

Listening to **Black Mothers** in California

Listening to Mothers in California is the first state-level *Listening to Mothers* survey. It explores the views and experiences of childbearing women¹ with an in-depth focus on maternity care. This issue brief highlights results from Black women² survey respondents. It underscores many social and economic issues affecting pregnant and parenting Black women, including their mental health, experiences with discrimination, postpartum experience and issues related to paid work.

Black women's voices and lived experiences are essential for understanding, and then addressing, the challenges the U.S. health care system faces, particularly the stark disparities in patient experiences and health outcomes of Black women. *Listening to Mothers in California* is based on a sample of more than 2,500 women.³ The survey oversampled Black women to be able to better understand their experiences. It consisted of multiple choice questions with open-ended responses at the end.⁴ It was adapted for mobile devices, enabling women to participate on any device or with a trained interviewer. (See Methodology appendix for more details.) The findings presented here illuminate some of the preferences, concerns and experiences of the Black women surveyed. This survey and issue brief build on the work, advocacy and recommendations that community-based groups, many led by women of color, have done for decades to address health disparities.

California is the most populous state, and home to more than 1 million Black women and girls, nearly 500,000 of whom are of reproductive age.⁵ In addition to guiding state-level policymaking and practice, the *Listening to Mothers in California* survey results have national implications for better serving pregnant and parenting Black women across the country.

Black women reported that they:

- **Experienced discrimination during childbirth;**
 - **Experienced anxiety and depression during and after pregnancy; and**
 - **Had a high number of postpartum visits.**
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Black women in the United States experience unacceptably poor maternal health outcomes and serious complications related to pregnancy or childbirth. They are three to four times more likely to experience pregnancy-related death than white women.⁶ Both societal and health system factors contribute to disparities in care and outcomes. Black women are more likely to experience barriers to obtaining high quality care and many face racial discrimination throughout their lives.⁷

The accumulated experience of racism across the life course can have detrimental effects on the overall health of Black women and, specifically, on birth outcomes, including increasing the risk of premature birth.⁸ Self-reported experiences of racism are associated with low birth weight and preterm birth.⁹

Across all respondents, the survey identified shortcomings of the health care system and of the social supports provided to pregnant and parenting women in California. In many cases, these shortcomings were worse for Black women than for white women. Even on survey questions where Black women reported similar or better experiences than white women, alarming gaps between the women's experiences and what they would optimally experience and opportunities for improvement for all women were identified.

Black women were more likely than white women survey respondents to report that they had experienced discrimination during childbirth and depression during pregnancy. They had a higher number of postpartum care visits.¹ Black women also reported that they faced communication barriers with their providers, lacked practical and emotional support and started or returned to paid work earlier than they wanted after giving birth.

“Some nurses were pushy, rude and forceful.”

“The staff who administered my epidural, after I tried to tough it out natural, was harsh and obviously frustrated with me...”

“The worst thing that happened, was too much pulling during C-section, lots of tearing, caused pain [which] was not caused from incision but from the two doctors pulling hard...”

Black women reported discrimination from maternity care providers more often than white women.

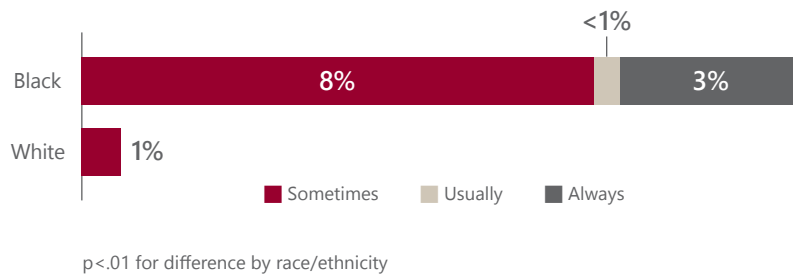
In health care, discrimination based on race and gender is well documented. Black women are often subject to unfair treatment and given a lower quality of care,¹⁰ which can contribute to disparities in maternal and infant health.¹¹ Unfair treatment based on race can have negative consequences on the birth process and labor, as well as outcomes for both the mother and baby.¹²

The survey found that during childbirth, Black women reported being treated unfairly and not listened to when expressing fears or concerns.

