LISTENING TO MOTHERS IN CALIFORNIA

Results from a population-based survey of women’s childbearing experiences

Webinar

Presenters
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National Partnership for Women & Families

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Boston University School of Public Health

September 20, 2018
Housekeeping

- All lines will be muted.
- Submit questions online at any time through the Q&A platform located at the bottom center of your screen (NOT the chat function).
- This webinar will be recorded.
- Recording and slides will be available within 2 weeks via both the CHCF and National Partnership for Women & Families websites.
Goals for Today

• Discuss background and methods for the present survey
• Present selected key findings
• Identify available resources, how to learn more
• Inspire action, including:
  • Becoming familiar with resources
  • Sharing information about the new resources
  • Applying results to improve care, experiences, and outcomes of childbearing women and newborns
Building on National Listening to Mothers Surveys

- Childbirth Connection-Boston University team carried out national surveys in 2002, 2006, and 2012
- LTM II and LTM III had follow-up surveys on postpartum experiences, attitudes, and beliefs
- Surveys reveal previously unknown experiences and views of childbearing women
- All datasets publicly available at UNC Odum Institute
- Dozens of reports, articles, and commentaries have been published on survey findings
- Results widely cited, impacting policy, practice, education, research
- Find collected resources at [www.nationalpartnership.org/listeningtomothers/](http://www.nationalpartnership.org/listeningtomothers/)

- **California innovations** relative to previous surveys:
  - Use of birth certificates for sampling, contacting sampled women, weighting, data analysis
  - Available in Spanish (and English)
  - Outreach by mail and text message (and phone, email)
  - Ability to participate on mobile devices (and computers, with trained interviewers)
  - Medi-Cal data linkage, abstraction
Participating organizations and project lead

- National Partnership for Women and Families, Carol Sakala, PhD, MSPH
- Boston University, Eugene R. Declercq, PhD, MBA
- University of California, San Francisco, Center on Social Disparities in Health, Kristen Marchi, MPH
- Quantum Market Research, Veronica Raymonda
- California Health Care Foundation, Stephanie Teleki, PhD, MPH
- Yellow Chair Foundation, Valerie Lewis, MPH, MPA

State agencies

- Committee for the Protection of Human Subjects, OSHPD
- Vital Statistics Advisory Committee, Health Information and Research Section and Genetic Disease Screening Program, CDPH
- Data and Research Committee, DHCS

Advisory Council (see roster in About the Listening to Mothers in California Survey fact sheet)
Listening to Mothers in California: Methods in a Nutshell

- **Questionnaire adapted** for timely state issues, funder interests, and mobile-first display
- Sample drawn from monthly 2016 birth certificate files, with **oversampling** of:
  - Black women
  - Women with midwifery care
  - Women with vaginal birth after cesarean
- **Exclusions**:
  - Teens under 18
  - Women with multiple and out-of-hospital births
  - Women who could not participate in English or Spanish
  - Women not living with their baby at time of contact
  - Non-residents of California
- **2,539 women completed surveys in 2017** when their index babies were 2-11 months old
  - 2016 statewide birth certificate file used to weight data

*See full survey report appendix and methods overview document for detailed description of methods*
Where to Find Project Resources

www.chcf.org/listening-to-mothers-ca

www.nationalpartnership.org/ltmca
Care Team and Place of Birth
Many Women Use Quality Information to Choose Providers and Hospitals

Finding and Using Information About Quality Maternity Care Provider and Hospital, California, 2016

BASE: WOMEN WHO FOUND COMPARATIVE QUALITY INFORMATION (n = 1,309)

- 36% of women sought information about hospital cesarean rates.
- Just one in three were aware of variation in quality across obstetricians and across hospitals.

Notes: “Not sure” and “did not find any information” not shown. Not all eligible respondents answered each item.
California Women Overwhelmingly Use OBs

Maternity Care Provider Type
Prenatal Care and Birth, California, 2016

Bases: All women who answered this question

- Obstetrician
- Midwife
- Nurse practitioner
- Family physician
- Physician assistant
- Doctor, not sure what type

Prenatal care (n = 2,519)

- 80% Obstetrician
- 7% Midwife
- 5% Nurse practitioner
- 4% Family physician
- 4% Physician assistant
- 2% Doctor, not sure what type
- 1% Other

Birth (n = 2,506)

- 73% Obstetrician
- 9% Midwife
- 13% Nurse practitioner
- 2% Family physician
- 1% Physician assistant

Notes: Not all eligible respondents answered each item. "Other" not shown. Prenatal care is the provider most often providing care during pregnancy. Birth is the provider who delivered the baby. Segments don’t total 100% due to rounding.

