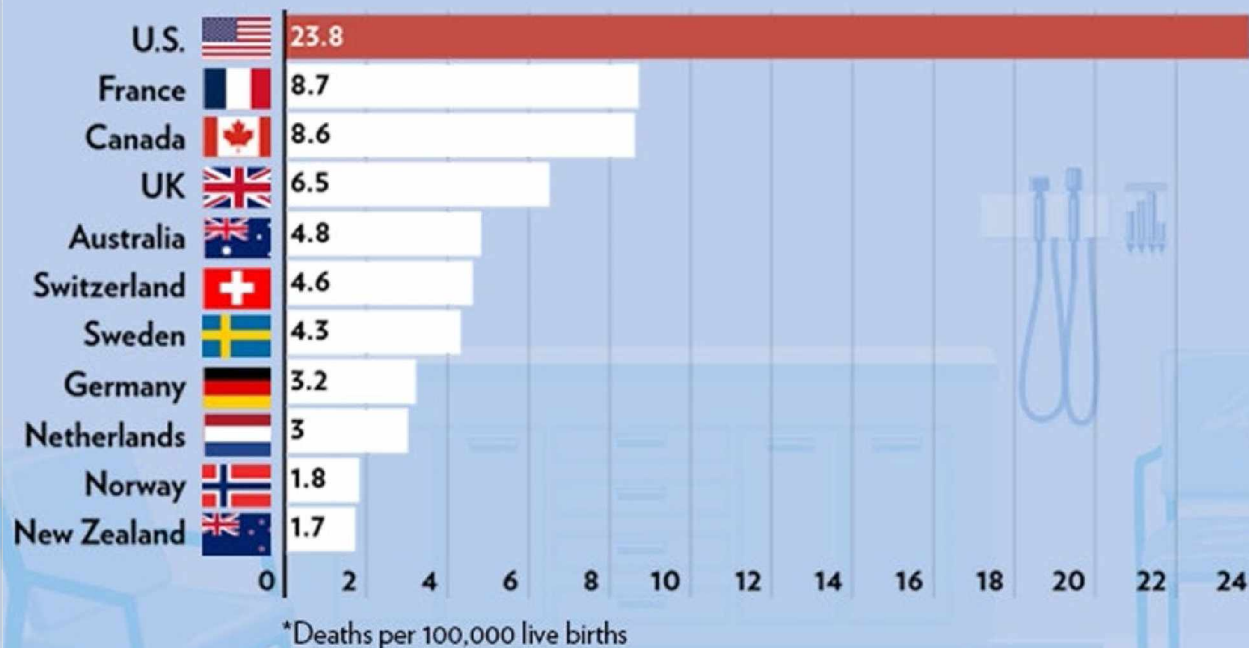


# Birth Equity in California

February 28, 2024



## Maternal Mortality in the U.S. Far Outstrips That of Other Industrialized Nations



Source: <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>

This is the United States in 2020.

In 2021, the figure jumps from 23.8 to 32.9 deaths per 100,000 births.

This is an incredibly high number for **any** developed, wealthy nation.



# MORTALITY GAP FOR U.S. MOMS

In the U.S., black women who are expecting or who are new mothers die at rates similar to those of the same women in lower-income countries, while the maternal mortality rate for white U.S. mothers more closely resembles rates in more affluent nations.

Sources: U.S. ratios (2011-2013): CDC Pregnancy Mortality Surveillance System; Global ratios (2015): UNICEF

## NON-HISPANIC BLACK WOMEN

40

United States

Comparison:

Women of all races

44

Brazil

40

Malaysia

38

Mexico

36

Uzbekistan

Maternal deaths per 100,000

## NON-HISPANIC WHITE WOMEN

12.4

United States

11

New Zealand

9

United Kingdom

8

France

5

Japan

Above all, **Black birthing people** are 3-4 times **MORE** likely to die from pregnancy complications in the United States.



INTRODUCING THE

# CALIFORNIA COALITION FOR BLACK BIRTH JUSTICE

Solaire Spellen  
Candice Charles








The logo features the text "California Coalition for Black Birth Justice" in a mix of gold and white colors, set against a dark green background with a faint geometric pattern.

## California Coalition for Black Birth Justice

### We are unapologetically committed to:

-  Caring for and centering Black mamas/ birthing folks — and the people who advocate for them
-  Championing systems-level change in policies and practice
-  Unifying our collective birth equity efforts across the state to make justice and liberation a reality.