- ▶ Black women reported discrimination from their maternity care providers more frequently than white women.
- ▶ More than 10 percent of Black mothers reported that they were treated unfairly during their hospital stay because of their race or ethnicity. Just one percent of white women said the same (Figure 1).*

¹ In this document, we have used an asterisk (*) to indicate comparisons that are significantly different at .01 or .05.

Figure 1. Percent of Women Who Reported Perceived Unfair Treatment Due to Race or Ethnicity, by Race/Ethnicity



- ▶ On average, 10 percent of Black mothers reported that they were handled roughly or experienced rude and threatening language from their health care provider, whereas eight percent of white women reported the same.
- ▶ Six percent of Black mothers reported that they were treated unfairly due to the type of insurance they had (Medi-Cal or private insurance) or their lack of insurance – a rate similar to that of white women.

Black women reported that they frequently faced barriers to open and supportive communication with their maternity care providers.

Continuous support, listening to women and providing culturally sensitive care during the birth process are associated with better maternal and infant health outcomes.¹³ For many of the Black women survey respondents, however, communication during the labor process was a problem.

- ▶ Almost one-third of Black mothers reported that they did not feel the delivery room staff encouraged them to make decisions about their birth progression, whereas only 20 percent of white mothers reported feeling the same lack of encouragement.
- ▶ On average, 11 percent of Black mothers reported that they felt medical staff did not communicate well with them or support them during labor.

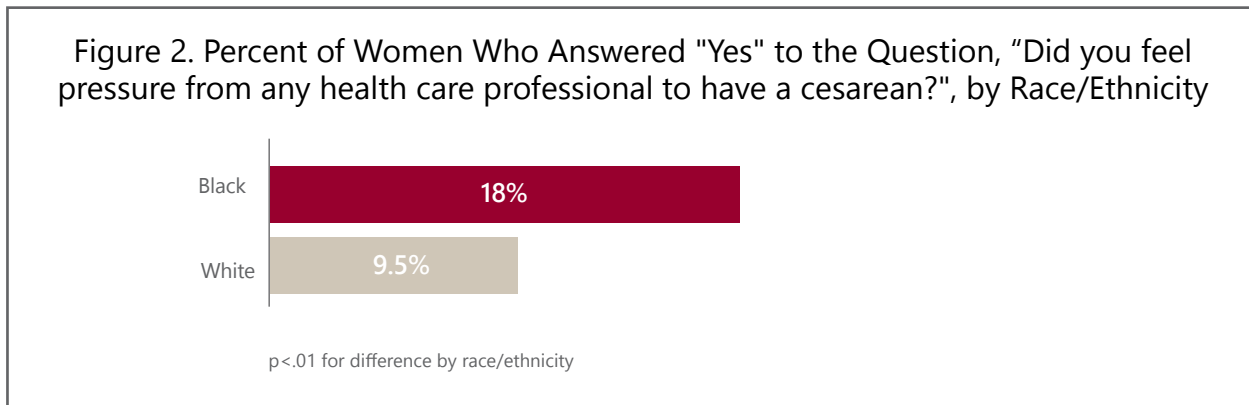
“The doctors were not communicating well. One doctor decided to argue with me when I explained that my baby had already had blood taken twice. He then threatened to not allow me to take her home if I didn’t consent to a 3rd blood test. Then he commented on how black babies are almost always formula fed, but since I was insisting on breast feeding, she needed to be monitored more carefully.”

“When I arrived the first doctor on the scene kept pressuring that a C-section be done. I felt like it was too early for her to say that. If I didn’t have one of the nurses to be my advocate, I’m pretty sure the doctor would have performed the surgery.”

“The worst thing is I felt like I was being pressured into decisions.”

Black women were also more likely than white women to report feeling pressured to have medical interventions during labor and delivery. More than 80 percent of Black women reported that they believed that childbirth should not be interfered with unless medically necessary. However, many reported that they felt pressure to have interventions.

