

PERSPECTIVES



**STATE OF
BLACK HEALTH**

CBHN

Perspectives:

**The State of Black
Maternal Health in California**

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**CALIFORNIA
BLACK HEALTH NETWORK**

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Introduction

The recent headlines and news coverage regarding the latest statistics on Black Maternal Health have uncovered a bleak reality about the inequities among Black birthing people. There are obvious gaps in how Black birthing people receive pre-natal and post-natal care and experience healthcare. While the data in this report reflects this reality, its primary purpose is to provide a comprehensive baseline of the state of Black maternal health to assess any changes in health equity over time. Despite the alarming statistics highlighted in this report, Black Maternal Health is not completely grim, and the California Black Health Network (CBHN) aims to highlight some of the progress that is being made and work that is being done to drive change in maternal health experiences and outcomes in California.

This Perspectives Report is intended to provide facts and information on the state of Black Maternal Health in California. As the voice and trusted resource for Black Health Equity in California, CBHN will provide reliable, current information to advance health equity in Black Maternal Health and other health disparities that plague our community. CBHN, the California Department of Public Health, many of our partner organizations, and key maternal and perinatal health initiatives are diligently striving to address the root causes of Black Maternal Health disparities.



The State of Black Maternal Health in the United States

Maternal mortality rate is 3.5x higher for Black individuals compared to White individuals

Maternal mortality remains disproportionately high for Black birthing people in the United States compared to other races and ethnic groups. On August 12, 2021, the National Institute of Child Health and Human Development (NICHD) reported updated research on the current racial disparities in maternal healthcare access and deaths in the US! In this National Institute of Health (NIH) funded study, researchers reviewed death certificates from 2016 and 2017 and reported the mortality rate was 3.5 times higher for Black birthing people compared to non-Hispanic Whites. Previous studies had indicated that maternal mortality was 2.5 times greater for Black, non-Hispanic individuals compared to White, non-Hispanic individuals. Additionally, the NICHD study revealed that disparities were found in more causes of death for Black women related to postpartum cardiomyopathy and preeclampsia/eclampsia. These two conditions were reported as the leading causes of death for Black mothers, resulting in 5 times the mortality rate compared to White women. Lastly, pregnant, and postpartum Black women were 2 to 3 times more likely to die from hemorrhage or embolisms. These new findings have revealed that there is an even greater disparity in Black Maternal Health than was originally reported for women in the United States. The same pattern applies in California.



The State of Black Maternal Health in California

Pregnancy-related death rate is **6x higher for Black birthing people** compared to White birthing people

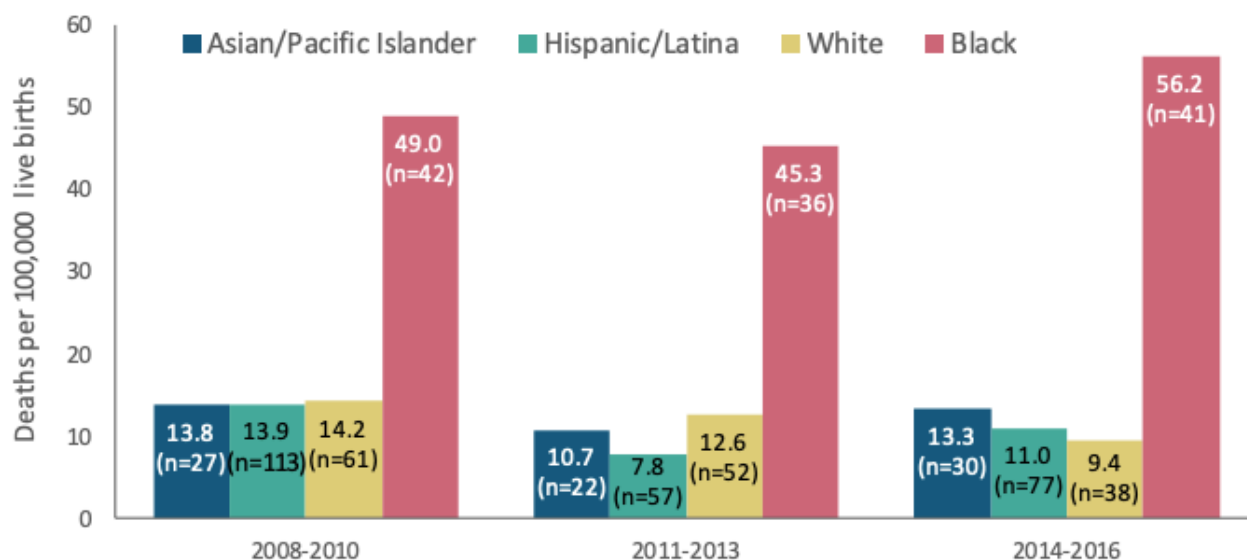


Figure 1: Pregnancy-Related Mortality Ratio by Race/Ethnicity, California 2008–2016. CDPH.

