

CALIFORNIA

Health groups call for suspending state plan on maternal deaths, saying it burdens patients



Dana Sherrod, executive director of the California Coalition for Black Birth Justice, at the organization's MacArthur Park offices in Los Angeles. (Brian van der Brug/Los Angeles Times)

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- In a letter to the state surgeon general, dozens of maternal health advocates say a new state plan to reduce maternal

mortality fails to address systemic racism and puts an undue burden on individuals.

- The plan, unveiled by state officials last month, calls for Californians of child-bearing age to fill out a questionnaire to assess their risk of complications from pregnancy.

Dozens of maternal health organizations and advocates are urging the California surgeon general to suspend the rollout of a plan aimed at [reducing maternal mortality](#), saying that the recently announced initiative won't effectively address the crisis and "risks exacerbating existing inequities."

In a letter shared with The Times, representatives of organizations including the California Black Women's Health Project, Black Women for Wellness and the California Nurse-Midwives Assn. faulted the plan for "placing undue burden on individuals" and failing to "explicitly name and address racism as a root cause of maternal health inequities."

The [California Maternal Health Blueprint](#) unveiled in September sets out strategies to try to bring down maternal deaths. Among them: Getting Californians of child-bearing age to fill out a new questionnaire to assess their risk of pregnancy complications, even before they become pregnant.



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California surgeon general sets goal of reducing maternal mortality by 50%

Sept. 17, 2024

In their Oct. 21 letter to state surgeon general Dr. Diana Ramos, the advocacy groups said that the maternal health blueprint acknowledged racial inequities in maternal mortality rates, but didn't "ground these disparities in the evidence showing systemic racism as the driving factor."

Asked for comment on the letter, the state surgeon general's office issued a statement saying it "is committed to working together with partners across the state ... to improve maternal health outcomes, reduce maternal mortality, and save the lives of California moms and pregnant people."

[Black women](#) have suffered a maternal mortality rate more than three times that of white women in California, [state data show](#). The Centers for Disease Control and Prevention has [faulted many factors](#), including differences in healthcare and underlying chronic conditions as well as structural racism and implicit bias.

Studies have shown disparities exist even for Black women who are affluent, spurring maternal health researchers to increasingly focus on racial inequities in healthcare, [bias](#) and [discrimination](#) experienced by patients, and the physical effects of [chronic stress](#) from enduring racism over time.

In an interview in September, Ramos said California had focused primarily on "the healthcare setting" in its previous efforts to prevent maternal deaths, helping it to achieve "the lowest maternal mortality rate in the country."

As it stands, California has had a [much lower rate](#) of deaths related to pregnancy, birth and its aftermath than other parts of the U.S., although maternal mortality surged in recent years amid the COVID-19 pandemic. The state has been held up as a model for its [system of reviewing maternal deaths](#).

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“If we keep on doing the same thing — just focusing on the healthcare team — we’re going to get the same results,” Ramos said in September, explaining why the newly announced plan emphasized patients knowing their risk level. “That’s why we’re bringing in the patient.”



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Oct. 8, 2024

The Maternal Health Blueprint sets a goal of having at least 50% of “reproductive age individuals” across the state complete a questionnaire on their risk of pregnancy complications by December 2026.

In the letter objecting to the plan, the coalition of groups said that calling for people to fill out such a questionnaire “gives the impression of personal fault and/or that individual behavior is to blame, burdening the user and discrediting the system’s role in creating this crisis.”

The groups said they knew of no research to back up “personal risk assessment” as a way to improve outcomes for birthing people. Nor does the blueprint clearly spell out the next steps or what will happen to the data, their letter argued.

Dana Sherrod, cofounder and executive director of the California Coalition for Black Birth Justice, said that “by omitting the mention of systemic racism, it is putting the blame back onto patients.” The only time the phrase “systemic racism” appears in the blueprint is in reference to the findings of another [state report](#).

Sherrod said that even when accounting for other factors, “Black women still have worse outcomes.” For instance, [one analysis](#) of maternal deaths in California found that Black mothers with the highest incomes had worse rates of pregnancy-related mortality than white mothers with the lowest incomes.

A much [earlier study](#) found that Black women didn’t have significantly higher rates of preeclampsia, postpartum hemorrhage and other major complications than white women, yet Black women who had such complications were two to three times more likely to die of them than white women with such conditions.

Even if “they’re a healthy weight, they’re educated, they’re married — the things that are supposed to be protective — even when they do all of these things, we still are seeing poor outcomes,” Sherrod said.



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Oct. 22, 2024

The California plan also calls for medical facilities to use [an existing screening tool](#) to gauge the risk levels of pregnant patients. Ramos told The Times that such screening could help guide where patients go for births, ensuring that people at higher risk go to the facilities that are best equipped to support them.

The coalition warned, however, that doing so could “further marginalize high-risk populations and divert resources from struggling facilities while simultaneously

overburdening higher-level facilities.” California is already facing “critical shortages in maternity care” as [labor and delivery wards have closed](#), they pointed out.

“It is already very difficult for many individuals to navigate the healthcare system and to understand where to go to receive the best care,” Sherrod said, “and this potentially further complicates that.”

Coalition leaders are seeking a meeting with Ramos and with First Partner Jennifer Siebel Newsom, the wife of Gov. Gavin Newsom, who joined Ramos in [announcing the plan](#) in September.

Ramos’ office said in its statement Monday that since their initiative had launched, “Dr. Diana Ramos has met with several partners in the maternal health space and will continue to meet with others, including members of the coalition, to find opportunities to work together.”

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