

CHOOSE CHILDREN

Birth Equity Framework

Goal: California birthing people and families receive high-quality, culturally responsive care and seamless services before, during, and after birth.

www.choosechildren.org

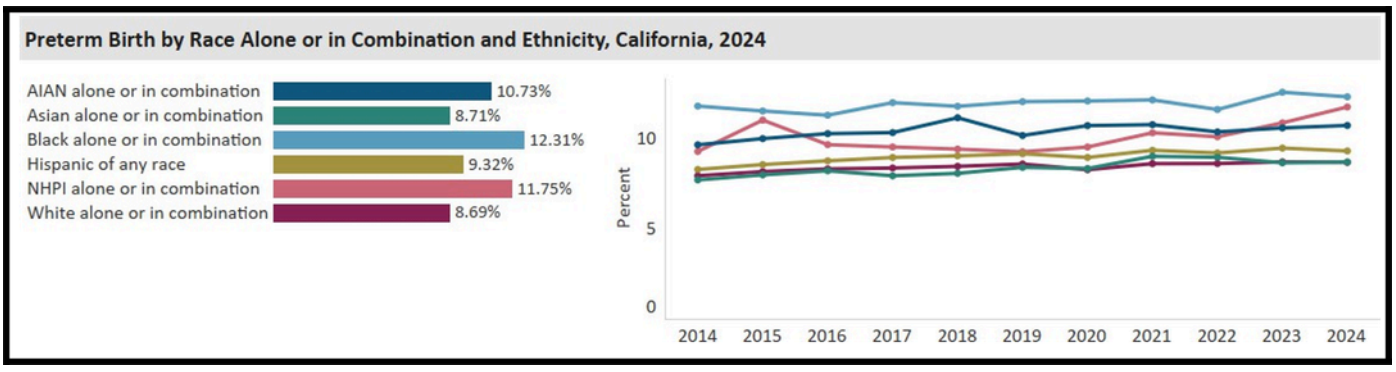
TIMELINE

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1 WHAT CALIFORNIA NEEDS

California has some of the best maternal health outcomes in the country. Unfortunately, those outcomes are not accessible to all Californians. Black families continue to experience the state's highest rates of maternal and infant mortality. The gap persists across income, education, and insurance status, which indicates that its drivers are structural rather than individual.

There are also significant disparities in perinatal mental health and health care access and utilization, with Black birthing people experiencing higher rates of perinatal depression, which is associated with preterm birth, while also experiencing lower levels of engagement with mental health care.



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KEY FACTS & FIGURES

Black mothers/birthing people are nearly four times more likely to not survive their birthing experiences than white women.[1]

Research increasingly links racism and stress to preterm birth and indicates these factors may explain the persistent deadly perinatal health outcomes of Black mothers and babies. [2, 3, 4]

Black infants are nearly twice as likely to be born prematurely compared to their white counterparts. [5]

Premature birth is the leading cause of infant mortality for Black infants and the second leading cause of mortality for all infants.[6]

[1] -https://www.chcf.org/resource/almanac/maternity-care/
2- Iturralde, E., Hsiao, C. A., Nkemere, L., Kubo, A., Sterling, S. A., Flanagan, T., & Avalos, L. A. (2021). Engagement in perinatal depression treatment: A qualitative study of barriers across and within racial/ethnic groups. BMC Pregnancy and Childbirth, 21(1), 1–11.
3 -Coussons-Read ME. Effects of prenatal stress on pregnancy and human development: mechanisms and pathways. Obstet Med. 2013;6(2):52-57. doi:10.1177/1753495X12473751
4- Braveman, P., Dominguez, T. P., Burke, W., Dolan, S. M., Stevenson, D. K., Jackson, F. M., ... & Waddell, L. (2021). Explaining the Black-White disparity in preterm birth: a consensus statement from a multi-disciplinary scientific work group convened by the March of Dimes. Frontiers in Reproductive Health, 49.
5 & 6- https://www.marchofdimes.org/peristats/reports/united-states/prematurity-profile





3 CALIFORNIA'S SOLUTIONS

Our state has invested in many strategies to improve maternal and infant health, yet Black families continue to experience the state's highest rates of maternal and infant mortality.

