

Support of Legislative Effort to Reduce Maternal Deaths and Infant Mortality

The United States has the highest rates of maternal mortality among higher - income countries. An estimated 700 deaths per year in this country are pregnancy related, with about three in five deemed preventable. Although California has reduced the rates of maternal mortality over the past thirty years, mortality and morbidity for Black and indigenous/Native American pregnant women and infants remain considerably higher than the state’s average. Between 2011 and 2013, Black women’s ratio of death is 26.4 per 100,000, almost 3.8 times higher than white women. Infant mortality rates are also worse based upon race. California’s infant mortality rate is 4.2 per 1,000 live births. Indigenous/Native American infants in California however, die at a rate of 11.7 per 1,000 live births, followed by Black infants who die at a rate of 8.7 per 1000 live births.

California is heading towards a maternal health crisis with a critical shortage in maternity providers by 2025. California has only two nurse midwifery programs and one direct entry midwifery program approved by a state licensing board. Without additional support, it will become increasingly difficult for these programs to expand the midwifery workforce in California to meet the demand in maternity care deserts and low access areas.

In Los Angeles County, the health disparities are worse. Some research indicates Black women are almost five times more likely to die from childbirth than the average Los Angeles County resident and the rates have been increasing over the last couple of years.

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MOTION BY SUPERVISOR HOLLY J. MITCHELL

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Research also points to structural racism as well as socioeconomic factors contributing to the racial and geographic disparities seen in birthing outcomes of people of color.

SB 65, California's Omnibus Bill (Nancy Skinner) would address these issues by:

1. Codifying and expanding the powers and protections of California's Pregnancy-Associated Mortality Review Committee, to investigate and make recommendations on best practices;
2. Requiring Medi-Cal to provide full-spectrum doula care to all pregnant and postpartum Medi-Cal recipients upon their request;
3. Providing a monthly stipend to low-income pregnant and postpartum people starting at six months of pregnancy and continuing through the postpartum period, lasting until the child is two years old;
4. Providing further support for pregnant individuals who are very low-income with additional CalWORKS program support, as well as removing some of the punitive rules that currently limit program participation;
5. Building the midwifery workforce by adding midwives to the Song Brown Act, which provides funding to primary care medical residency and other training programs that prioritize admitting underrepresented groups and those from underserved communities;
6. Updating data collection and protocols for counties participating in the Fetal and Infant Morality Review Process; and
7. Extending postpartum benefits to 12 months for Medi-Cal recipients.

This proposed legislation would maximize federal funding as much as possible and would impose no unfunded mandates or additional County costs.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

Direct the Chief Executive Officer to send a five-signature letter to the author, Senator Nancy Skinner, in support of SB 65, California's Omnibus Bill.

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