

About the *Listening to Mothers in California* Survey

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Overview

Listening to Mothers in California is a statewide population-based survey of women who gave birth in 2016. It is the first state-level fielding of the national *Listening to Mothers* survey, and the first *Listening to Mothers* survey available in both English and Spanish.

The survey provides extensive, timely, previously unavailable data about women's maternity care and postpartum experiences, views and outcomes. Survey items were selected to provide actionable information for policies, programs and practices, including the many initiatives in California working to improve the quality, outcomes and value of maternity care. The new survey, conducted in 2017, is complementary to the ongoing annual Maternal and Infant Health Assessment (MIHA) survey of the California Department of Public Health (CDPH), which provides invaluable woman-reported data, with a focus on important public health topics such as pregnancy intention, food insecurity, infant sleep position and intimate partner violence.

Led by Childbirth Connection Programs at the National Partnership for Women & Families, the new survey was a collaboration between the core Childbirth Connection-Boston University team that has carried out national *Listening to Mothers surveys* since 2002 and exceptional state partners with extensive MIHA experience at the University of California, San Francisco, Center on Social Disparities in Health and Quantum Market Research, Oakland. The California Health Care Foundation and Yellow Chair Foundation funded the project.

This document describes the survey background, scope and approach, and identifies key project products and personnel, as well as Advisory Council members.

Background: National *Listening to Mothers* Surveys

Childbirth Connection's first landmark *Listening to Mothers* (LTM) survey, carried out in 2002, extensively documented women's experiences and views of childbearing for the first time at the national level. Additional national LTM surveys were carried out in 2006 and 2012, and both were enriched with a follow-up survey directed to the initial participants.

LTM surveys are unique, invaluable sources of information about maternity care at a time when the relevant stakeholders are grappling with how to reliably deliver high-value maternity care; improve maternal and infant outcomes; reduce persistent racial, geographic and other disparities in care and outcomes; and avoid wasting resources on low-value care. Survey results are widely consulted and cited for their unprecedented window on a broad range of topics from before pregnancy to well into the postpartum period. They shape policy, practice, education and research. Five major survey reports and dozens of journal articles and commentaries describe LTM survey results (see [LTM home page](#) and [bibliography](#)).

Opportunities provided by national LTM surveys include:

- ▶ Understanding many aspects of the experiences and views of childbearing women that had been previously unknown at the national level, including results of validated screening tools.
- ▶ Carrying out subgroup analyses to understand variation by major demographic and other variables, including race/ethnicity groupings, source of payment and mode of birth.
- ▶ Comparing survey data to systematic review results to identify overused and underused care and evidence-practice gaps, as in the Milbank Report [*Evidence-Based Maternity Care: What It Is and What It Can Achieve*](#).
- ▶ Capturing verbatim statements in response to open-ended questions that vividly convey survey results in women's own words and provide rich data for qualitative analyses.
- ▶ Over time, tracking experiences, attitudes, knowledge and preferences of childbearing women.
- ▶ Over time, switching in new questions to learn about evolving issues in maternity and health care.

Listening to Mothers in California Survey

Annually, about a half million babies – or 1 in 8 U.S. infants – are born in California. The state is a national leader in initiatives to improve maternal and infant health and the quality, outcomes and value of maternity care. To contribute to these efforts, we adapted the national survey methodology to opportunities and challenges at the state level and the evolving environment for survey research. Important innovations new to this LTM survey include:

- ▶ State-level survey, in contrast to previous national *Listening to Mothers* surveys.
- ▶ Use of birth certificates for population-based sampling, data weighting and data analysis.
- ▶ Oversampling of women with midwifery-attended births and vaginal birth after cesarean, and continued oversampling of Black women, to better understand experiences of these groups.
- ▶ Availability of the survey questionnaire in Spanish as well as in English.
- ▶ Outreach to women through mail and text messages in addition to email addresses and telephone.

- ▶ Ability to participate on a smartphone or tablet, as well as on a laptop or desktop computer or with a trained interviewer, and to switch between modes.
- ▶ Data linkage with the Department of Health Care Services Management Information System/Decision Support System Warehouse to definitively identify Medi-Cal beneficiary respondents.
- ▶ Largest-yet number of completed surveys.
- ▶ Greater depth of inquiry in several funder areas of interest, including medicalization of childbirth and cesarean birth, midwifery care and maternal mental health.
- ▶ Extensive communications and reporting products to reach diverse stakeholders with varied interests.

The survey results describe experiences and views of California residents age 18 and over who gave birth to a single baby in a hospital in 2016, were living with the baby at the time of the survey, and could participate in English or Spanish. A detailed description of the survey methodology is available in an appendix to the full survey report and as a separate document (see survey reporting products, below).