# ABOUT THE COALITION

- Conceptualized in 2021 on the heels of PTBi's First 5 Policy Center workgroup.
- Recognized there was no consistent space for statewide birth justice leaders to meet, collaborate.
- The first of its kind, the California Coalition for Black Birth Justice (the Coalition) convenes birth equity and reproductive justice experts to drive coordinated efforts to accelerate birth justice for Black families across the state.
- We are on a mission to unify and strengthen the Black birth justice movement in California.

California Coalition for Black Birth Justice is fiscally sponsored by the Public Health Institute and led in partnership with UCSF Preterm Birth Initiative.



# OUR WORK

## AREA 1: CALIFORNIA STATEWIDE BLACK BIRTH JUSTICE CONNECTOR & CONVER

- Disseminate and mobilize around Black Birth Justice Agenda
- Coordinate statewide advisors and partners through a statewide platform
- Host bi-annual, statewide birth equity summit

## AREA 2: SUPPORTING THE BLACK BIRTH JUSTICE WORKFORCE

- Conduct frequent assessments needs and opportunities for the Black birth justice workforce
- Create paid learning opportunities for aspiring Black birth justice professionals
- Create healing, restorative spaces, events, learnings, and supports for Black birth equity and reproductive justice leaders.

## AREA 3: SCALING SYSTEMS-CHANGE EFFORTS IN HEALTH CARE

- Create and scale power-building collaborative with community organizations and health care organizations (i.e.- hospitals, clinics, or payers) to build readiness, and strengthen trust-building
- Continue the creation of a Birth Equity Hospital Designation



# COALITION ADVISORS

We believe that combining our knowledge, capacity, lived experiences, power, and deep love for Black people through the activation of a Black women-led coalition has significant potential to drive the necessary systemic change.

Coalition advisors bring a range of diverse expertise and skill sets, representing different geographies from across the state.



Brandi Desjolaïs, Ed.D.  
Co-Director  
Black Maternal Health Center of  
Excellence  
Charles R. Drew University of  
Medicine and Science



Brittany Chambers, Ph.D., MPH  
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Center for Anti-Racism in Nursing  
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Project



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Planned Parenthood Federation of  
America



Pooja Mittal, DO  
Chief Health Equity Officer  
Health Net



Saytda Peprah-Wilson, PsyD  
Founder/ Executive Director  
Diversity Uplifts



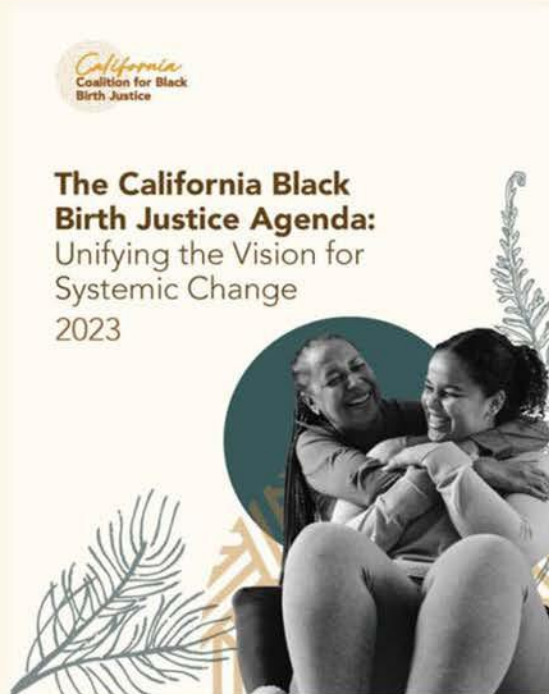
Shantay Davies-Balch, MBA  
Chief Executive Officer  
BLACK Wellness and Prosperity  
Center



Zea Malawa, MD, MPH  
Director  
Expecting Justice  
San Francisco Collective impact for  
Healthy Births  
San Francisco Department of Public  
Health



# The California Black Birth Justice Agenda



- Developed by the Coalition backbone team, Strategic Advisors, and Black community members over a 1-year period
- Outlines strategies to build upon existing efforts and create longer-term solutions to improve Black maternal and infant health outcomes in CA
- A resource and call to action for everyone—including our policymakers, health systems, health insurance plans, community-based organizations, professional associations, and more



