

**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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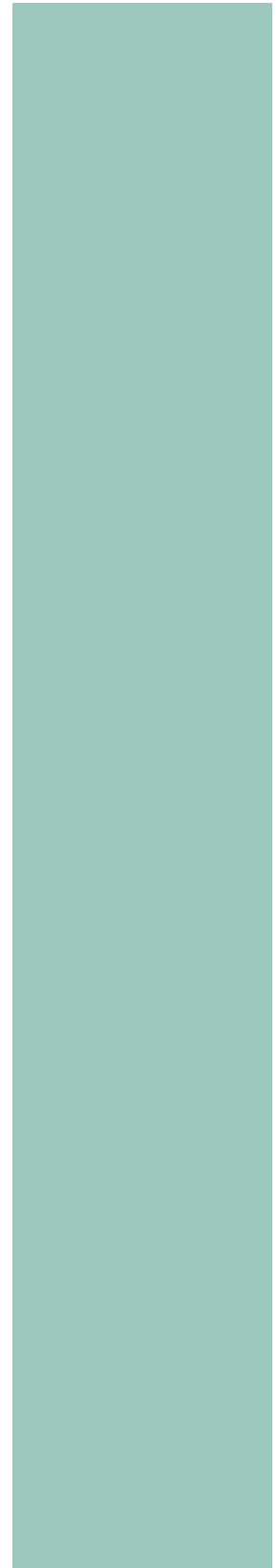
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# Introduction

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The recent headlines and news coverage regarding the latest statistics on Black Maternal Health have uncovered an even more bleak reality about the inequities among Black birthing people. There are obvious gaps in how Black birthing people receive pre- and post-natal care and their experience with their healthcare provider. While the data in the report reflects this reality, its primary purpose is to provide a comprehensive baseline of the state of Black maternal health in order 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 the work that is being done across the state 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 information and progress to date to advance health equity in Black Maternal Health as well as other health disparities that conditions that plagued 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

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

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Maternal mortality remains disproportionately high for Black birthing people in the United States compared to other race and ethnic groups. On August 12, 2021, the National Institute of Child Health and Human Development (NICHD), in a study funded by the National Institute of Health (NIH), reported updated research on the current racial disparities in maternal and infant healthcare access and deaths in the U.S.<sup>1</sup> In this study, researchers reviewed death certificates from 2016 and 2017 and reported the mortality rate was actually 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 and 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 also 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

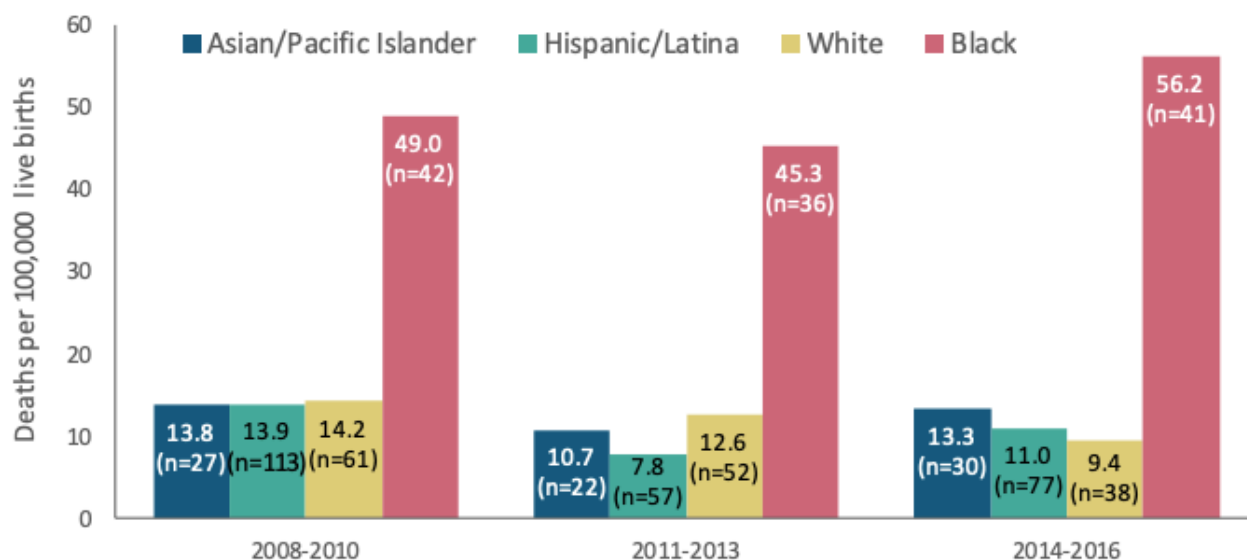


Figure 1: Pregnancy-Related Mortality Ratio by Race/Ethnicity, California 2008–2016. CDPH.

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 six 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.<sup>2</sup> This rate has increased from 43.3 per 100,000 for Black birthing people for the period between 2011–2013 to 45.3 per 100,000 for Black birthing people. 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 counterparts.

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.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5,6,7</sup> 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 Pregnancy

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## 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
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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. In a study conducted<sup>8</sup> 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.

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. The CDC also has confirmed that the benefits of receiving the COVID-19 vaccine outweigh the risk 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

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

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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 in order 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.<sup>11</sup> SB 65 was developed in partnership with 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](#).

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# Maternal Health & Birthing Initiatives in California

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CBHN applauds the amazing work being done across the state by many of its partners, network members, and community-based organizations and initiative. We celebrate the monumental and unprecedented step toward improving Maternal Health Black maternal health outcomes and addressing the alarming Black disparities in California. CBHN recognizes that despite the significance of the California Omnibus Act, the work still remains, and we must continue to advocate every day for Black and Brown 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](#) 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.

**PERSPECTIVES**

**STATE OF  
BLACK HEALTH**



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