Centering Racial Equity: Policy Analysis of the Black Maternal Mortality Crisis in California

Aoife M. Cullen

College of Health and Human Sciences, San Jose State University

PH 103: Introduction to Health Policy

Dr. Harit Agroia

May 16, 2025

Author Note

This analysis of current and proposed policy related to a health topic of my choice was submitted in May 2025 as the culminating assignment of an undergraduate course, Introduction to Health Policy. I earned an A on the assignment, and it gave me the opportunity to critically analyze the potential solutions for a health topic that I wrote about often over the course of my undergraduate studies — maternal health and birth justice. This course, and this assignment, allowed me to explore the current policy landscape around this health topic and to assess the strengths of proposed policy. Minor revisions have been made to original submission to correct formatting errors from file conversion.

Centering Racial Equity: Policy Analysis of the Black Maternal Mortality Crisis in California

Overview and Background on Black Maternal Mortality in California

Maternal mortality is considered a key indicator of the efficacy of a country's healthcare system. Maternal mortality refers to the death of a birthing parent while pregnant or within 42 days of being pregnant, regardless of whether the pregnancy was carried to term (World Health Organization, 2009). These pregnancy-related deaths disproportionately affect Black birthing parents in the U.S. and are often preventable. This paper will provide an analysis of this urgent issue and the legislative context in the state of California, along with policy recommendations to effectively address Black maternal mortality.

Causes of Black Maternal Mortality

The leading causal factors associated with maternal mortality and morbidity in the U.S. include hypertensive disorders of pregnancy, thrombotic pulmonary embolism, hemorrhage, infection, cardiovascular conditions, cardiomyopathy, and non-cardiovascular medical conditions (Njoku et al., 2023). Black and African Americans are at a higher risk of developing these conditions as a result of systemic injustices that leave people of color more vulnerable to socioeconomic factors that contribute to these health conditions.

A growing body of research shows that social influences—such as generational racial trauma, experiences of discrimination, medical racism and unconscious bias in healthcare, barriers to health insurance coverage, limited access to reproductive health care, and financial insecurity—play a major role in the pregnancy complications experienced by Black birthing parents. Systemic racism in healthcare disproportionately impacts marginalized communities,

and this is evident in maternal morbidity and mortality rates among Black birthing parents (Njoku et al., 2023).

Historical racism contributes to this issue due to its role in medical mistrust between medical systems and patients of African descent. Past abuses such as the Tuskegee Syphilis Study have fractured the relationship between medical systems and the Black communities they serve, especially when it comes to vaccines and treatments. Chronic stress as a result of living within the context of a racially inequitable society further exacerbates health conditions that contribute to maternal mortality (Davis, 2020). Furthermore, the COVID-19 pandemic widened disparities in health care and health outcomes in people of color, disproportionately so in Black Americans, which contributed to a continued increase in the Black maternal mortality rate in recent years (Njoku et al., 2023).

Population Affected by & Outcomes Associated with Black Maternal Mortality

According to Njoku et al., Black birthing parents are at least three times more likely to die due to a pregnancy-related cause when compared to White women across the U.S. (2023). The estimated maternal mortality rate across all racial groups in 2020 was 23.8 per 100,000 births. For Black women, that rate was 55.3 per 100,000 live births. In California, we see slightly lower rates of maternal mortality, but disparities persist. In 2021, the Maternal Mortality Rate in California across all racial groups was 21.6, but remains significantly higher at 49.7 for Black birthing parents, according to the California Department of public Health.

This year, the California Department of Public Health published a fact sheet highlighting ongoing troubling trends in maternal mortality rates. Complications from COVID-19 during pregnancy, labor, or postpartum was the number one cause of Californian maternal deaths in 2021. The racial disparity we see between Black birthing parents and their counterparts from

other racial groups remains unacceptably high with a 2.8 to 3.6 times greater likelihood of dying for reasons related to pregnancy or childbirth. However, this is an improvement from 2016-2018, when the rate of pregnancy-related deaths was 3.4 to 4.3 times higher for Black birthing people. We also see a disparity in the number of birthing parents who are on Medi-Cal and those who live in less healthy communities (California Department of Public Health, 2025).

