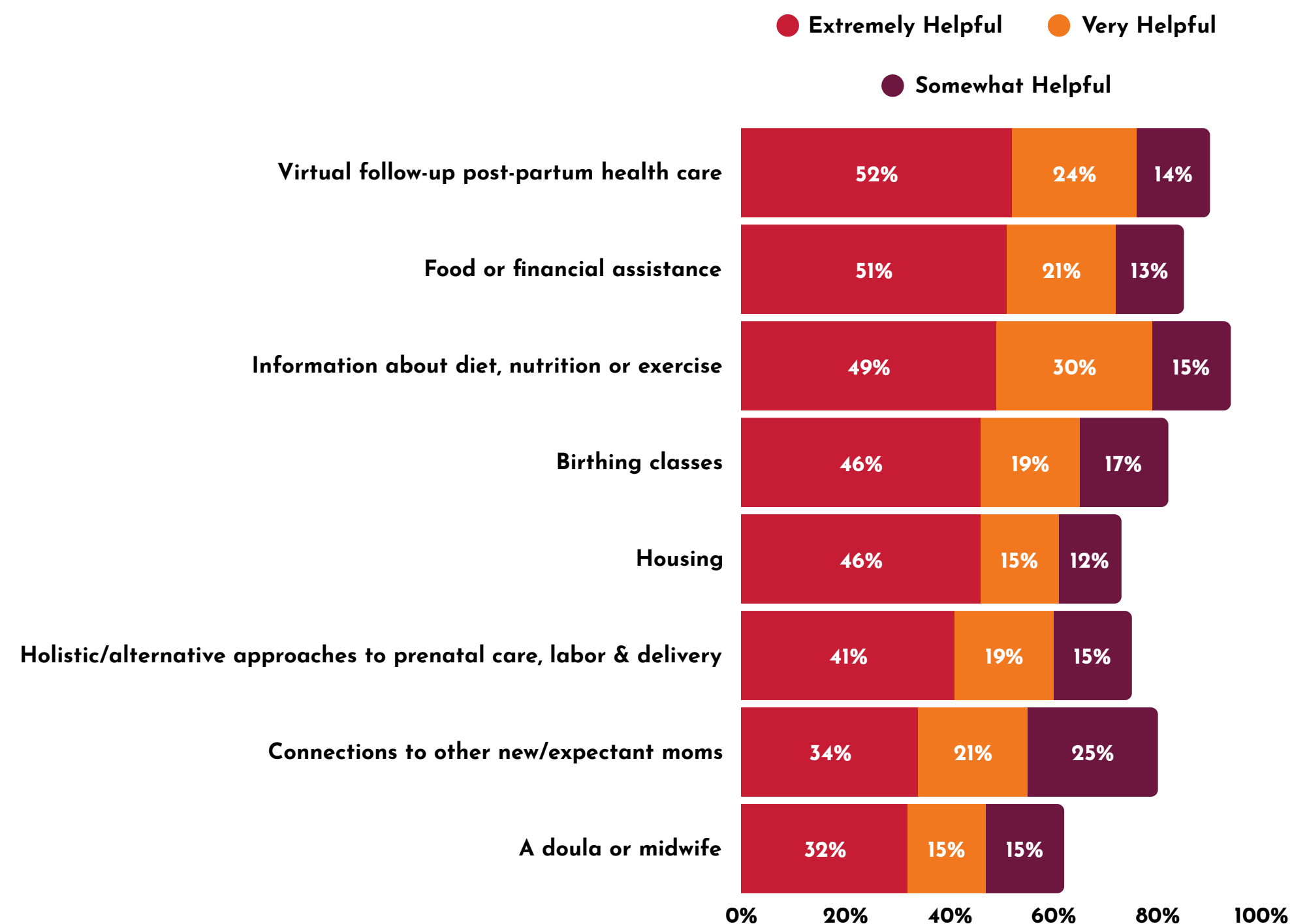
Mothers Identify Socio-Economic Supports, Lactation Consulting, And Mental Health Services As Key Resources

Q: Thinking about your most recent pregnancy or birth, how helpful would you have found the following resource or support? (Ranked by Extremely Helpful)*



Second-Tier Supports Include A Range Of Services

Q: Thinking about your most recent pregnancy or birth, how helpful would you have found the following resource or support? (Ranked by Extremely Helpful)*



Respondents Report Inconsistent Delivery of Resources & Supports

68%

Did not receive information about doula or midwife services from their health care provider. 81% have never worked with a doula or midwife during pregnancy.