The California Department of Public Health released data describing pregnancy-related deaths in California by race. Pregnancy-related deaths are defined as deaths while pregnant or within the year after the end of pregnancy or birth. This includes all causes related to or magnified by a pregnancy regardless of the outcome. Figure 1 displays the pregnancy-related mortality ratio by Race/Ethnicity in California from 2008–2016. From 2014 to 2016, Black birthing people in California were 6 times more likely to die from pregnancy-related complications than White birthing people, a difference of 56.2 vs. 9.4 pregnancy-related deaths per 100,000, respectively.² This rate has increased for Black birthing people since the 2011–2013 time period (45.3 per 100,000). This increase indicates that pregnancy-related deaths, birthing, and post-natal factors significantly impact Black birthing people at a higher rate compared to their White counterpart.

A 2018 survey, *Listening to Black Mothers in California*, revealed that our healthcare system disregards many concerns of mothers of all races and ethnicities, and Black mothers are among the least listened to among patients.³ Another study, by Declercq et al., drew from the *Listening to Black Mothers in California* survey and investigated racial inequities in treating perinatal mental health challenges.⁴ The study concluded that non-Hispanic Black women experienced higher rates of prenatal depressive symptoms and disproportionately lower use of postpartum counseling treatments and services than non-Hispanic White women. Lower counseling use rates can result from both individual (i.e., cultural wariness, stigma, time, childcare, transportation) and system level (i.e., accessible mental health services at site of obstetrician) factors.^{5,6,7} The findings also concluded there is an immense need for state legislation requiring universal mental health screening and services for depressive symptoms to reduce inequities and advocate for the use of counseling services among women of color in general. The research findings also provide a robust perspective concerning prenatal, perinatal, and postnatal Black birthing experiences that extend beyond just physical health. The disparities span across healthcare access, historical trends in healthcare, mental health access, quality of care, and the life experience of Black birthing people in California.



COVID-19 and Maternal Health

In California:

- The risk of very preterm birth is **60% higher** for those infected with COVID-19
 - The risk of all preterm births is **40% higher** in those infected with COVID-19
-

According to the Centers for Disease Control and Prevention (CDC), pregnant individuals are at higher risk for severe illness from COVID-19 than non-pregnant individuals. In addition, pregnant individuals are at higher risk for preterm birth and possibly other poor pregnancy and birth outcomes.⁸ In a study conducted by UCSF, 4.2% of Black pregnant women in California were COVID-19 positive while giving birth between July 2020 and January 2021. Overall, there was a disproportionate burden of infection and preterm birth across Black, Indigenous, People of Color (BIPOC) groups.⁹

The CDC encourages all pregnant women, or those considering pregnancy, to get vaccinated. There is no increased risk of miscarriage, and there are no safety concerns for the mother or baby.¹⁰ The CDC also has confirmed that the benefits of receiving the COVID-19 vaccine outweigh the risk of contracting COVID-19 and advises individuals to consult with their provider if there are any questions or concerns regarding the COVID-19 vaccine.



California's Response to Maternal Health Disparities

Policy and Advocacy to Advance Health Equity: California Dignity in Pregnancy and Childbirth Act

There are varying factors that contribute to the high maternal mortality rates for Black birthing people - stress resulting from racism and generational trauma passing from parent to baby and insufficient access to prenatal and postnatal care. One seemingly unmendable factor is the implicit bias that exists within the healthcare system.

Implicit bias consists of the prejudice or preferences expressed in unconscious behavior that often results in racial bias. Research has shown that White medical students and residents erroneously believe biological myths that Black people physically feel less pain and have thicker skin than White people.¹¹ This leads to the approach to care and decisions that result in the under-treatment of pain in Black patients.

According to the CDC, March of Dimes, and the California Department of Public Health, being Black is a risk factor for preterm birth and is attributed to the discrimination and experience of racism among Black birthing people.^{12, 13} Recent studies centered around the Black birthing experience in San Francisco, CA, showed that most Black communities felt stereotyped and disrespected during their perinatal journey.¹⁴ The list of case studies and literature goes on, and most have concluded that when implicit bias is left unaddressed, it perpetuates inequitable treatment and care, enables the permissive bias during labor and delivery, and, most importantly, harms the health of the Black birthing patients. Thankfully there is a solution. Studies have found that medical students who experience implicit bias training centered around race, health disparities, and cultural humility have

significantly lower implicit bias at the end of their medical school training compared to matriculation. SB 464 was developed to implement formal training surrounding race and implicit bias to healthcare providers and increase the well-being and health of Black birthing people in California.