# The State of Black Birth Equity and Justice in California

- Structural racism has impacted the development of scripts and protocols in healthcare settings
- In California, Black babies account for ~6% of births, but Black mothers and babies experience disproportionately high rates of fetal and maternal complications
- Many existing birth justice efforts in CA are siloed and differ in their strategic approach to improve Black maternal and infant health outcomes



# ACTION AREA #1

## Institutional Accountability and Data Accessibility

- This **lack of access to quality data** (i.e., community-defined data) perpetuates mistrust of health systems and institutions
- Despite recent efforts to expand healthcare coverage for patients, California continues to have one of the **lowest Medi-Cal reimbursement rates** in the country, and these rates are even lower for obstetric services
- As **partnerships with community** members evolve, so should the accountability efforts within health systems and institutions

# Agenda Action Areas

## 1. Institutional Accountability and Data Accessibility

- Use community-defined measures to **monitor progress** in reducing Black maternal and infant health disparities
- Produce a **publicly accessible** Black birth equity monitoring and evaluation system
- Incentivize provider actions to advance Black birth equity through innovative **Medi-Cal payment models**



## ACTION AREA #2

# Black Birth Justice Workforce Development and Sustainability

- Research shows that when Black patients are cared for by Black providers, Black patients experience **higher quality care**, increased satisfaction, and increased life expectancy
- Black healthcare professionals are facing problematic work environments, limited mentorship and advancement opportunities, increased emotional labor, and **burnout**
- Improvements in Black maternal and infant health outcomes cannot be sustained without supporting, expanding, retaining, and **nurturing** the Black birth justice workforce



# Agenda Action Areas

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## 2. Black Birth Justice Workforce Development and Sustainability

- Strengthen **recruitment and retention** of Black clinical and non-clinical workforce
  - Offer financial support to Black maternal health trainees and clinicians
  - Develop additional training and support programs
  - Invest in the next generation of the Black birth justice workforce
- Establish sustainable mechanisms to support the **joy and wellbeing** of the Black birth justice workforce



# ACTION AREA #3

## Community-Based Care

- Community birth settings (planned births at home or at freestanding birth centers) typically utilize midwifery care models that value holistic, **relationship-based care**
- In California, **birth centers** are commonly reimbursed at a rate 30-50% less than hospital reimbursement
- In addition to increasing public funding to support community-based care, we also call upon **philanthropic organizations to invest** in this holistic approach to care

# Agenda Action Areas

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## 3. Community-Based Care

- **Expand coverage** for community-based care to increase access to holistic support
- **Invest** in Black-led birth centers, organizations and birthworkers



# Thank You!



California Coalition for Black Birth Justice is fiscally sponsored by the Public Health Institute and led in partnership with UCSF Preterm Birth Initiative.