46%

Did not receive a mental health screening at any point while pregnant or after giving birth

F. Birth Equity Policy Priorities

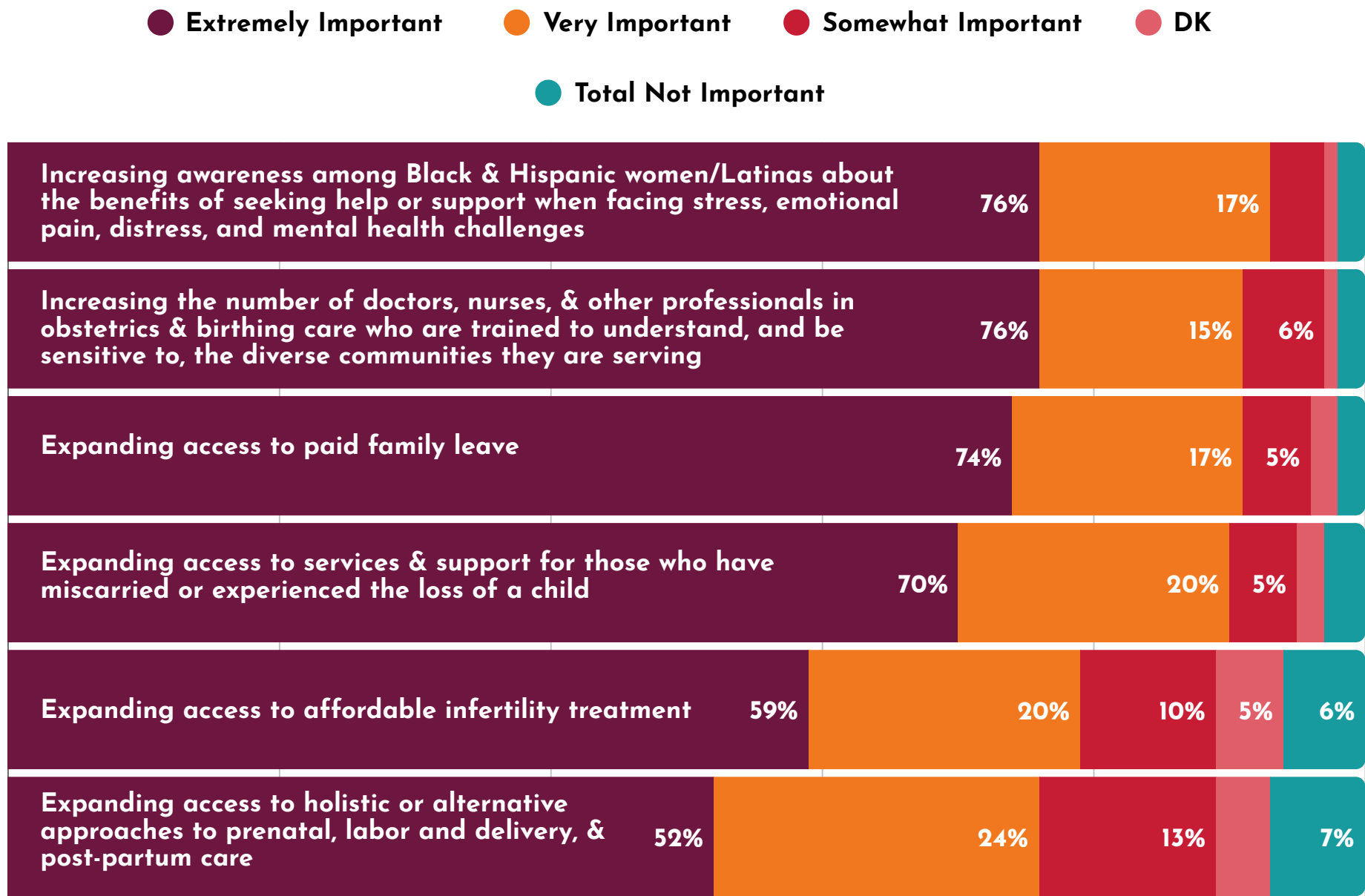
A majority of Black and Latina birthing people believe it is important to increase the number of Black and Hispanic or Latina women who are OB-GYNS/doctors, obstetrics nurses, and birthing care providers. Black birthing people express particularly high levels of enthusiasm towards this issue - **79% of Black birthing people believe it is “extremely important” to increase the number of Black women in maternal care. A solid majority of Latinas (55%) believe the same for Hispanic women/Latina maternal care providers.**