- ▶ Seventeen percent of Black women reported that they felt pressured to induce, and 15 percent said they felt pressured to use an epidural for pain relief.
- ▶ Black women also reported feeling pressured to have a cesarean birth almost twice as often as white women (18 percent compared to 9.5 percent) (Figure 2).*



- ▶ Forty-two percent of Black women gave birth by cesarean section, compared to only 29 percent of white women.*

Nationally, there is growing recognition of the overuse of cesarean birth. Because unnecessary cesarean births are associated with excess risk and cost, pressure on women to have a cesarean birth is concerning.

Black women reported high rates of symptoms of depression and anxiety during and after pregnancy.

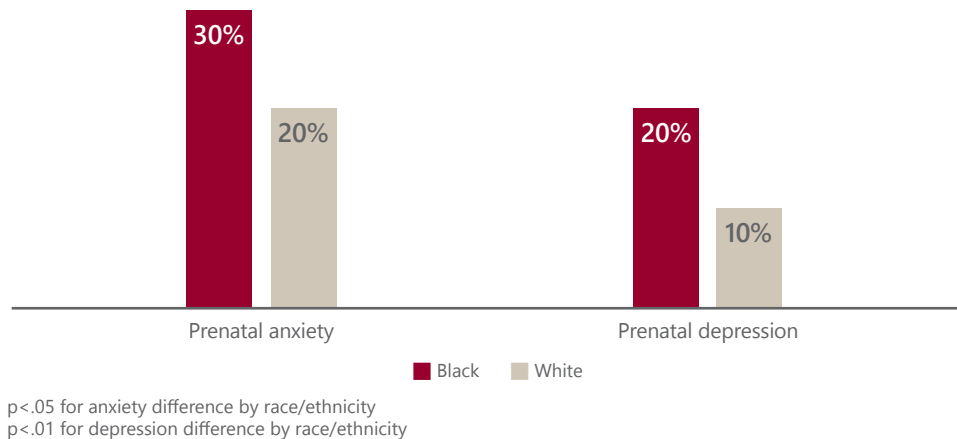
Prenatal and postpartum depression and anxiety are common nationwide among all women. Untreated prenatal and postpartum depression has serious consequences, including premature birth, low birth weight and complications after birth. Moreover, suicide is a common cause of maternal mortality, exceeding hemorrhage and hypertensive disorders.¹⁴

Black women reported higher rates of symptoms of anxiety and depression during pregnancy and postpartum than women of any other race.

- ▶ About one-third (30 percent) of Black women screened positive for anxiety during pregnancy, compared to 20 percent of white women.* One in five Black women screened positive for depression during pregnancy, compared to 10 percent of white women (Figure 3).*
- ▶ In the postpartum period, 14 percent of Black women screened positive for anxiety, and about 10 percent screened positive for depression. Twelve percent of white women screened positive for anxiety and six percent screened positive for depression during the postpartum period.

The lower rates of symptoms of depression and anxiety after childbirth compared to rates during pregnancy are surprising and warrant exploration.¹⁵ Additionally, social and cultural factors (including stigma) affect whether a woman is diagnosed with and seeks care for anxiety and depression.

Figure 3. Percent of Women Who Reported Screening Positive for Anxiety and for Depression During Pregnancy, by Race/Ethnicity



Black women reported a lack of sources of practical and emotional support after childbirth.

The postpartum period is a time of physical, emotional and social transition for women. Many of these transitions can come with challenges such as lack of sleep, fatigue, pain, breastfeeding difficulties and stress.¹⁶ Postpartum care, as well as emotional and practical support, are critical to help women navigate the postpartum period. Research shows that women with minimal social support, such as the ability to rely on their own mothers, partners and friends tend to experience childbirth as a greater overall life challenge than women who had adequate social support.¹⁷

In the survey, some Black women reported that they lacked emotional or practical support.