Our Work



Aging



Maternal/Reproductive Health



Mental Health



Reparations/Special Projects



Sexual Health & Empowerment

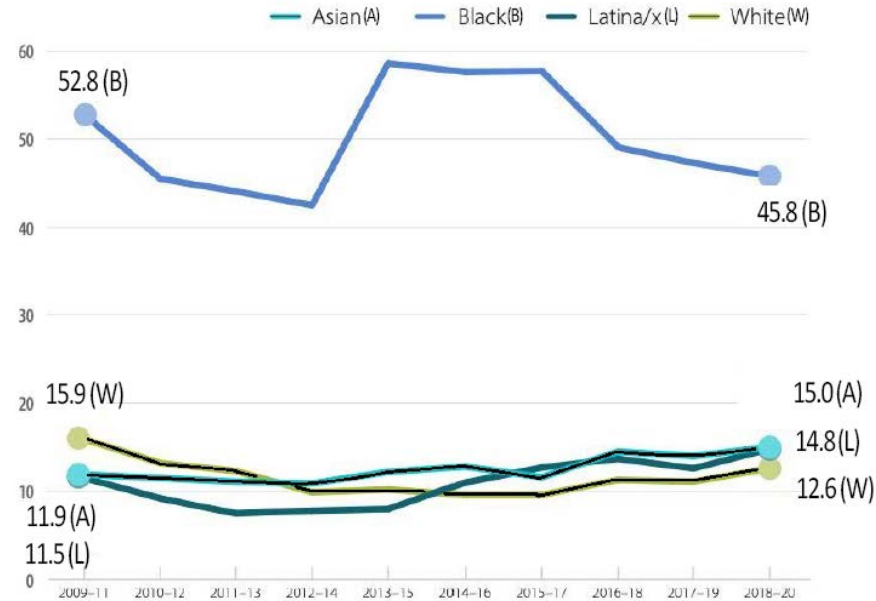


Violence Prevention

# Pregnancy-Related Mortality, by Race/Ethnicity

## California, 2009 to 2020

PREGNANCY-RELATED DEATHS PER 100,000 LIVE BIRTHS



Notes: *Pregnancy-related mortality* is a death while pregnant or within one year of the end of pregnancy — regardless of the outcome, duration, or site of the pregnancy — from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (including suicide, homicide, or drug overdose). Three-year moving average was used. Source uses *Hispanic*.

Source: "Pregnancy-Related Mortality," California Dept. of Public Health, last updated March 9, 2023.

### Maternity Care in California

#### Quality

Between 2009 and 2020, the pregnancy-related mortality rate for Black mothers / birthing people<sup>†</sup> was three to four times higher than the rate for mothers / birthing people of other races/ethnicities. This variation cannot be explained by factors such as age, income, education, and health insurance coverage. Research shows that implicit bias and racism are key causes of disparate outcomes for Black mothers / birthing people.<sup>‡</sup>

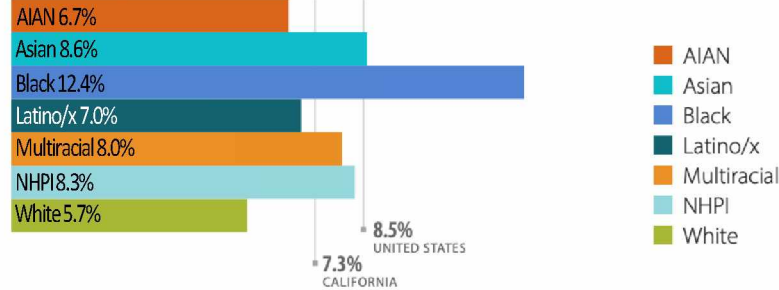
<sup>†</sup> *Birthing people* is used to recognize that not all people who become pregnant and give birth identify as women or mothers.

<sup>‡</sup> *"Birth Equity"*, California Health Care Foundation.

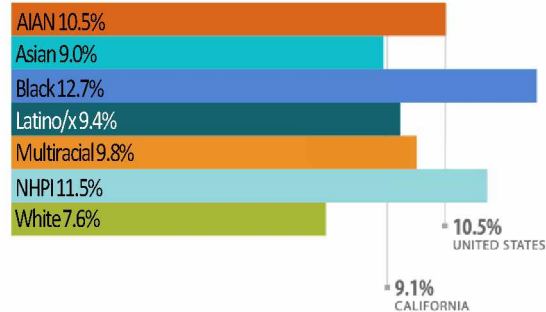
# Low-Birthweight and Preterm Birth Rates, by Race/Ethnicity

California, 2021

## Low-Birthweight Births



## Preterm Birth Rates



Notes: Low-birthweight birth is an infant born weighing less than 2,500 grams, or 5 pounds, 8 ounces. Preterm birth is a birth at less than 37 completed weeks of gestation. AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander. Source uses Hispanic, Multi-Race, and Pacific Islander.

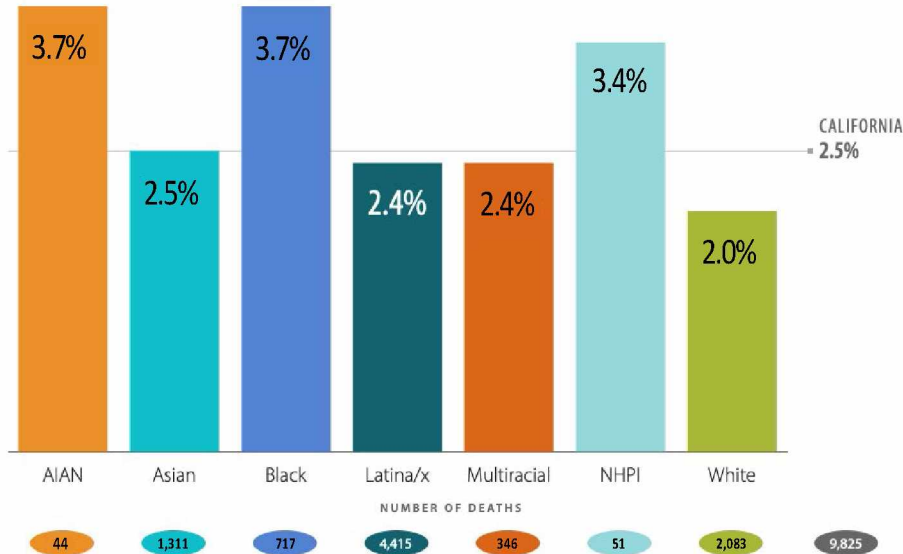
Sources: "Preterm Births," California Dept. of Public Health (CDPH), last updated January 26, 2023; and "Low Birthweight," CDPH, last updated March 6, 2023.