The project team and Advisory Council members' in-depth knowledge of the present maternity care policy and practice environment informed the selection of questionnaire items that can contribute to current priority issues. The questionnaire was developed through an extended iterative process that involved the study team, funder representatives, Advisory Council, and one-on-one and focus group pretesting with diverse English- and Spanish-speaking women who had recently given birth. To maximize knowledge gained, the survey was planned to average 30 minutes in telephone interview mode, the upper recommended limit for survey length. The questionnaire drew on the rich bank of items that have been used in the national surveys, adapted some of those items for the state-level survey (including display on smartphones) and added new items. The most prominent theme is maternity care, including making care arrangements, care received (especially around the time of birth), care experiences and views about care. The questionnaire also included tools to assess prenatal and postpartum anxiety and depression and postpartum support, basic items about breastfeeding and employment, and many demographic items.

Several state agencies approved and supported the project. The institutional review board of record is the California Office of Statewide Health Planning and Development's Committee for the Protection of Human Subjects, which approved the protocol and subsequent amendments. The University of California, San Francisco Human Research Protection Program has also approved the project. At the CDPH, the Vital Statistics Advisory Committee approved the project and the Health Information and Research Section provided monthly birth certificate files for drawing our sample, as well as items from the 2016 Birth Statistical Master File for data weighting. Also at CDPH, the California Biobank Program approved a request for data linkage, and the Genetic Disease Screening Program provided supplementary contact information from the Newborn Screening Database to help reach sampled women.

At the Department of Health Care Services, the Data and Research Committee approved a request for Medi-Cal data linkage and abstraction to obtain 1) supplementary contact information to increase the likelihood of reaching sampled Medi-Cal beneficiaries, 2) definitive identification of Medi-Cal beneficiaries (i.e., survey participants with a paid 2016 childbirth claim) and 3) key eligibility and participation variables for Medi-Cal beneficiaries for further analyses of views and experiences of the nearly half of childbearing women in California with births covered by Medi-Cal.

Survey Reporting Products

An extensive series of survey reporting products are available to meet the needs of diverse stakeholders, including policymakers, clinical and health system leaders, women and families, journalists and researchers. Both NationalPartnership.org/LTMCA and chcf.org/listening-to-mothers-CA offer an identical set of products. The National Partnership website further makes the products available through an interactive digital version of the full survey report. Publicly available products include:

- ▶ Full survey report with all topline and selected subgroup results
- ▶ Interactive digital version of full survey report
- ▶ Data snapshot of figures with survey results highlights and slides for repurposing
- ▶ Three issue briefs on experiences of Asian and Pacific Islander, Black and Latina mothers
- ▶ Three fact sheets on care team and place of birth, cesarean birth and maternal mental health
- ▶ Infographic on medicalization of childbirth and underuse of alternatives
- ▶ Three short topical videos on disparities, optimal care and maternal mental health, and a composite video
- ▶ Fact sheet about the survey, including background, scope, personnel and products
- ▶ Overview of details of the survey methodology
- ▶ Survey questionnaire, in English and Spanish
- ▶ Press release
- ▶ Webinar recording and slide deck
- ▶ Public dataset and codebook (see below)

De-Identified Publicly Available Dataset

De-identified datasets of previous national *Listening to Mother* surveys are publicly available to interested researchers through the University of North Carolina's Odum Institute [Dataverse](#) data repository. The de-identified *Listening to Mothers in California* dataset and dataset codebook will be available at this location, beginning in June 2019. Searching on "Listening to Mothers" (inclusive of quotation marks) identifies this series of datasets. A lengthy *Listening to Mothers* [bibliography](#) brings together the publications of survey investigators and other researchers who have carried out many secondary analyses, in addition to core survey reports, commentaries, editorials and other publications.

Listening to Mothers in California Survey Key Personnel

Carol Sakala, PhD, MSPH

Principal Investigator

Director of Childbirth Connection Programs
National Partnership for Women & Families

Paula Braveman, MD, PhD

Co-Principal Investigator

Director, Center on Social Disparities in Health
University of California, San Francisco

Eugene Declercq, PhD, MBA

Investigator

Professor and Associate Dean
Boston University School of Public Health

Kristen Marchi, MPH

Investigator

Co-Director, Center on Social Disparities in Health
University of California, San Francisco

Maureen P. Corry, MPH

Investigator

Senior Advisor for Childbirth Connection Programs
National Partnership for Women & Families

Katherine Heck, MPH

Investigator

Research Analyst, Center on Social Disparities in Health
University of California, San Francisco

