

# Towards Equity in Maternal Health: Policy Considerations for Improving Prenatal Care Among Black Women in California and Beyond – An Analysis and Pathways Forward



**UCLA Luskin**  
School of Public Affairs

**UCLA David Geffen School of Medicine**

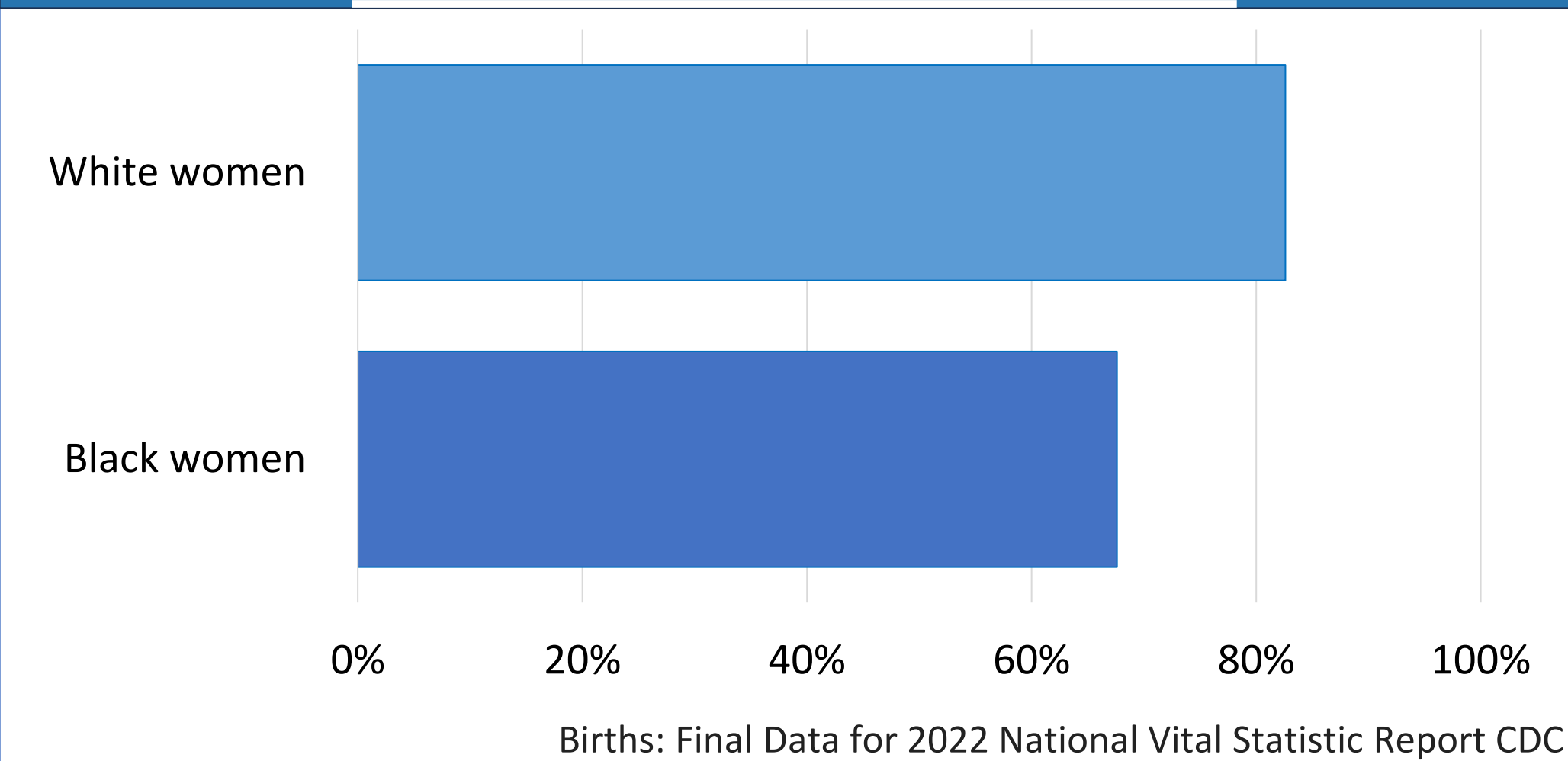
Joy Ohiomoba cMD<sup>[1]</sup> cMPP<sup>[2]</sup>, Michelle Gallardo cMD<sup>[1]</sup> cMPP<sup>[2]</sup>, Dailyn Rodriguez cMD<sup>[1]</sup> cMPP<sup>[2]</sup>,  
Chanelle Ndagire cMD<sup>[1]</sup> cMPP<sup>[2]</sup>