Related results:

Use patterns differ by race/ethnicity.

- Asian/Pacific Islander women had highest usage of OB.
  - Prenatal care (88%)
  - Birth (81%)
- White women had highest usage of midwives.
  - Prenatal care (12%)
  - Birth (11%)

Sources:
- Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018, www.chcf.org (PDF);
Most Women Open to Using Midwife for Future Birth

The US is an outlier in midwife use:

- Midwives are commonly used in high-income countries with strong maternal outcomes.
- Survey revealed lack of knowledge about midwives.
  - Studies show midwives have similar outcomes and fewer interventions than doctors.
  - 63% of those who would definitely not want a midwife in the future thought doctors provide higher quality care.
Most Women Open to Using Doula for Future Birth

"Our doula was the best thing about the care we got and I suspect the birth would have been drastically different without her support, influence, intervention and care."

Notes: A labor doula is a nonclinician health worker who offer continuous physical, emotional, and informational support to women around the time of birth. Due to evidence of overcounting the doula role among some non-English speakers, we limited our analyses of doula support to women who primarily speak English at home. "Would definitely not want this" and "not sure" not shown. Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. Not all eligible respondents answered each item. \( p < .01 \) for differences by race/ethnicity and by payer.

Sources: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse

Labor Doula Use: Actual of Doula Support and Future Interest by Race/Ethnicity and Payer, California, 2016

BASE: WOMEN WHO SPEAK PRIMARILY ENGLISH AT HOME (n = 1,433)

If you have a future pregnancy, how open would you be to having the support of a doula (trained labor companion) while you are giving birth?

![Bar chart showing the percentage of women who would consider or definitely want doula support by race/ethnicity and payer.](chart.png)
Many Women Would Consider Birth Center for Future Birth

Future Interest in Birth Center Use by Race/Ethnicity and Payer, California, 2016

BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,482)

If you have a future pregnancy, how open would you be to giving birth in a birth center that is separate from a hospital (with hospital care, if needed)?

From final 2016 birth certificate file:

- Only 0.3% of California women gave birth in a freestanding birth center per final 2016 birth certificate file.

“I initially wanted a midwife, a doula and a birth center. Insurance wouldn’t cover this so we went with the traditional OB and hospital route.”

Notes: “Would definitely not want this” and “not sure” not shown. Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. Not all eligible respondents answered each item. p < .01 for differences by race/ethnicity and by payer.

Fewer Women Expressed Interest in Home Birth in Future

From final 2016 birth certificate file:

- Only 0.7% of California women gave birth at home per final 2016 birth certificate file.
- Black women more interested than women in other race/ethnicity groups.
- Women covered by Medi-Cal more interested than those with private insurance.

Future Interest in Home Birth by Race/Ethnicity and Payer, California, 2016

**BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,482)**

*If you have a future pregnancy, how open would you be to giving birth at home (with hospital care, if needed)?*

- **Overall**: 15% would consider, 6% definitely want
- **Black**: 21% would consider, 8% definitely want
- **Latina**: 17% would consider, 7% definitely want
- **White**: 14% would consider, 7% definitely want
- **Asian/Pacific Islander**: 9% would consider, 3% definitely want
- **Medi-Cal**: 18% would consider, 8% definitely want
- **Private**: 12% would consider, 5% definitely want

Notes: "Would definitely not want this" and "not sure" not shown. Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. Not all eligible respondents answered each item. p < .01 for differences by race/ethnicity and by payer.