- ▶ Nearly nine percent of Black women and five percent of white women said they never had someone to turn to for *emotional* support in the period between giving birth and completing the survey.
- ▶ Similar percentages of Black women (six percent) and white women (five percent) said they never had someone to turn to for *practical* support in the period between giving birth and completing the survey.

Black women reported a high number of postpartum health care visits.

Postpartum health care visits are an important opportunity for health care providers to identify signs of postpartum depression and counsel women on lactation, contraception and ongoing health care. Although many mothers view postpartum visits as a valuable resource,¹⁸ postpartum care is underutilized.¹⁹ According to national recommendations, postpartum care should be an ongoing process. It is recommended that women have contact with their maternity care providers within three weeks after giving birth, followed by ongoing care as needed, and concluding with a comprehensive postpartum visit no later than 12 weeks after birth.²⁰

In the eight weeks following the birth of their babies:

- ▶ Almost 30 percent of Black women reported three or more postpartum visits with their maternity care provider, and only 12 percent of white women reported the same number of visits. This is a higher percentage of frequent postpartum visits than among white women, and may indicate greater health care needs of Black women.*
- ▶ Nearly 10 percent of Black women reported no postpartum visit. Low-income women were at greatest risk of reporting no postpartum follow-up visits. Nine percent of Black women enrolled in Medi-Cal reported no postpartum visits, whereas only three percent of Black mothers with private insurance reported the same.
- ▶ At their postpartum visits, almost one-third of Black mothers said they were not asked if they needed help breastfeeding, almost 20 percent were not offered assistance with birth control, and 1 in 5 Black mothers were not asked if they were feeling depressed. These rates were similar to what white women reported.

Many Black women reported that they returned to or started paid work earlier than they wanted.

All workers, including mothers, need adequate time away from paid work to care for themselves and their families. Paid family and medical leave has well-documented positive effects on maternal and child health, parent-child bonding, families' financial security and maternal workforce attachment.²¹ California is one of the few states with a paid family and medical leave program for workers, meaning that many of the survey respondents had access to leave through that program.

- ▶ Black women who were working at a paid job at the time of survey reported that they stayed home an average of 14 weeks following the birth of their babies, but only 40 percent said they were able to take as much leave as they wanted. This was comparable to the experience of white women respondents.
- ▶ At the time of the survey, almost 50 percent of Black mothers, a number equal to that of white mothers, reported returning to or starting a new paid job either full- or part-time, and another 31 percent said they were planning to return to or begin work in the coming months.
- ▶ Only 21 percent of Black mothers reported plans to stay home with their babies full time, compared to about 36 percent of white mothers.*

Conclusion: Black women are not receiving the health care or the nonmedical support they need to thrive before, during and after childbirth.

The survey found that many Black women reported not receiving the high-quality, culturally relevant, unbiased care that all women need. Black women's higher rates of unfair treatment reflects a health care system that discriminates against and devalues Black women and too often ignores their health care needs. Similarly, the high rates of pressure and poor communication Black women reported highlight the fact that Black women's voices are not respected in our health care system today. Discrimination and poor communication during childbirth have detrimental effects on the health of women and their children. Unbiased treatment, culturally sensitive care, clear communication and participatory decision-making during childbirth are vital, as they allow for more empowered experiences and better health outcomes for both mother and infant.²²

Black women reported attending more postpartum visits than white women, which may reflect greater health care needs. As noted throughout this issue brief, racism and gender discrimination contribute to poor health outcomes for Black women during pregnancy and throughout their lifespan, which, in turn, could lead to a higher number of health care visits after childbirth. During this period, all women need comprehensive health care that addresses physical and mental health, as well as family planning.²³

Black women's needs extend beyond the health care setting. The high rates of symptoms of depression and anxiety among pregnant and postpartum Black women indicate that more attention must be paid to nonmedical needs in order for Black pregnant women and new mothers to achieve better health and wellness. Mitigating depression and anxiety requires addressing underlying causes, including racism, sexism and social determinants of health like poverty, access to affordable and nutritious food, and stable housing.²⁴