Monisha Shah, MPH

Investigator

Center on Social Disparities in Health
University of California, San Francisco

Jessica M. Turon, MPH

Research Assistant

Independent Consultant

Stephanie Teleki, MPH, PhD

Director, Learning and Impact

California Health Care Foundation

Valerie Lewis, MPH, MPA

Program Liaison, Maternal Health

Yellow Chair Foundation

Listening to Mothers in California Survey Advisory Council

Jill Arnold, BA

Consumer Advocate

Consultant, Consumer Reports

Cheryl Tatano Beck, DNSc, CNM

Board of Trustees Distinguished Professor

School of Nursing

University of Connecticut

Joy Burkhard, MBA

2020 Mom Project

Founder and Director

California Maternal Mental Health Collaborative

Erika Cebreros, MA

Deputy Editor

BabyCenter en Español

Kim Q. Dau, CNM, MS

Health Policy Committee Chair,

California Nurse-Midwives Association

Director, University of California, San Francisco

Midwifery Education Program

Rosanna Davis, LM, CPM

President

California Association of Midwives

Wendy Davis, PhD

Counseling and Consultation

Executive Director

Postpartum Support International

W. Suzanne Eidson-Ton, MD, MS
Co-Chair, Family-Centered Maternity Care
Group, Society of Teachers of Family Medicine
Associate Professor, Director of Medical Student
Education Program
Family and Community Medicine, Obstetrics and
Gynecology
University of California, Davis Health System

Miriam Erdosi, MSW
Maternal Child Health Director,
Los Angeles Market
March of Dimes

Tracy Flanagan, MD
Director of Women's Health
Chair of the Obstetrics and Gynecology Chiefs
Kaiser Permanente Northern California

Rhonda Freeman, MPH
Maternal, Child and Adolescent Health/
Black Infant Health Coordinator
San Diego County

Kristi T. Gabel, RNC-OB, C-EFM, MSN, CNS
California Section Chair
Association of Women's Health, Obstetrics and
Neonatal Nurses

Lynn Kersey, MPH, MA
Executive Director
Maternal and Child Health Access

Katy Kozhimannil, PhD, MPA
Associate Professor, School of Public Health
University of Minnesota

Lance Lang, MD
Chief Medical Officer, Covered California

Maria Lemus, BA
Executive Director
Vision y Compromiso
The National Network of Promotoras and
Community Health Workers

Michelle Levander, MA
Editor and Founding Director
Center for Health Journalism

Julia Logan, MD, MPH
Chief Quality Officer
California Department of Health Care Services

Elliott Main, MD
Medical Director
California Maternal Quality Care Collaborative

Melissa Marshall, MD
Chief Medical Officer
Communicare Health Centers

Connie Mitchell, MD, MPH
Deputy Director, Center for Family Health
California Department of Public Health

Julianne (Julie) Morath, RN, MS, CPPS
President and Chief Executive Officer
Hospital Quality Institute

Linda Neuhauser, DrPH, MPH
Clinical Professor, Community Health Sciences
School of Public Health
University of California Berkeley

Julia Chinyere Oparah, PhD, MA
Associate Provost; Professor and Chair of Ethnic
Studies
Mills College
*Author, Birthing Justice: Black Women, Pregnancy
and Childbirth*
Black Women Birthing Justice Collective

Tyan Parker Dominguez, MSW, MPH, PhD
Chair, California Black Women's Health Project
Co-chair, American Public Health Association
Maternal and Child Health Section's Improving
Pregnancy Outcomes Committee
School of Social Work
University of Southern California

Doris Peter, PhD
Associate Director, Health Ratings Center
Consumer Reports

Diana Ramos, MD, MPH

Medical Director, Reproductive Health,
Los Angeles Public Health Department
Treasurer, American College of Obstetricians and
Gynecologists, District IX
Board of Directors, Latino Physicians of
California

Christine Rinki, MPH

Surveillance, Assessment and Program
Development Section; Epidemiology,
Assessment and Program Development Branch;
Maternal, Child and Adolescent Health Program;
Center for Family Health
California Department of Public Health

Brynn Rubinstein, MPH

Senior Manager, Transforming Maternity Care
Pacific Business Group on Health

BJ Snell, PhD, WHNP, MSN, CNM

Beach Cities Midwifery and
Women's Health Care
Birth Centers: Laguna Hills, Long Beach
Member, California Nurse-Midwives Association
Health Policy Committee

John Wachtel, MD

Chair, American College of Obstetricians &
Gynecologists District IX/California Executive
Board, American College of Obstetricians &
Gynecologist

Jennifer Wong, MPH

Project Manager
Integrated Healthcare Association

Please direct inquiries about the survey to info@nationalpartnership.org.



YELLOW CHAIR FOUNDATION

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting access to quality health care, reproductive health and rights, fairness in the workplace 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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