Maternity Care Practices
Women Do Not Want Childbirth to Be Interfered With

Beliefs About Childbirth and Medical Interference
United States, 2002 to 2012, Selected Years; California, 2017

Base: All women who answered this question (n = 2,451)

<table>
<thead>
<tr>
<th>Year</th>
<th>United States</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>19% Agree strongly, 26% Agree somewhat, 24% Neither agree nor disagree, 19% Disagree somewhat, 12% Disagree strongly</td>
<td>24% Agree strongly, 25% Agree somewhat, 26% Neither agree nor disagree, 17% Disagree somewhat, 8% Disagree strongly</td>
</tr>
<tr>
<td>2006</td>
<td>24% Agree strongly, 26% Agree somewhat, 25% Neither agree nor disagree, 17% Disagree somewhat, 8% Disagree strongly</td>
<td>25% Agree strongly, 25% Agree somewhat, 26% Neither agree nor disagree, 17% Disagree somewhat, 6% Disagree strongly</td>
</tr>
<tr>
<td>2012</td>
<td>34% Agree strongly, 25% Agree somewhat, 26% Neither agree nor disagree, 10% Disagree somewhat, 6% Disagree strongly</td>
<td>47% Agree strongly, 27% Agree somewhat, 26% Neither agree nor disagree, 18% Disagree somewhat, 5% Disagree strongly</td>
</tr>
<tr>
<td>2017</td>
<td>47% Agree strongly, 26% Agree somewhat, 27% Neither agree nor disagree, 18% Disagree somewhat, 3% Disagree strongly</td>
<td>47% Agree strongly, 27% Agree somewhat, 26% Neither agree nor disagree, 18% Disagree somewhat, 5% Disagree strongly</td>
</tr>
</tbody>
</table>

Notes: Not all eligible respondents answered each item. Segments may not add to 100% due to rounding.

“There was a question about birth being a process, and I think ... believing in mothers and trusting them during that process is important. We know our bodies. We know how we are feeling.... [In my case,] no one would listen.”
Providers Attempted to Induce Labor of 4 in 10 Respondents

Related results:
- More than 14% of all women and 37% of women with attempted induction identified only reasons not supported by best evidence for experiencing labor induction.
- 70% with attempted induced labor said that this had started their labor, and 10% were not sure.
3 in 4 Women Used an Epidural for Pain Relief

Use of Pain Medications by Payer, California, 2016

ACOG Clinical Opinion guidance:

Most women can be offered drug-free measures for coping with labor – none of these found to adversely affect woman, fetus, or labor.

Use of Pain Medications by Payer, California, 2016

BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,516)

* < .01 for differences by payer.

Notes: *Other* not shown. Not all eligible respondents answered each item. Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. Epidurals often deliver a combination of local anesthetic and narcotic medications. Nitrous oxide, a colorless, odorless gas that has long been used for labor pains in many countries, is administered via a mask that the woman controls.

Sources: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse
Use Vaginal Birth Without Pain Medication by Provider, Parity, and Race/Ethnicity, California, 2016

BASE: WOMEN WHO HAD A VAGINAL BIRTH (n = 1,799)

Provider
- Obstetrician: 18%
- Midwife: 28%

Parity
- First birth: 15%
- Second/Subsequent birth: 28%

Race/Ethnicity
- Asian/Pacific Islander: 18%
- Black: 19%
- White: 21%
- Latina: 25%

Related results:
Women with private insurance were more likely than those with Medi-Cal to use:
- Breathing method
- Changing positions or moving around
- Large, inflated ball
- Massage, acupressure or similar
- Relaxation, visualization, hypnosis, or similar technique

Notes: Provider type shown is the provider who attended the birth. Not all eligible respondents answered each item. p < .01 for differences by provider, by parity, and by race/ethnicity.
Sources: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse.

Fewer Than 1 in 4 Women with Vaginal Birth Used No Medications for Pain Relief
Nearly 3 in 4 Women Experienced 4 or More Interventions Around Time of Birth

“Once [at the hospital], the whole thing is just so intense; the monitoring, the IVs, the required positions, the rapidity with which you are asked to make decisions when you are in intense physical pain. It is not a therapeutic environment.”

“I felt like unnecessary intervention after intervention occurred.”