Assessment of Assembly Bill 904

Passed by the California state legislature on October 7, 2023, AB 904 seeks to address the disproportionate rate of maternal mortality among Black and Indigenous birthing parents in California by increasing access to doula services. The bill requires health care service plans and health insurers to develop a maternal health equity program that includes coverage of doula services during pregnancy and labor. Studies have shown that doula-assisted care leads to optimal birth outcomes including lower incidence of preterm birth, decreased likelihood of cesarean delivery, reduced need for epidural analgesia, lower incidence of babies born at a low birthweight, less likelihood of a maternal or fetal birth complication, and higher rates of breastfeeding initiation (Knocke et al., 2022,). The bill would require the Department of Managed Health Care, in consultation with the Department of Insurance, to collect data and submit a report describing the doula coverage and the above-described programs to the Legislature by January 1, 2027 (AB-904, 2023).

Medi-Cal began recognizing doula care as a covered preventive care service in January 2023, therefore, Medi-Cal plans are already considered compliant with this bill. Some private health insurance plans have already independently developed and launched similar pilot programs that have been reported by participants to have positive outcomes (AB-904, 2023). I believe that this policy shows a great amount of promise in its ability to positively impact a

health disparity that greatly affects Americans, especially those belonging to vulnerable populations. There is a great deal of evidence that doula-assisted care is associated with positive birth outcomes for both birthing parents and infants, especially among populations that benefit from culturally competent care (Knocke et al., 2022, Njoku et al., 2023).

The bill would require the Department of Managed Health Care, in consultation with the Department of Insurance, to collect data and submit a report describing the doula coverage and the above-described programs to the Legislature by January 1, 2027 (AB-904, 2023). Increasing access to this resource has the potential to drive down healthcare costs associated with birth complications, cesarean section births, epidurals, and other medical events that can be reduced by doula care.

Stakeholder Analysis

Stakeholders, their motivations, and role in the legislative landscape are critical to assess influences on policy in any given area. California, being a generally progressive state, is fortunate to be home to many organizations that influence policy even beyond state and national borders. Many organizations are tied to academic institutions that are home to high quality healthcare systems, including Stanford-based California Maternal Quality Care Collaborative (CMQCC) and UCSF-based PreTerm Birth Initiative (PTBi). Professional associations are also very influential in health care policy, including California Nurse-Midwives Association (CNMA), and California Medical Association (CMA). Smaller organizations and programs also work tirelessly to advocate for Black birthing parents including the California Department of Public Health's Black Infant Health (BIH) Program and nationwide organization Black Mamas Matter Alliance.

Stanford-based CMQCC is a collaborative community of perinatal healthcare providers and multi-stakeholder partners that are inclusively working towards system-wide improvements in maternal and infant care. They prioritize the gathering and sharing of high-quality data to inform all stakeholders' efforts to improve perinatal healthcare and reduce negative birth outcomes, including maternal and infant mortality. They appear to have a great deal of power, with great access to resources to enact programs and guidelines and share evidence with other stakeholders. Their 2024 Annual Impact Report highlights how they work with stakeholders to research, educate, and advocate. Notably, they involve patients and families in their activities as council members and advisors, as well as healthcare providers, researchers, and public health professionals. Their primary focus appears to be for the advancement of social welfare and equity.

UCSF-based PTBi's mission is to eliminate racial disparities in preterm birth and improve infant health outcomes, through research, partnerships and education grounded in community wisdom. With a focus on community-centered action, PTBi works alongside government, business, philanthropy, non-profit organizations, and citizens to achieve significant and lasting social change. These multisectoral relationships indicate that PTBi wields a great deal of influence in the community it serves at all levels of the Social Ecological Model. They appear to be primarily motivated by social factors, and the desire to improve birth outcomes among vulnerable populations.

