

Listening to Latina 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 Latina² survey respondents. It underscores many social and economic issues affecting pregnant and parenting Latinas, including their mental health, experiences with discrimination, postpartum experience and issues related to paid work.³

Latina women's voices and lived experiences are essential for understanding and addressing the challenges the U.S. health care system faces, particularly poor maternal health outcomes. *Listening to Mothers in California* is based on a sample of more than 2,500 women.⁴ The survey was offered in Spanish as well as English. It consisted of multiple choice questions with open-ended responses at the end.⁵ 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 Latinas 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 has a larger Latinx population than any other state. It is home to more than 7 million Latinas, and Latinas accounted for nearly 50 percent of births in California in 2015.⁶ In addition to guiding state-level policymaking and practice, the *Listening to Mothers in California* survey results have implications for better serving pregnant and parenting Latinas.

Latinas reported:

- Experiencing discrimination during childbirth;
 - Feeling unsupported in their decision-making;
 - Lacking practical and emotional support after childbirth;
 - Feeling well supported by their providers; and
 - Believing that their providers communicated well.
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Latinas' self-reported experiences during pregnancy and childbirth have received limited attention. Latinas have a higher birth rate nationwide than white or Black women,⁷ and a slightly lower maternal mortality rate than white women.⁸ Research findings are varied with some finding that Latinas' birth outcomes are generally similar to those of white women, and some studies suggesting that Latinas' birth outcomes are worse than those of white women.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 Latinas than for white women, but that was not consistent across all the topics explored in the survey.ⁱ Even on survey questions where Latinas reported similar or better experiences than white women, there are alarming gaps between the women's reported experiences and what they would optimally experience, indicating opportunities for improvement for all women.

Latina survey respondents reported that they experienced discrimination from their providers, did not feel encouraged in decision-making about their birthing process, lacked practical and emotional support, and started or returned to paid work earlier than they wanted after giving birth.

Latinas reported discrimination from maternity care providers.

Research shows that Latinas report high levels of discrimination in health care based on their gender and ethnicity.¹⁰ Everyday discrimination negatively affects pregnancy by increasing cortisol levels, which can adversely affect maternal and infant health.¹¹ Although language barriers during prenatal care often preclude Latinas from communicating effectively with medical staff, research shows that many Latinas report satisfaction with the care they receive, in part due to the availability of interpreters and Spanish-speaking staff and positive birth outcomes.¹²

The *Listening to Mothers in California* survey found that Latinas reported discrimination based on race and ethnicity from their maternity care providers.

- ▶ Five percent of Latina mothers said they were treated unfairly during their hospital stay because of their race or ethnicity. One percent of white women said the same.
- ▶ Ten percent of women who speak Spanish as a first language reported unfair treatment due to the language they spoke.
- ▶ A similar percentage of Latinas and white women reported that they were handled roughly or experienced rude and threatening language from their health care provider (seven percent of Latinas and eight percent of white women).
- ▶ Six percent of Latina 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.

“Since...we don't speak English they don't take good care of us.”

“Because I didn't speak the English language they didn't understand me many times they had to translate for me by telephone many times in Spanish.”

“Almost nobody spoke Spanish and that stressed me a little, well I found communication was hard.”

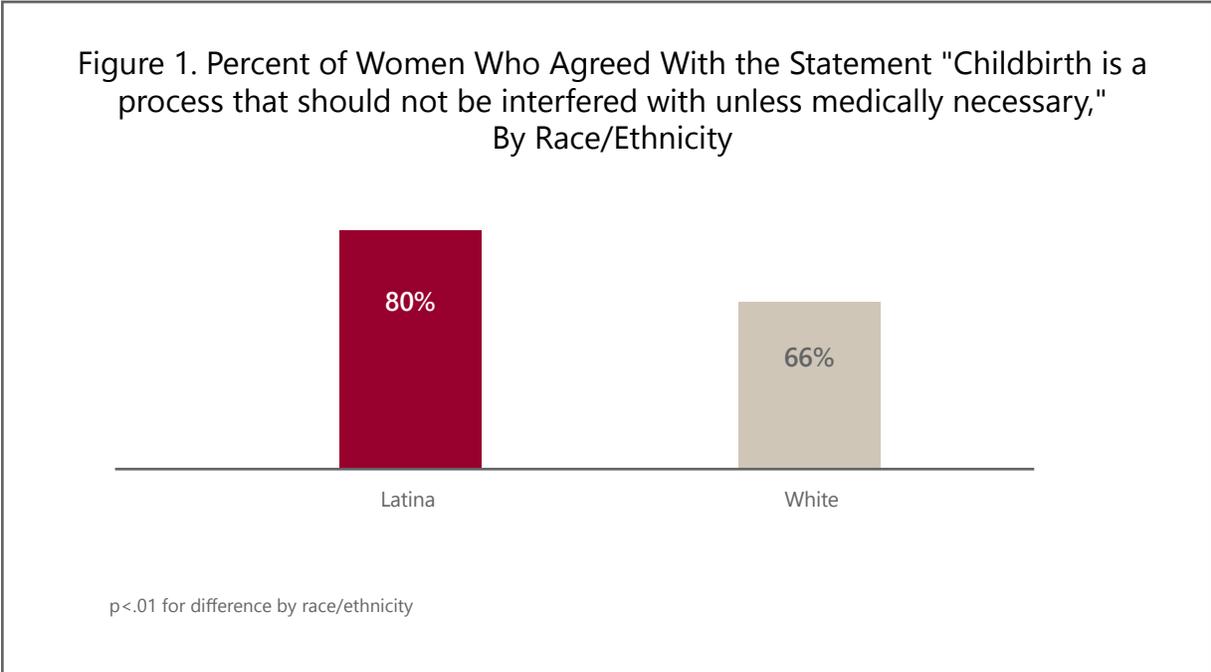
ⁱ In this document, we have used an asterisk (*) to indicate comparisons that are significantly different at .01 or .05.