Percentage Who Experienced Cumulative Number Among 10 Interventions Around the Time of Birth

Base: All women (n=2536)

Notes: Interventions include sweeping membranes, artificial rupture of membranes, synthetic oxytocin to induce and/or speed up labor, bladder catheter, intravenous line, electronic fetal monitoring, epidural for pain, narcotics for pain, vacuum or forceps, and cesarean birth. Vacuum or forceps data obtained from respondents' birth certificates.
Vaginal and Cesarean Birth
Sorting Every Birth by Mode of Birth and Further Breakdowns, California, 2016

**BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,529)**

<table>
<thead>
<tr>
<th>Mode of Birth</th>
<th>Vaginal, 69%</th>
<th>Vaginal birth after cesarean, 2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal/no previous cesarean, 67%</td>
<td>65%</td>
<td>2%</td>
</tr>
<tr>
<td>Vacuum or forceps assisted</td>
<td>2%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Total Cesarean, 31%**

<table>
<thead>
<tr>
<th>Mode of Birth</th>
<th>Primary (first) cesarean, 16%</th>
<th>Repeat cesarean, 15%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Planned</td>
<td>5%</td>
<td>13%</td>
</tr>
</tbody>
</table>


Looking at all survey participants:

- 31% gave birth by cesarean
- Just 2% had, respectively,
  - a vaginal birth after cesarean (VBAC)
  - an assisted vaginal birth (with vacuum or forceps)
  - a repeat cesarean that was unplanned (occurred during labor)
- Among the 17% with a past cesarean, nearly all - 15% - had repeat cesareans, an untapped area for reducing cesarean births in California
Over 40% of Black Women Gave Birth by Cesarean

Total Cesarean Rates by Provider, Payer, and Race/Ethnicity, California, 2016

<table>
<thead>
<tr>
<th>BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,529)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider</strong></td>
</tr>
<tr>
<td>Obstetrician</td>
</tr>
<tr>
<td>Midwife</td>
</tr>
<tr>
<td><strong>Payer</strong></td>
</tr>
<tr>
<td>Medi-Cal</td>
</tr>
<tr>
<td>Private</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
</tr>
<tr>
<td>Latina</td>
</tr>
<tr>
<td>White</td>
</tr>
</tbody>
</table>

Notes: Not all eligible respondents answered each item. Provider type listed is the provider most often providing care during pregnancy. Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. p = .05 for differences by race/ethnicity; p < .01 for differences by payer and by provider.

Sources: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse.

“Doctors DO encourage C-sections.... I don’t think my C-section was entirely necessary.”

“[The best thing about my care in the hospital was] the patience that the labor and delivery doctor had with me. He also didn’t jump the gun for me to get a C-section when he could have.”
Cesarean Rates Much Higher for Women Who Came to Hospital Early in Labor

Cesarean Rate, by Centimeters Dilated at Admission
California, 2016

BASE: WOMEN WHO HAD ONE OR MORE VAGINAL EXAMS AND EXPERIENCED LABOR (n = 1,461)

Notes: Not all eligible respondents answered each item. p < .01 for differences in cesarean rate across dilation groups.
Providers Focus Discussions on Why to Have Repeat Cesarean

**Discussion with Provider About Repeat Cesarean**  
California, 2016  

**BASE:** WOMEN WITH 1 OR 2 PRIOR CESAREANS WHO TALKED WITH A PROVIDER ABOUT SCHEDULING REPEAT CESAREAN BECAUSE OF PAST CESARIANS  

*How much did you and your maternity care provider talk about the reasons you might...*

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>...want to schedule another c-section?</td>
<td><img src="chart.png" alt="Bar Chart" /></td>
</tr>
<tr>
<td>Not at all</td>
<td>6%</td>
</tr>
<tr>
<td>A little</td>
<td>25%</td>
</tr>
<tr>
<td>Some</td>
<td>28%</td>
</tr>
<tr>
<td>A lot</td>
<td>42%</td>
</tr>
</tbody>
</table>

| ...not want to schedule another c-section? | ![Bar Chart](chart.png) |
| Not at all                                  | 36%            |
| A little                                    | 24%            |
| Some                                        | 21%            |
| A lot                                       | 18%            |

**Related results (women’s preferences regarding VBAC):**

- Nearly half of women with repeat cesareans expressed interest in VBAC.
- Of those, nearly half did not have the option.
- In most instances, the option was not available because care provider and/or hospital did not allow VBAC.