California is ahead of the curve in addressing implicit bias to improve the health, well-being, and outcomes in the state. The California Dignity in Pregnancy and Childbirth Act, SB 464, was enacted to address the harms of racism and the impact of implicit bias on Black birthing individuals. This law is the first of its kind in the nation and serves as a pilot for addressing inherent racism and implicit bias within the healthcare system. SB 464 was approved in 2019 and requires hospitals that provide perinatal care to conduct evidence-based implicit bias programs for all healthcare providers. It also requires improved death certificate reporting to receive more accurate maternal mortality rates in CA and requires hospitals and birthing centers to publicly release all maternal morbidity/mortality data stratified by race. One other key element of SB 464 requires hospitals to provide community education about reporting discriminatory experiences during their perinatal journey. This aims to empower patients to utilize accountability systems for addressing implicit bias.

How will SB 464 improve birth outcomes?

Requires evidence-based implicit bias training for perinatal inpatient providers in CA

Improve death certificate reporting to get more accurate maternal death count for CA

Require publication of maternal morbidity/mortality data, stratified by race and other determinants

Improve community education about ways to report experiences of health care-associated discrimination

The training program will address personal, interpersonal, institutional, structural, and cultural barriers to access to health care. These trainings will help to address the gap in medical learner training. It is a first step in helping providers recognize their own biases and develop a new lens through which to view racially equitable care.

Understanding causes of death is critical to assess disparities; this component will improve the tracking of pregnancy-related deaths to ensure they are reported correctly.

By publicly sharing maternal/mortality data by race and other determinants, hospitals and birthing centers will act with transparency and accountability to their clients. This will also improve our understanding of racial disparities in maternal and infant health.

Hospitals will be required to provide information to patients on how to file complaints, empowering clients and ensuring additional accountability systems for addressing implicit bias.

Policy and Advocacy to Advance Health Equity: The California Momnibus Act

Although California has reduced maternal mortality rates over the past 30 years, mortality and morbidity for BIPOC pregnant people and infants remain significantly higher than the state's average. The CDPH and NIH-affiliated studies, along with existing and new research on maternal health, highlight an urgent need to address the racial inequalities between Black and White birthing people. Qualitative and quantitative research continues to prove that both societal and health systems factors contribute to high rates of maternal mortality and morbidity for Black birthing people before, during, and after pregnancy. Consequently, there is a need for a multi-faceted approach to increase prenatal care access and address social determinants of health to improve outcomes in Black Maternal Health.

In response to this, on March 11, 2021, California State Senator Nancy Skinner introduced Senate Bill (SB) 65, also known as the California Momnibus Act. SB 65 was developed in partnership with the Black Women for Wellness Action Project and the Western Center on Law and Poverty, with the support of the March of Dimes, California Nurse Midwives Association, NARAL Pro-Choice California, the National Health Law Program, and a coalition of over 50 organizations.

SB 65 - SEN. NANCY SKINNER

CALIFORNIA MOMNIBUS

REIMAGINING MATERNAL HEALTH



SB 65 is part of a national effort to eliminate the high Black maternal and infant mortality rates in the U.A. and it complements the federal [Black Maternal Momnibus Act of 2021](#), co-sponsored by over 80 members of the U.S. House of Representatives and U.S. Senate, including California Senate District 9's own Rep. Barbara Lee (D-CA), as well as [The Kira Johnson Act](#), introduced by U.S. Sen. Alex Padilla (D-CA).

The California Momnibus Act aims to reduce maternal and infant mortality that has disproportionately impacted Black families and other families of color. It includes several strategies to reduce pregnancy and postpartum death rates and infant mortality and will improve research and data collection on racial and socioeconomic factors that contribute to higher maternal and infant mortality rates.

On October 9, 2021, in a monumental step, Senate Bill 65 was signed into law by Governor Newsom. The signing of this bill into law is a bold step toward ensuring a more equitable maternal health future. According to Senator Skinner, The California Momnibus Bill not only redefines the success of what Caladenia's goals should be around maternal health, but it sends a clear message to all future and current mothers, babies, and families that their health matters.