CMA is a professional organization that represents California physicians. The organization places an emphasis on health equity and justice, as well as alleviating administrative burdens on physicians, maintaining the integrity of medicine and science, and the protection of public health. However, according to UCSF PTBi, CMA opposed The California Dignity in

Pregnancy and Childbirth Act (SB 464) which mandated Implicit Bias Training (IBT) for all perinatal healthcare providers (2023). CMA cited the proposed mechanism for IBT as inappropriate and unenforceable, recommending that pre-existing continuing education should serve as the vessel for such training. The issue with CMA's route is that variation in quality between content providers could render the training ineffective. CMA is a highly connected and influential organization, somewhat socially motivated but also politically motivated to prioritize providers over patients in some cases.

Assessment of Potential New Policies (or Changes to Existing Policy)

There are several proposed pieces of legislation that are currently being processed by California lawmakers that have the potential to make an impact in trying to address the Black maternal mortality crisis. One example is State Bill 520, authored by Senator Anna Caballero. SB 520 Expands access to maternal and infant health care by investing in the nurse-midwifery workforce, establishes the California Nurse-Midwifery Education Fund to support new midwifery master's degree programs, ensures that expecting mothers—particularly in rural and underserved areas—receive high-quality, evidence-based maternity care. This bill has been sponsored by the California Nurse-Midwives Association (Rivera, 2025) and the American Nurses Association (ANA California, 2025) and has no noted opponents. This bill's next hearing is scheduled for May 23, 2025 (California Legislative Information, 2025b).

California Assembly Bill 836 proposes a landscape analysis to assess barriers to midwifery education program growth and identify possible solutions. This proposed study could identify viable education programs that can serve both rural and urban geographic areas (California Legislative Information, 2025c). This bill is Supported by the American Nurses Association (ANA California, 2025).

California Assembly Bill 55 removes the requirement for alternative birth centers to be certified as providers of comprehensive perinatal services under Medi-Cal provisions, which potentially broadens their ability to operate and receive reimbursement under Medi-Cal (California Legislative Information, 2025a). This bill is supported by the California WIC Association (California WIC Association, 2025) and the American Nurses Association (ANA California, 2025).

Recommendation

SB 520, The Nurse-Midwifery Education & Workforce Act, authored by California Senator Anna Caballero, shows promise as a piece of legislation that can create systemic and long-term changes to maternal healthcare by addressing deficits within the healthcare system that disproportionately disadvantage birthing people of color, particularly Black individuals.

This year's newly enacted Assembly Bill 904 takes a similar approach to addressing this disparity by expanding patient access to another type of non-M.D. maternal healthcare providers: doulas. Previous pilot programs run by multiple health insurance companies showed positive outcomes prior to the start of the mandate, which bodes well for the impact of this new legislation (Health and Safety Code, 2023).

SB 520 aims to expand access to maternal and infant health care by investing in the nurse-midwifery workforce. This would be achieved by the establishment of the California Nurse-Midwifery Education Fund to support new midwifery master's degree programs, expanding accessibility and delivery of high-quality, evidence-based maternity care (California Legislative Information, 2025b & Rivera, 2025).

Nurse-midwifery being integrated into care has been shown to lead to improved health outcomes in maternal healthcare and is also associated with lower overall maternity care costs

(Rivera, 2025). According to Nove et al., increasing the current worldwide nurse-midwifery workforce by 25% every five years has the potential to avert 41% of maternal deaths, 39% of neonatal deaths, and 26% of stillbirths, resulting in about 2.2 million lives saved each year by 2035. Investing in the programs that train nurse midwives and increasing the workforce on a statewide scale could have an historic impact on public health in California, as well as serve as a model for other U.S. states and even other countries. Nurse midwife-managed obstetric care is believed to be effective in averting maternal mortality and morbidity due to a stronger emphasis in training on patient-centered care and pathology prevention, as opposed to a greater focus on pathology diagnosis and treatment seen in medical doctor training (Nove et al., 2021).