David Geffen School of Medicine<sup>[1]</sup>, Luskin School of Public Affairs at UCLA<sup>[2]</sup>

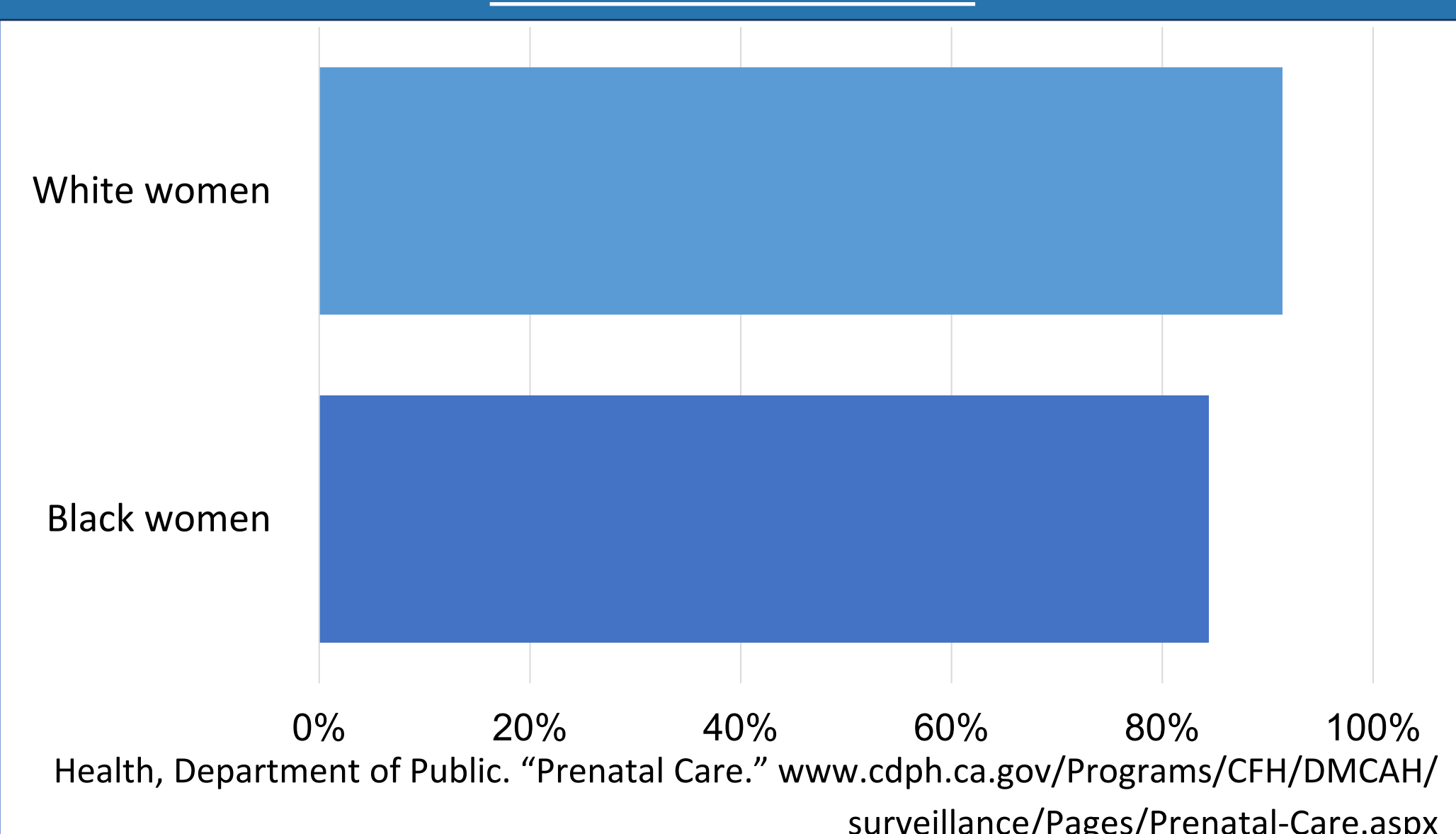
## Background

Black maternal mortality in the United States is a public health crisis, with rates three times higher among Black women compared to their White counterparts. Specifically in California, disparities are stark despite overall state improvements. Access to adequate prenatal care, especially in the first trimester, is crucial for healthy birth outcomes. However, only 67.6% of Black mothers start prenatal care in the first trimester, compared to 82.6% of White mothers. This disparity contributes to higher risks of maternal morbidity and mortality. In California, Black women receive less adequate prenatal care than White women. The Kotelchuck Index shows 66.6% of Black mothers receive adequate care compared to 76.1% of White mothers.

### National statistic for prenatal care initiated in 1st trimester



### LA County Statistic for prenatal care initiated in 1st Trimester



## Policy Critique

### Key Policies Overview

- California Momnibus Act (SB 65) and Perinatal Equity Initiative (PEI)
- Aim: Enhance support and reduce racial disparities in maternal health

### California Momnibus Act (SB 65)

- Enacted in 2021: Targets maternal and infant mortality disparities
- Medi-Cal Enhancements:
  - Coverage for doula care and extended postpartum to 12 months
  - Early access to CalWORKs for pregnant individuals
- Workforce and Data: Diversification of midwifery workforce and committee for data on racial disparities

### Perinatal Equity Initiative (PEI)

- Initiated in 2018: Expands existing interventions under the Black Infant Health Program
- Community Focus: Development of Centers of Excellence in perinatal health
- Partnerships: Includes support for fatherhood, hospital improvements, and financial aid education

### Policy Assessment

- Strengths: Progressive steps towards improved maternal health