SB 65 will take effect on January 1, 2022, and will:

- Codify and expand California's Pregnancy-Associated Mortality Review Committee to investigate maternal mortality and morbidity and make recommendations on best practices to reduce maternal and infant deaths.
- Update data collection and protocols for counties participating in the Fetal and Infant Mortality Review Process and require counties meeting specified criteria to participate.
- Clarify that pregnant people are exempt from CalWORKs welfare-to-work requirements.
- Build the midwifery workforce by establishing a fund for midwife training programs that prioritize admitting underrepresented groups and those from underserved communities.
- Establish a stakeholder workgroup to aid in the implementation the new Medi-Cal doula benefit set to start next year.

Certain aspects of the California Omnibus Act that were included in the Budget Act of 2021, enacted earlier this year are:

- Expanding eligibility for CalWORKs grants to pregnant people regardless of the requirement that they report which trimester their pregnancy is in and simplifying the verification process.
- Increasing the pregnancy basic needs payment for pregnant CalWORKs recipients to \$100 per month (from \$47).
- Adding doula care to eligible Medi-Cal Services.
- Extending full scope Medi-Cal to a birthing parent for 12 months postpartum.
- Including pregnant people as a priority for the state's Guaranteed Income Pilot funded in the budget.

For more information about the CA Omnibus Act, please click [here](#).

Maternal Health & Birthing Initiatives in California

CBHN applauds the amazing work being done across the state by many of its partners, network members, and community-based organizations and initiatives. We celebrate the monumental and unprecedented step toward improving Black Maternal Health outcomes and addressing the alarming disparities in California. CBHN recognizes that despite the significance of the California Momnibus Act, the work still remains, and we must continue to advocate, every day, for Black birthing people by pushing forward legislative, programmatic work, and community-driven initiatives in order to achieve birth equity.

Below is a list of some of the organizations that are making a difference at the state, local, and community level to reduce maternal health disparities for Black birthing people:

- [Black Women for Wellness](#) is dedicated to the health and well-being of Black women and girls through multiple support and empowerment programs. Their focuses range from reproductive justice to Black infant health.
- [March of Dimes](#) advocates for moms and babies, no matter their demographic, age, or socioeconomic status. Their programs and initiatives focus on everything from research, medical professional education, health policy, and supporting families in the NICU.
- [The Birth Equity Advocacy Project \(BEAP\)](#) is part of [Causes to Care About](#) and advocates for equal access to prenatal and perinatal care for all families. BEAP focuses on social welfare through advocacy and lobbying for birth equity.
- [The California Black Women's Health Project](#) employs culturally competent interventions, advocates on the premise of intrinsic value in Black women's heritage, and promotes empowerment to improve wellness.

- [Perinatal Equity Initiative \(PEI\)](#) implements evidence-based interventions for pregnant and parenting Black women and their partners in California for the first year of their child's life. They have various free program services from prenatal care to fatherhood initiatives in Alameda, Contra Costa, Fresno, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, and Santa Clara counties.
- [#DeliverBirthJustice Campaign](#) is part of PEI and puts birth justice at the forefront in the fight for racial justice in the Bay Area. The campaign mobilizes health professionals, policymakers, community members, and more to achieve birth justice for Black families.
- [Los Angeles County African American Infant and Maternal Mortality \(AAIMM\) Initiative](#) is a countywide coalition invested in addressing the high rates of Black infant and maternal mortality and ensuring healthy births in LA county. The LA Department of Public Health leads AAIMM in partnership with [First 5 LA](#).
- [First 5 Center Partnership to Improve Black Infant and Maternal Health](#): In March 2021, First 5 Center for Children's Policy announces new partnerships and projects, including:
 - The UCSF's California Preterm Birth Initiative partnership to investigate best practices from prenatal and infant health programs nationally to improve the health of Black families.
 - The Plan Partnership Project, assisting First 5 commissions in building relationships with local Medi-Cal managed care plans.



- [The Black Infant Health \(BIH\) Program](#), led by the California Department of Public Health (CDPH), serves Black pregnant and postpartum women and is dedicated to improving Black infant and maternal health. Program services include but are not limited to empowerment-focused group support, life planning, and case management. Services are provided in locations where over 90% of Black births occur: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, and Solano counties, and the cities Long Beach and Pasadena.
- [The Black Child Legacy Campaign](#) works to reduce deaths of African American youth by 10% - 20% by 2020 in Sacramento, CA. The campaign focuses on four issues: Perinatal Conditions, Infant Sleep, Child Abuse and Neglect, and Third Part Homicides.
- [UCSF's California Preterm Birth Initiative](#) focuses on innovative birth research that centers BIPOC lived experiences and is dedicated to dismantling racist structures driving the pre-term birth epidemic.

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