At this time, California only has one nurse-midwifery master's degree program which is based in California State University Fullerton. This proposed legislation would allow the education system to support the growing need for maternal health providers outside of medical doctors. SB 520 has been endorsed by the California Nurse-Midwives Association (Rivera, 2025) and the American Nurses Association (ANA California, 2025).

A downside to this bill, if it proves successful, is the potential displacement of medical doctors as central figures in obstetric care. Turning to a health care model that prioritizes nurse-midwifery for first-line prenatal and delivery care could potentially reduce the demand for OB-GYN specialty physicians. However, I believe that moving to a nurse-midwifery centered system would result in better outcomes for patients and lower healthcare costs which are top priorities of both the general public and healthcare organizations.

Conclusion

High rates of Black maternal mortality across the U.S. are indicative of a deep-rooted problem with racism embedded into one of our country's (or any country, for that matter)

resources: our healthcare system. Approaches to addressing this issue that have been proposed are strengthening the nurse-midwifery workforce, conducting a high-level landscape analysis of maternal mortality in California, and increasing access to alternative birthing centers. The first and third of these options aim to divert healthcare from traditional providers and settings in an effort to provide high-quality, culturally competent care to a population whose relationship with the medical system is marked by mistrust, negligence, and historical trauma. The passage of The Nurse-Midwifery Education & Workforce Act could mark the beginning of a transformation in California healthcare and a paradigm shift that stands not only to benefit all birthing parents, but particularly those belonging to marginalized communities. Black lives matter, Black birthing lives matter, and SB 520 is an opportunity to show up and advocate for Black Californians.

References

ANA California. (2025). *Legislation*. https://www.anacalifornia.org/legislation

California Department of Public Health. (2025). *Pregnancy-related mortality – 2019–2021* (CA-PMSS Fact Sheet). https://go.cdph.ca.gov/MCAH

California Legislative Information. (2025a). *AB-55 Alternative birth centers: licensing and Medi-Cal reimbursement.* https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB55#99INT

California Legislative Information. (2025b). *SB-520 Nurse-midwifery education program*. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260SB520#99INT

California Legislative Information. (2025c). *AB-836 Midwifery Workforce Training Act.* https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB836#99INT

California WIC Association. (2025). *California Legislation, Regulations, and Policy*. https://calwic.org/policy-advocacy/state/

Davis D. A. (2020). Reproducing while Black: The crisis of Black maternal health, obstetric racism and assisted reproductive technology. *Reproductive Biomedicine & Society Online, 11*, 56-64. https://doi.org/10.1016/j.rbms.2020.10.001

Health and Safety Code, Assembly Bill 904 § 1367.626 (2023).

Knocke, K., Chappel, A., Sugar, S., De Lew, N., & Sommers. B. D. (2022). *Doula Care and Maternal Health: An Evidence Review*. Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

Njoku, A., Evans, M., Nimo-Sefah, L., & Bailey, J. (2023). Listen to the whispers before they become screams: Addressing Black maternal morbidity and mortality in the United States. *Healthcare, 11*(3), 438. https://doi.org/10.3390/healthcare11030438

Nove, A., Friberg, I. K., de Bernis, L., McConville, F., Moran, A. C., Najjemba, M., Ten Hoope-Bender, P., Tracy, S., & Homer, C. S. E. (2021). Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study. *The Lancet: Global Health, 9*(1), e24–e32. https://doi.org/10.1016/S2214-109X(20)30397-1

Rivera, E. (2025). *Senator Anna M. Caballero Introduces SB 520, Legislation to Expand Nurse-Midwifery Education to Improve Maternal and Infant Health and Address Maternal Health Disparities in Rural California*. https://sd14.senate.ca.gov/news/press-release/senator-anna-m-caballero-introduces-sb-520-legislation-expand-nurse-midwifery

World Health Organization. (2009). *International statistical classification of diseases and related health problems*, 10th revision (ICD–10). 2008 ed.