Latinas frequently reported that they did not feel encouraged in decision-making about how their births should progress.

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 Latina survey respondents, however, communication during the labor process was a problem.

- ▶ Almost one-third of Latina mothers reported that they did not feel that the delivery room staff encouraged them to make decisions about how they wanted their births to progress. Twenty-one percent of white women said they felt this way.
- ▶ Seven percent of Latina mothers reported that they felt medical staff did not communicate well with them, and almost 10 percent felt that medical staff did not support them during labor. Notably, a similar percentage of white women reported that staff did not communicate well or support them.
- ▶ Almost 80 percent of Latinas said they believed that childbirth should not be interfered with unless medically necessary, compared to only 66 percent of white women (Figure 1).*
- ▶ Latinas reported feeling pressured to have labor induced less often than white women did.* Similar proportions of Latinas and white women reported feeling pressure to use epidurals for pain relief and to have a cesarean birth.

“I was frustrated that I had to be induced. They seemed to have a policy that they applied to everyone regarding not going past their due date no matter how their monitoring is going.”



In California and 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.

Latinas 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

Many Latinas reported screening positive for anxiety and depression during and after pregnancy.

- ▶ Responses indicated that during pregnancy 13 percent of Latinas screened positive for depression and 22 percent for anxiety. Similarly, 10 percent of white women screened positive for depression during pregnancy and 20 percent screened positive for anxiety.
- ▶ In the postpartum period, six percent of Latinas screened positive for depression, and 8 percent for anxiety. Similarly, during the postpartum period, six percent of white women screened positive for depression and 12 percent screened positive for anxiety.

The lower rates of symptoms of depression and anxiety after childbirth, compared to 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.

Many Latinas 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

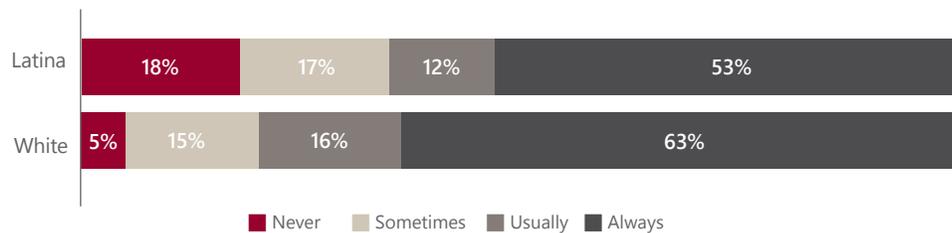
In the survey, Latinas were much more likely than white women to report a lack of sources of emotional or practical support after childbirth.

- ▶ Nearly 20 percent of Latinas reported they never had someone to turn to for emotional (Figure 2) or practical support after giving birth, compared to approximately five percent of white women.*

“I would say, just at the beginning when I had him, the first three months, I was kind of overwhelmed. I would really have liked it if my doctor had mentioned it, if my doctor had given me a few numbers to someone to talk to give advice.”