- Shortcomings: Inadequate focus on prenatal care and root causes like discrimination

## Policy Considerations

### Increase Access and Quality:

- Advocate for expanded access to holistic and high-quality prenatal with adequate pregnancy risk stratification and consist follow up on medical and social needs and postnatal care through policies like the proposed universal health care model (SB 770).
  - High-quality prenatal and postnatal care ensures comprehensive support through regular check-ups, screenings, addressing social needs, and access to specialists to optimize health outcomes.

### Support Systems:

- Propose increasing financial aid through the CalWORKs pregnancy stipend, suggesting a boost to \$300 monthly plus \$100 per prenatal visit, payable at childbirth.

### Training and Bias Reduction:

- Recommend mandatory and frequent implicit bias training for healthcare providers, medical and nursing students with evaluative community centered research on the efficacy of trainings on patient outcomes.



## Call to Action

### Policy-Makers

- Urge state legislators and local government officials to adopt and fund comprehensive healthcare reforms that include the expansion of Medi-Cal coverage to include prenatal care, not just postpartum care. Highlight the need to pass and support SB 770 for universal healthcare coverage.

### Healthcare Providers

- Create an Equity and Inclusion Task Force composed of OBGYNs, Midwives, NPs and RNs to advocate for tailored culturally relevant care and to help implement yearly implicit bias trainings as a continuing education credit, around hospitals, clinics, and private practices in LA. The task force will measure success of trainings via patient qualitative data collected annually.

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Presented at the UCLA First Annual Neal Halfon Public Health Trainee Symposium in association with the UCLA Maternal and Child Health Center of Excellence and UC-LEND Training Programs on June 7, 2024.