To address this disturbing crisis, we propose strengthening the existing infrastructure, deepening investments in the workplace, and pursuing new, innovative approaches to invest in the next generation:

Strengthen the implementation of the Medi-Cal Doula benefit: Enhancing and strengthening Medi-Cal's infrastructure can improve services and supports touching birthing people and families.

Strengthen and expand accessibility to midwifery care for families at greatest risk for adverse outcomes: Enhancing access to culturally-concordant care can support existing resource and service utilization.

Build and retain a culturally-concordant perinatal workforce and pipeline: Building and strengthening a culturally-concordant workforce supports professional development, service delivery and availability, and birth outcomes for the community.

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3 CALIFORNIA'S SOLUTIONS

Direct financial resources and support to birthing people at risk of adverse birth outcomes: Perinatal cash transfers and other direct resources during pregnancy have been demonstrated to improve birth outcomes.

Develop and strengthen infrastructure for the State of CA to meaningfully address disparities in birth outcomes: Strengthening CA's existing infrastructure to address birth outcomes can support quality improvement, improve effectiveness of investments, and facilitate accountability and transparency.

Establish public accountability and improvement of resource allocation for birth outcomes: California is well-resourced; various strategies can enhance the allocation of existing resources and ensure investments are aligned with intended outcomes.

4 WHERE TO BEGIN

Within his first 100 days, the Governor should issue an executive order declaring birth equity a statewide priority, with specific targets and deadlines for reducing racial disparities in maternal and infant deaths and severe complications. The same order should establish a Black Maternal Health Taskforce with executive authority to drive community-led research, evaluate progress against those targets, and translate findings into policy.



To protect access to care, California should require a Birth Equity Impact Assessment before any hospital closes, suspends, or substantially reduces maternity services, along with a community-informed plan to maintain continuity of care and mitigate harm.

To strengthen the community-based workforce that fills these gaps, the Governor should set timely payment standards for doula claims, with plan-level compliance reporting to the Department of Health Care Services (DHCS), and require Medi-Cal managed care plans to award at least 75% of their Enhanced Care Management, mental health, and doula contracts to local community-based organizations.



BEYOND THOSE FIRST 100 DAYS

While the first 100 days will be critical, the work will not end there. To ensure continued results, California's new Governor should:

Create meaningful financial incentives for birth centers, Federally Qualified Health Centers (FQHCs), and maternity wards providing high-quality care in maternity care deserts.

Standardize doula enrollment access across managed care plans and standardize doula contracts with managed care plans (MCPs)s (standard purchasing agreement).

Increase Medi-Cal reimbursement for doulas to living-wage levels, including full-spectrum and postpartum support.

Fund doula hub infrastructure – training, enrollment support, and admin for Medi-Cal provider status.

Require MCPs to contract with a minimum number of doulas per plan utilizing a formula based on births per year.

Adopt a revised bundled payment model for midwifery care.

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BEYOND THOSE FIRST 100 DAYS (cont):

Expand Medi-Cal reimbursement for birth center care to ensure financial viability.

Expand Guaranteed Basic Income for pregnant and postpartum families at greatest risk of adverse outcomes. See here for the full proposal and payment pathways.

Increase funding of the California Perinatal Equity Initiative in the upcoming budget to strengthen investment in Black birth outcomes.

Increase state investments in community-based organizations through multi-year general operating support, full-cost contracting, and developing a Birth Equity CBO Fund.

Increase hospital accountability – mandate public reporting of Black birth outcomes, enforce SB 464/AB 2319.

Centralize Medi-Cal Managed Care Plans' Community Reinvestment Funds for pooled investment in maternal and infant health outcomes.



6 FINAL THOUGHT: INNOVATION AND COORDINATION IS REQUIRED

Public health as a field has continued to pursue interventions and strategies that are not improving disparities in birth outcomes. We are overdue for innovative strategies that try something new, rather than continuing to reiterate existing efforts that are ineffective. Doing so will require many partners and stakeholders to align their vision and strategy. This roadmap is the result of a collaborative effort of several statewide birth justice advocacy organizations that have witnessed gaps in the perinatal system and have identified how to improve them. Ensuring coordination and alignment across organizations, coalitions, and stakeholders is key to advancing this work.