Figure 2. Percent of Women Reporting Postpartum Emotional Support, by Race/Ethnicity

Since the birth of your baby, how often do you have someone you can turn to for emotional support, such as listening to your concerns and giving good advice?



p<.01 for difference by race/ethnicity

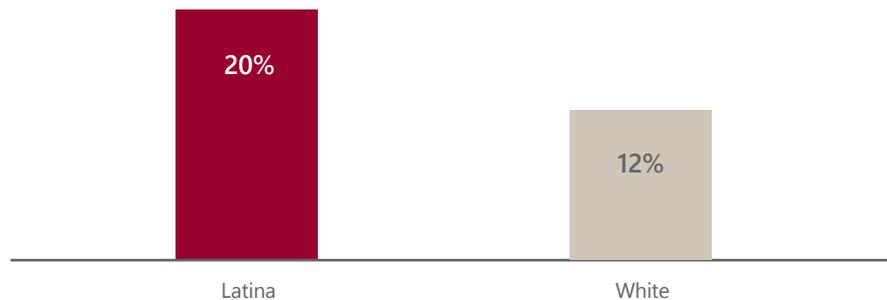
Latinas reported a high number of postpartum health care visits.

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:

- ▶ Roughly 90 percent of Latinas reported having had a postpartum visit, and 93 percent of white women reported the same.
- ▶ Almost 20 percent of Latinas reported three or more follow-up visits, and only 12 percent of white women reported the same number of visits (Figure 3).^{*} The higher percentage of frequent postpartum visits for Latinas could indicate their greater health needs.
- ▶ Women with low incomes were most likely to report no postpartum follow-up visits. More than 10 percent of Latinas who use Medi-Cal reported no postpartum visits at all.
- ▶ At their postpartum visits, one-third of Latinas said they were not asked if they needed help breastfeeding, almost 15 percent were not offered assistance with birth control, and 1 in 5 were not asked if they were feeling depressed. These rates were similar to what white women reported.

Figure 3. Percent of Women Who Reported Three or More Postpartum Visits, by Race/Ethnicity



p<.05 for difference by race/ethnicity

Many Latinas 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.

- ▶ Latinas reported that they stayed home an average of 15 weeks following the birth of their babies, but nearly half said they were unable to take as much leave as they wanted.
- ▶ On average, Latinas reported having more time at home and greater satisfaction with the amount of leave they were able to take than white women.*
- ▶ At the time of the survey, 35 percent of Latina mothers said they had returned to or started a paid full- or part-time job, and another 27 percent said they planned to return to or begin paid work in the coming months.
- ▶ Almost 40 percent of Latina mothers reported plans to stay home with their babies full time – a rate similar to what white mothers reported.

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

The survey found that many Latinas reported not receiving the high-quality, culturally sensitive, unbiased care that all women need. Compared to women of other races and ethnicities in the survey, Latinas reported discrimination based both on ethnicity and on language spoken at home. One-third of Latinas reported that they did not feel encouraged in their decision-making by providers, which undermines the woman-centered care they should be receiving. Unbiased treatment, clear communication and participatory decision-making during childbirth are vital, as they allow for more empowered experiences and improve health outcomes for both mothers and infants.²²

Latinas reported attending more postpartum visits than white women, which may reflect greater health care needs. The postpartum period is critical for the health of new mothers and their babies. During this period, all women need comprehensive health care that addresses physical and mental health, as well as family planning.²³ Latinas' low reported rates of postpartum counseling for depression and birth control means many are not getting the care they need, thus exacerbating health disparities.

Latinas' needs extend beyond the health care setting. The high number of Latina respondents who said they lacked practical and emotional support after childbirth indicates that more attention must be paid to nonmedical needs in order to achieve better health and wellness for pregnant Latinas and new mothers. Ensuring Latina mothers have the support they need requires addressing underlying causes of lack of support, including discrimination based on ethnicity, gender and immigration status and social determinants of health like social isolation, poverty, access to affordable and nutritious food, and stable housing.²⁴

California is a pioneer in paid family and medical leave, implementing the first state program in 2004. Under this program, new mothers can typically 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 nearly half of Latinas were not able to have 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. 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 is key to enabling 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, with distinctive concerns about Latinas and other women of color. If we are serious about ensuring that Latinas 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 1,222 Latinas – who completed the questionnaire when their babies were 2 to 11 months old. As resources were not available to offer the survey in any Asian or Pacific Islander languages, some sampled women were unable to participate due to language barriers.

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 Latinas include those who selected Hispanic or Latina.
- 3 The Latina population is incredibly diverse and includes women who trace their heritage to many different countries. Our survey results aggregate this data across Latina subgroups. We believe this provides an important starting point and context for including Latinas’ voices in these policy discussions, but acknowledge that our results likely mask variation across subgroups.
- 4 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.
- 5 All quotes in this document are from Latinas who participated in the *Listening to Mothers in California* survey. Quotes initially provided in Spanish have been translated into English.
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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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