Moreover, survey respondents strongly support a variety of policy initiatives to improve birth equity. Nearly three in four or more respondents believe it is extremely important to:

- Increase awareness about the benefits of seeking help or support when facing stress, emotional pain, distress, and mental health challenges (76%).
- Increase the number of doctors, nurses, and other professionals in obstetrics and birthing care who are trained to understand, and be sensitive to, the diverse communities they are serving (76%).
- Expand access to paid family leave (74%).

Black Women And Latinas Identify A Number Of High Priority Investments To Improve Access And Equity

Q: Next you will see a list of suggestions that have been made to expand access in California to quality obstetric/pregnancy services and address health disparities related to pregnancy and childbirth. After each one, please indicate how important you believe the item to be. (Ranked by Extremely Important)*



*Percentages below 5% are not displayed.

Key Considerations

Black women and Latinas see economic supports as intricately connected to maternal health equity.

- 80% of Black women and Latinas say that income or having enough money to raise a child impacts their decision-making about whether to have a child or more children.
- Affordable health insurance, affordable and stable housing, food assistance, affordable childcare, ability to take time off work, and paid family leave rank as highly important supports.

Concerns about mental health, quality care, and access also emerge as core areas of focus.

- A majority of Black women and Latinas report experiencing depression and/or anxiety during pregnancy or post-partum. Many can't recall if they received mental health screening.
- Nearly half report experiences with mistreatment by a maternal care provider. Nearly three in five do not know where to file a complaint.
- Nearly one-third would have difficulty finding a provider for routine health care.
- More than half report the quality of care they might receive while pregnant or while giving birth as an important factor in their decisions about childbearing.



Policy Recommendations

Advancing Maternal Health Equity

Improving maternal health outcomes for Black women and Latinas requires a multifaceted approach from policymakers and healthcare providers that prioritizes equity, representation, and holistic care. This report highlights key areas where policy interventions can make a significant impact. Our recommendations focus on increasing investment in culturally responsive, whole-family healthcare; expanding workforce diversity to ensure Black and Latina mothers are heard and supported; and strengthening policies that provide continuous care before, during, and after pregnancy. By addressing these critical gaps, we can create a healthcare system that delivers better outcomes for all mothers and families.



Policy Recommendations

Increasing Access to Holistic Care

Findings from the study highlight the need for holistic care and expanded access to alternative maternal health services. A significant majority (77%) of respondents support expanding access to holistic or alternative approaches to prenatal, labor and delivery, and postpartum care.

Proposed Actions

- **Expand doula coverage requirements beyond Medi-Cal to include private insurance**, which is not currently mandated to cover doula care. Expand outreach efforts so that all Medi-Cal members who are eligible for services are aware of the option to use doula services.
- **Support training and credentialing of doulas, midwives, and other holistic care providers**, and raise reimbursement rates for the care they provide.
- **Simplify licensure requirements for alternative birth centers** and other places that provide holistic maternal health care services.
- **Expand coverage to recognize pregnancy as a qualifying condition for holistic care services**, ensuring access to chiropractic care, acupuncture, lactation support, and maternal mental health services. Currently, Medi-Cal only reimburses acupuncture for chronic pain related to a recognized medical condition. Broadening coverage would allow pregnant and postpartum individuals to receive comprehensive, preventative care that supports maternal health and well-being.

Improving Implementation of Existing Maternal Health Equity Measures

Despite the presence of laws aimed at addressing healthcare disparities, our findings indicate inconsistent implementation, limiting their full impact. Stronger efforts are needed to ensure fidelity to existing legislation. Implementation challenges include:

- **Reporting Discrimination:** California hospitals are required to provide written instructions on filing complaints for discrimination or unfair treatment. However, 59% of our survey respondents reported they did not know how to file a complaint if needed.
- **Mental Health Screening Compliance:** While California law mandates mental health screenings during or after pregnancy, only 52% of respondents reported receiving one, indicating gaps in enforcement. Additionally, 76% of respondents emphasize the importance of increasing awareness about seeking mental health support.