Notes: Not all eligible respondents answered each item. Sections may not add to 100% due to rounding. \( p < .01 \) for differences across groups in patterns of discussion for versus against a repeat cesarean.

Only 15% of Women With a Past Cesarean Had a Vaginal Birth After Cesarean

“...I had a lot of support during delivery which I believe helped me deliver vaginally after a C-section.”

Vaginal Birth After Cesarean (VBAC) Rates by Payer, Language, and Race/Ethnicity, California, 2016

Notes: Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. Not all eligible respondents answered each item. p < .01 for differences by payer, by language, and by race/ethnicity.

Sources: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse.
Respectful and Disrespectful Treatment
### Unfair Treatment Due to Race or Ethnicity by Race/Ethnicity, California, 2016

**BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,502)**

*During your recent hospital stay when you had your baby, how often were you treated unfairly because of your race or ethnicity?*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>8%</td>
<td>&lt;1%</td>
<td>3%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>6%</td>
<td>2%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Latina</td>
<td>4%</td>
<td>&lt;1%</td>
<td>1%</td>
</tr>
<tr>
<td>White</td>
<td>1%</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

Notes: “Never” not shown. Not all eligible respondents answered each item. p < .01 for differences by race/ethnicity.

Source: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018

“Women giving birth should be treated with respect no matter their skin color.”
### Unfair Treatment Due to Language Spoken by Language, California, 2016

**During your recent hospital stay when you had your baby, how often were you treated unfairly because of the language you spoke?**

<table>
<thead>
<tr>
<th>Language</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian language</td>
<td>8%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Spanish</td>
<td>7%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>English</td>
<td>1%</td>
<td>&lt;1%</td>
<td>1%</td>
</tr>
<tr>
<td>Some other language</td>
<td>6%</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Notes:** Languages are those usually spoken at home. "Never" and "English and Spanish spoken equally at home" not shown. Not all eligible respondents answered each item. \( p < .01 \) for differences by language spoken.


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*The worst thing was that there were nurses that didn’t speak Spanish and I couldn’t communicate with them.*

*Since we don’t speak English they don’t take good care of us.*
Nearly 1 in 10 Women with Medi-Cal Coverage Felt Unfairly Treated

Unfair Treatment Due to Type of Insurance by Payer, California, 2016

BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,501)

During your recent hospital stay when you had your baby, how often were you treated unfairly because of the type of health insurance you had?

<table>
<thead>
<tr>
<th></th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td>5%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Private</td>
<td>1%</td>
<td>1%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

"With my first child I had Medi-Cal and with my third child I had private PPO insurance. Quality of care and doctors' interest in patient was different."

Notes: Not all eligible respondents answered each item. "Never" not shown. Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. p < .01 for differences by payer. Sources: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse.
Fewer than 1 in 10 Women Experienced Harsh Language or Rough Handling

Experience of Harsh Treatment by Race/Ethnicity, California, 2016

BASE: ALL WOMEN WHO ANSWERED THIS QUESTION

During your recent hospital stay when you had your baby, did a nurse or maternity care provider ever...

...use harsh, rude, or threatening language? (n = 2,511)
- Black: 9%
- Asian/Pacific Islander: 9%
- White: 8%
- Latina: 7%

...handle you roughly? (n = 2,514)
- Black: 11%
- Asian/Pacific Islander: 11%
- White: 8%
- Latina: 7%

Notes: Not all eligible respondents answered each item. Differences by race/ethnicity were not significant.

“The vaginal exams were very rough and painful.”

“One nurse I had was extremely rude and callous towards me and was very rough while checking my cervix.”
Use of Induction and Primary C-Section Associated with Provider Pressure

Rate of Interventions, No Pressure vs. Pressure by Intervention Type, California, 2016

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Did not experience pressure</th>
<th>Experienced pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Induction*</td>
<td>75%</td>
<td>77%</td>
</tr>
<tr>
<td>Epidural (n = 2,087)</td>
<td>71%</td>
<td>77%</td>
</tr>
<tr>
<td>Primary cesarean*</td>
<td>60%</td>
<td>88%</td>
</tr>
<tr>
<td>Repeat cesarean (n = 437)</td>
<td>85%</td>
<td>88%</td>
</tr>
</tbody>
</table>

* p < .01 for differences between "did not experience pressure" and "experienced pressure."