## Maternity Care in California Quality

Low-birthweight and preterm babies are at increased risk for long-term health problems. California's low-birthweight and preterm birth rates varied by race/ethnicity. Black infants had the highest low-birthweight rate. Black, Native Hawaiian and Pacific Islander, American Indian and Alaska Native, and multiracial infants had preterm birth rates above the Healthy People 2030 target of 9.4%.<sup>1</sup>

<sup>1</sup> Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade (see <https://health.gov/healthypeople>).

## Severe Maternal Morbidity, by Race/Ethnicity California, 2021



Notes: Data are based on in-hospital births at nonmilitary hospitals in 2021 that reported data to the California Department of Health Care Access and Information. Severe maternal morbidity includes unexpected and potentially life-threatening complications from labor and delivery that result in significant health consequences. Rates are not risk-adjusted. AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander.

Source: Custom data request, California Maternal Quality Care Collaborative, received April 28, 2023.

### Maternity Care in California Quality

In California, rates of severe maternal morbidity (SMM) varied by race/ethnicity. American Indian and Alaska Native, Black, and Native Hawaiian and Pacific Islander mothers / birthing people\* had the highest SMM rates in 2021. Maternal age and chronic conditions such as obesity, diabetes, and hypertension are associated with increased risk of SMM.<sup>†</sup>

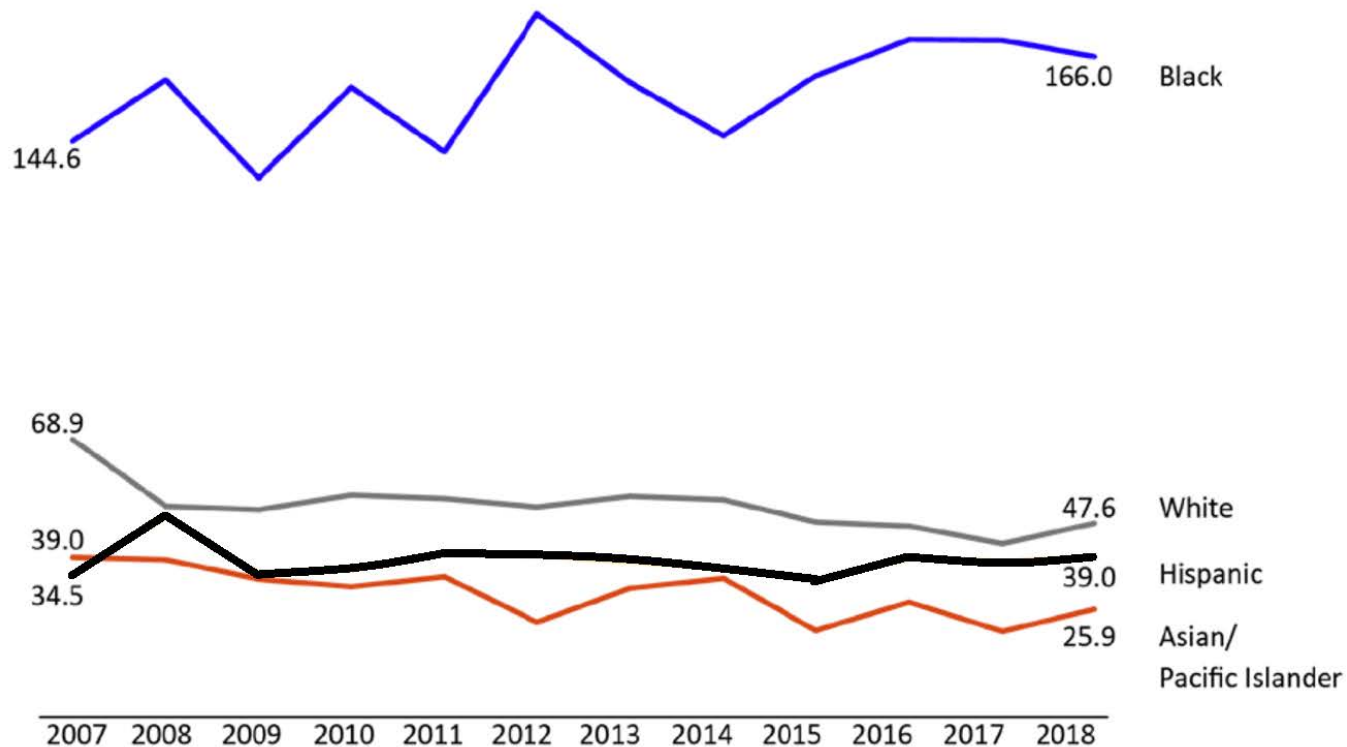
\* Birthing people is used to recognize that not all people who become pregnant and give birth identify as women or mothers.