California is a pioneer in securing paid family and medical leave, implementing the first statewide program in 2004. Under this program, new mothers typically can take up to 10 weeks of paid pregnancy disability leave for an uncomplicated pregnancy and birth, as well as up to six weeks of paid parental bonding leave.²⁵ But 60 percent of Black women in the survey reported being unable to take as much time away from paid work after childbirth as they wanted. All women need adequate time off from paid work to recover from childbirth and care for their families, particularly given the high rates of cesarean birth and symptoms of anxiety and depression found in the survey. The postpartum period is a time for mothers to rest, heal and bond with their babies. Mothers should not be forced to return to paid work before they are ready to do so. Paid family and medical leave enables employed women to take the time they need to recover from childbirth and care for their new child.

The *Listening to Mothers in California* survey findings make clear that the health care system is falling short for all women, but especially for pregnant and parenting Black women. If we are serious about ensuring that Black women thrive before, during and after childbirth, we must do more to eliminate bias and discrimination in health care and address their clinical *and* nonclinical needs.

APPENDIX A: METHODOLOGY

Following a series of groundbreaking and widely cited national *Listening to Mothers* surveys led by Childbirth Connection since 2002, *Listening to Mothers in California* is the first state-level *Listening to Mothers* survey to explore the views and experiences of childbearing women. With its in-depth focus on maternity care, this survey is a complement to California's annual Maternal and Infant Health Assessment (MIHA) survey, which prioritizes public health topics.

Listening to Mothers in California included numerous innovations relative to previous national *Listening to Mothers* surveys. For the first time, we were able to offer the survey in Spanish as well as English. We adapted the survey for mobile devices, enabling women to participate on any device or with a trained interviewer. In addition, we were fortunate to receive support from the relevant California agencies to access birth certificates for sampling, data weighting and other purposes.

We developed, field-tested and refined the 30-minute survey questionnaire, which covers the prenatal through postpartum and newborn periods. A representative sample was drawn from birth certificate files, excluding teens under age 18, women with out-of-hospital births, women with multiple births and non-residents of California. Black women, women with midwifery-attended births and women with vaginal birth after cesarean were oversampled to better understand their experiences.

Women were invited to participate through a series of mailings with elements of informed consent, information about how to participate and an offer of a thank-you gift card. Non-respondents were contacted again by mail, telephone, text message and email, as available, using contact information from multiple sources. The survey was conducted from February 22 through August 15, 2017 with 2,539 women – including 214 Black women – who completed the questionnaire when their babies were 2 to 11 months old.

Visit NationalPartnership.org/LTMCA and chcf.org/listening-to-mothers-CA for the full *Listening to Mothers in California* report, more on the methodology and many related resources. Find reports and related materials for previous national surveys at NationalPartnership.org/ListeningtoMothers.

The Listening to Mothers in California survey was led by the National Partnership for Women & Families and developed in collaboration with investigators from the University of California, San Francisco Center on Social Disparities in Health and the Boston University School of Public Health. Quantum Market Research, Inc. administered the survey. The California Health Care Foundation and Yellow Chair Foundation funded this work.

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ENDNOTES

- ¹ We use the term “women” throughout this issue brief, but recognize that people of many gender identities – transgender, nonbinary and cisgender alike – need and receive maternity care.
- ² Women were asked to identify as Hispanic or Latina; white; Black or African American; Asian, American Indian or Alaskan Native; Native Hawaiian or other Pacific Islander; or other. Survey analyses of Black women include those who selected Black or African American and did not select Hispanic or Latina.
- ³ Participants of the *Listening to Mothers in California* survey are representative of California residents 18 years and older who gave birth to a single baby in California hospitals in 2016, were living with their baby at the time of the survey and could participate in English or Spanish.
- ⁴ All quotes in this document are from Black women who participated in the *Listening to Mothers in California* survey.
- ⁵ National Partnership for Women & Families analysis of the 2017 Current Population Survey, Annual Social and Economic Supplement.
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- ²³ See note 16.
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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting access to quality health care, fairness in the workplace, reproductive health and rights and policies that help women and men meet the dual demands of work and family. More information is available at NationalPartnership.org.



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