Notes: Not all eligible respondents answered each item. Base for induction is all women, for epidural is women who experienced labor, for primary cesarean is women without a previous cesarean, for repeat cesarean is women with a previous cesarean.


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

“I didn’t like how my doctor was trying to pressure me into a C-section and getting my tubes tied.”
Postpartum Experiences
Fewer than 1 in 10 Women Had No Postpartum Visit

"Overall I had a great birthing experience, but I was shocked by how little support the OBGYN office and doctors provided about everything beyond the childbirth process itself."

"I would have loved to have more postpartum care and breastfeeding help."

---

**Number of Maternal Postpartum Office Visits by Payer and Race/Ethnicity, California, 2016**

**BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,444)**

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall</strong></td>
<td>50%</td>
<td>24%</td>
<td>9%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td><strong>Payer</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medi-Cal</td>
<td>12%</td>
<td>43%</td>
<td>25%</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td>Private</td>
<td>6%</td>
<td>58%</td>
<td>23%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>7%</td>
<td>41%</td>
<td>22%</td>
<td>14%</td>
<td>15%</td>
</tr>
<tr>
<td>Latina</td>
<td></td>
<td>45%</td>
<td>26%</td>
<td>11%</td>
<td>8%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td></td>
<td>57%</td>
<td>22%</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>White</td>
<td>7%</td>
<td>57%</td>
<td>24%</td>
<td>7%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Notes: Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. Not all eligible respondents answered each item. p < .01 for differences by race/ethnicity and by payer.

Sources: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse.
Women with Medi-Cal Reported Less Emotional and Practical Support Since Birth

Postpartum Emotional and Practical Support by Payer, California, 2016

BASE: ALL WOMEN WHO ANSWERED THIS QUESTION

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? (n = 2,494)

- Medi-Cal: 18% Never, 20% Sometimes, 12% Usually, 51% Always
- Private: 8% Never, 14% Sometimes, 15% Usually, 63% Always

...practical support, such as helping you get things done or get information you need? (n = 2,498)

- Medi-Cal: 17% Never, 23% Sometimes, 15% Usually, 48% Always
- Private: 8% Never, 17% Sometimes, 19% Usually, 56% Always

Notes: Not all eligible respondents answered each item. Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. Segments may not add to 100% due to rounding. p < .01 for difference in emotional and in practical support by payer.

Sources: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse.

“The lack of help after giving birth was stressful. Prenatal care was good, frequent, consistent. Afterwards, besides appointments for vaccines, you are all alone and on your own.”
Only 28% of Women Exclusively Fed Breast Milk for 6 Months

Exclusive Breast Milk Feeding for Six Months by Race/Ethnicity and Payer, California, 2016

Related result:

• Just 42% who were breastfeeding at 1 week and not at time of survey felt they had fed breast milk as long as they liked.

“...My biggest regret is not breastfeeding longer. I would recommend it to all mothers and I wish, as a first time mother, I would’ve gotten more help.”

Notes: Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. Not all eligible respondents answered each item, p < .01 for differences by race/ethnicity and by payer.

Sources: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse.
More Women Reported Symptoms of Anxiety than Depression During Pregnancy

Presence of symptoms varies:

- Black women most frequently reported symptoms.
  - 30% reported anxiety.
  - 20% reported depression.

- Women with Medi-Cal coverage reported symptoms more frequently than women with private insurance.
  - 23% reported anxiety.
  - 14% reported depression.

Notes: Women were asked to answer two questions each about the frequency of anxiety symptoms and depression symptoms, both "during your recent pregnancy" and "during the last two weeks." * Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self identified in the survey. Not all eligible respondents answered each item. Differences by race/ethnicity and by payer were not significant for prenatal anxiety. p < .05 for differences by race/ethnicity and by payer for prenatal depression.

Many Women Reported Postpartum Symptoms of Anxiety and Depression

"After giving birth, I was full of anxiety. They should have someone to comfort women feeling that way."

"After birth, I cried for weeks. I felt so down I had no support from my OB doctor. I didn’t get to see her after 6 weeks. It would be nice if there was more support for new mommies."