<sup>†</sup> **Severe Maternal Morbidity**, California Dept. of Public Health, last updated April 11, 2023.



**Figure 42. The rate of sudden unexpected infant death (SUID) has not improved over the past decade among Black infants and is much higher than those of racial and ethnic groups**

*Number of infant deaths due to SUID per 100,000 live births in California, by race and ethnicity, 2007–2018*



Source: California Birth Cohort File, 2007–2018.

# CABWHP Maternal & Reproductive Health

[cabwhp.org](http://cabwhp.org)



## Birthworker Support

Business & Best Practice Trainings

Fiscal Sponsorship

Ambassador Program

Abortion Workforce Support



## Policy & Advocacy

California Coalition for Black Birth Justice

LA County AAIMM Policy Workgroup/Pritzker PN-3 Work

Whole Child Equity Partnership

Reparations Work



## Family Advocacy & Education

Showering The Village

Trainings & Resource Connection

Hospital Quality Improvement

Abortion/Full Spectrum Education



## Agency/CBO Support

Equity Workshops

Coalition/Commission Leadership

Technical Assistance

Fiscal Sponsorship

*Raena Granberry, CABWHP*

# So, what do we do?

“We have been able to establish that midwifery care is strongly associated with **lower interventions, cost-effectiveness and improved outcomes,**” said lead researcher Saraswathi Vedam, an associate professor of midwifery who heads the Birth Place Lab at the University of British Columbia.

Source: <https://www.npr.org/2018/02/22/587953272/does-a-larger-role-for-midwives-mean-better-care>

“It's a model that somewhat **mitigates the impact of any systemic racial bias.** You listen. You're compassionate. There's such a depth of racism that's intermingled with [medical] systems. If you're practicing in [the midwifery] model you're mitigating this without even realizing it.”

~ Jennie Joseph, *Time Magazine Woman of the Year, 2022*

Source: <https://www.npr.org/2018/02/22/587953272/does-a-larger-role-for-midwives-mean-better-care>

“...licensed midwives could be used to solve shortages of maternity care that disproportionately affect rural and low-income mothers, many of them women of color. ‘Growing our workforce, including both midwives and obstetricians, and then ensuring we have a regulatory environment that facilitates integrated, team-based care are key parts of the solution,’ ~ Dr. Neel Shah, Associate

*Professor, Harvard University Medical School*

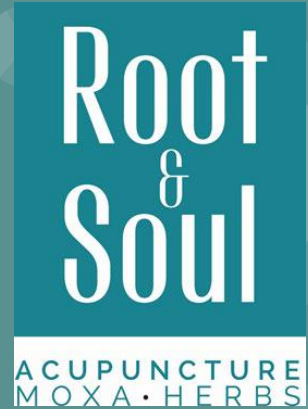
Source: <https://www.propublica.org/article/midwives-study-maternal-neonatal-care>





# What do we do at San Diego Community Birth Center?

- Group and individual prenatal care
- Prenatal, Labor, Birth and Postpartum care
- Education and Advocacy
- Birthworker support and education
- Reproductive Healthcare
- Assisted Reproductive Technology and Fertility Support
- Consent-based Sex Ed instructors
- Community Baby Showers
- Clinical support of recently arrived pregnant immigrants and refugees
- Support of birth center in Tijuana
- Community building



CALL TO ACTION