Proposed Actions

- **Launch an information campaign** to increase awareness of existing laws and resources available to patients facing discrimination.
- **Track the implementation of existing maternal health equity laws**, such as the California Dignity in Pregnancy and Childbirth Act, and existing requirements around maternal mental health screenings, to ensure compliance and effectiveness.



Policy Recommendations

Ensuring Economic Policies Support Whole Family Health

Respondents emphasized the need for comprehensive economic support, with 74% identifying expanded access to paid family leave as a priority. Many also cited time off work, childcare assistance, food or financial aid, and stable housing as critical to a positive pregnancy experience.

Proposed Actions:

- **Expand access to paid family leave** to better support birthing people.
- **Strengthen supportive social services** such as CalWORKs and EBT to enhance family health outcomes.
- **Increase reimbursement rates for existing childcare providers and invest in the expansion of subsidized childcare centers in California.** According to the California Budget and Policy Center, 55% of Black children and 48% of Latino children in California are eligible for subsidized childcare. Therefore, when there is an inadequate supply of subsidized childcare, California's families of color are disproportionately impacted.
- **Maintain existing federal Medicaid funding.** Congress is contemplating major cuts to Medicaid in various forms that could shift costs significantly to states. Protecting existing Medicaid rates allows states to subsidize maternal health equity initiatives that they may not otherwise be able to afford without federal support.

Increasing Diversity in Obstetric Care and Enhancing Sensitivity Training

While shared identity factors such as gender, race, or religion ranked lower in importance to survey respondents, a strong majority support increasing the number of Black and Hispanic women in birthing care professions. Additionally, a majority of respondents identify respect as an extremely important provider quality.

Proposed Actions:

- Increase the number of Black and Hispanic women in obstetrics and birthing care professions through policy and funding initiatives.
- Implement accountability measures for all personnel involved in the birthing system (including receptionists, medical assistants, nurses, physicians, doulas, midwives, and obstetricians) to ensure cultural sensitivity and bias training.

These policy proposals aim to address maternal health inequities by expanding holistic care, improving compliance with existing law, ensuring economic support, and fostering diversity and sensitivity in obstetric care.



Appendix

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Appendix - Survey Sample Characteristics

A total of 800 California Women participated in the study.

Race/Ethnicity	# of Participants	%
Black Women	381	48%
Latinas	381	49%
Afro-Latinas	38	4%

Survey Sample Demographic Snapshot

Insurance Status & Type	Marital Status	Women with Children	Generational Status	Education	Income
294 Employer Provided Coverage	308 Married/ Living with a partner	232 Single Parent	58 - 1st Generation	495 Non-College	380 Less than \$50,000
422 Medi-Cal or Uninsured	464 Divorced/ Single/ Widowed	263 Non-Single Parent	252 - 2nd Generation	295 College+	345 \$50,000 or More
73 Some Other Form of Coverage			434 - 3rd Generation+/ Non-immigrant background		

About HOPE

Hispanas Organized for Political Equality (HOPE) - HOPE® is a nonprofit, nonpartisan organization committed to ensuring political and economic parity for Latinas through leadership development, advocacy, and education—strengthening all communities and advancing the status of women. For over 35 years, HOPE has worked to ensure Latinas are informed, equipped, and engaged in public life, highlighting the vital contributions Latinas make to their communities and to the nation. To date, HOPE’s innovative programs have served over 65,000 Latinas and positively impacted thousands of individuals of all backgrounds through statewide and national advocacy that benefits society as a whole.

Learn more at www.latinas.org.

About BWOPA-TILE

Black Women Organized for Political Action (BWOPA) mission is to activate, motivate, promote, support, and educate African-American women about the political process, encourage involvement, and to affirm our commitment to, and solving of, those problems affecting the African-American community. Committed to the recruitment, training and skills building, TILE provides programs to develop and incubate a generation of African-American women leaders, so that these women are represented at local and national decision-making tables.

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