Postpartum Symptoms of Anxiety and Depression by Race/Ethnicity and Payer, California, 2017

BASE: ALL WOMEN WHO ANSWERED THESE QUESTIONS (n = 2,519)

Notes: Women were asked two questions each about the frequency of anxiety symptoms and depression symptoms, both "during your recent pregnancy" and "during the last two weeks." Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. Not all eligible respondents answered each item.

**Minority of Women with Anxiety or Depression Symptoms Received Treatment**

Prenatal and Postpartum Counseling and Treatment Among Women Reporting Symptoms of Anxiety or Depression in California, 2016

**BASE: ALL WOMEN SCREENING POSITIVE FOR PRENATAL/POSTPARTUM ANXIETY OR DEPRESSION**

<table>
<thead>
<tr>
<th></th>
<th>Did you receive counseling or treatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
<tr>
<td><strong>Prenatal</strong></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>81%</td>
</tr>
<tr>
<td>Depression</td>
<td>78%</td>
</tr>
<tr>
<td><strong>Postpartum</strong></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>64%</td>
</tr>
<tr>
<td>Depression</td>
<td>66%</td>
</tr>
</tbody>
</table>

Notes: Women were asked two questions each about the frequency of anxiety symptoms and depression symptoms both "during your recent pregnancy" and "during the last two weeks." Not all eligible respondents answered each item.


“There needs to be more measures taken to prevent PPD (postpartum depression) and places for mothers to go for help without feeling stigmatized for it.”
Listening to Mothers in California: Resources
Panoramic Survey Resources

Data Snapshot

Also available:
- Grab-and-go snapshot slides
- Interactive digital version of full survey report

Full Survey Report

Listening to Mothers in California: Results from a Population-Based Survey of Women’s Childbearing Experiences

California Health Care Foundation
Topical Resources: Infographic and Videos

The Overmedicalization of Childbirth

Opening Up About Maternal Mental Health

Racial and Ethnic Disparities in Maternity Care

What Respectful Care Looks Like

The Stories Behind the Numbers
About the Listening to Mothers in California Survey

SEPTEMBER 2016

Overview
Listening to Mothers in California is a statewide population-based survey of new mothers who gave birth in 2015. 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, nationally-representative data about women's pregnancy care and postpartum experiences, views, and outcomes. Survey areas were selected to provide comprehensive information for policies, programs, and services, including the many advances in California working to improve the quality, outcomes and value of maternity care. The new survey, conducted in 2015, is in compliance with the ongoing annual Maternal and Infant Health Assessment (MIAA) survey of the California Department of Public Health (CDPH), which provides annual report data required by the state's Maternal and Infant Mortality Study Act. The survey is a population-based survey of a representative sample of California women who gave birth during the study year. The survey was fielded by Knowledge Networks, a leading national research organization with extensive experience in population-based studies.

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Institutional Review Board (IRB) and Related Approvals
The Committee for the Protection of Human Subjects (CPHS) at the University of California, Berkeley approved the project as far back in 2007, and approved and re-reviewed the project in 2015. The California Department of Public Health (CDPH) also approved the project under the University's Institutional Review Board (IRB) and the CDPH's requirements for conduction of research. The CDPH Health Information and Research Section provided the requested data. The CDPH conducted Programmed reviews and provided access to supplementary contact information for enrolled women from the California Disease Screening Program.

Visit NationalPartnership.org/LTMCA and chicf.org/listening-to-mothers-CA for the full listening to Mothers in California report, more on the methodology and many related resources.

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 University of California, San Francisco. The survey design was led by the National Partnership for Women & Families, with data management and analysis conducted by Social Marketing & Evaluation Division of CHICF.

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Thank you!

Find files of all survey products at both websites:

www.chcf.org/listening-to-mothers-CA  www.nationalpartnership.org/LTMCA
(including an interactive digital version of full report)

In June, 2019, interested researchers will have access to full dataset and codebook at:
The Odum Institute Dataverse, UNC https://odum.unc.edu/archive/uncdataverse/

*Listening to Mothers in California* survey contact
Carol Sakala, PhD, MSPH csakala@nationalpartnership.org