



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/
- 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

Listening to Mothers in California: It Takes a Village

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



The screenshot shows the California Health Care Foundation (CHCF) website. The header includes the CHCF logo, navigation links (ABOUT CHCF, OUR WORK, THE CHCF BLOG, GRANTS, INVESTMENTS, EVENTS, MEDIA, SEARCH), and social media icons. A secondary navigation bar highlights 'Topics', 'Projects', 'Resource Centers', and 'Collections'. The main content area features a photo of three pregnant women and a text box titled 'Listening to Mothers in California' with a description of the survey. Below this, a list of resources is provided, including survey results, findings, infographics, fact sheets, issue briefs, videos, and background materials. A footer note mentions the availability of the data set and codebook.

California Health Care Foundation HELP | SIGN UP

ABOUT CHCF OUR WORK ▼ THE CHCF BLOG GRANTS INVESTMENTS EVENTS MEDIA SEARCH

Topics Projects Resource Centers Collections

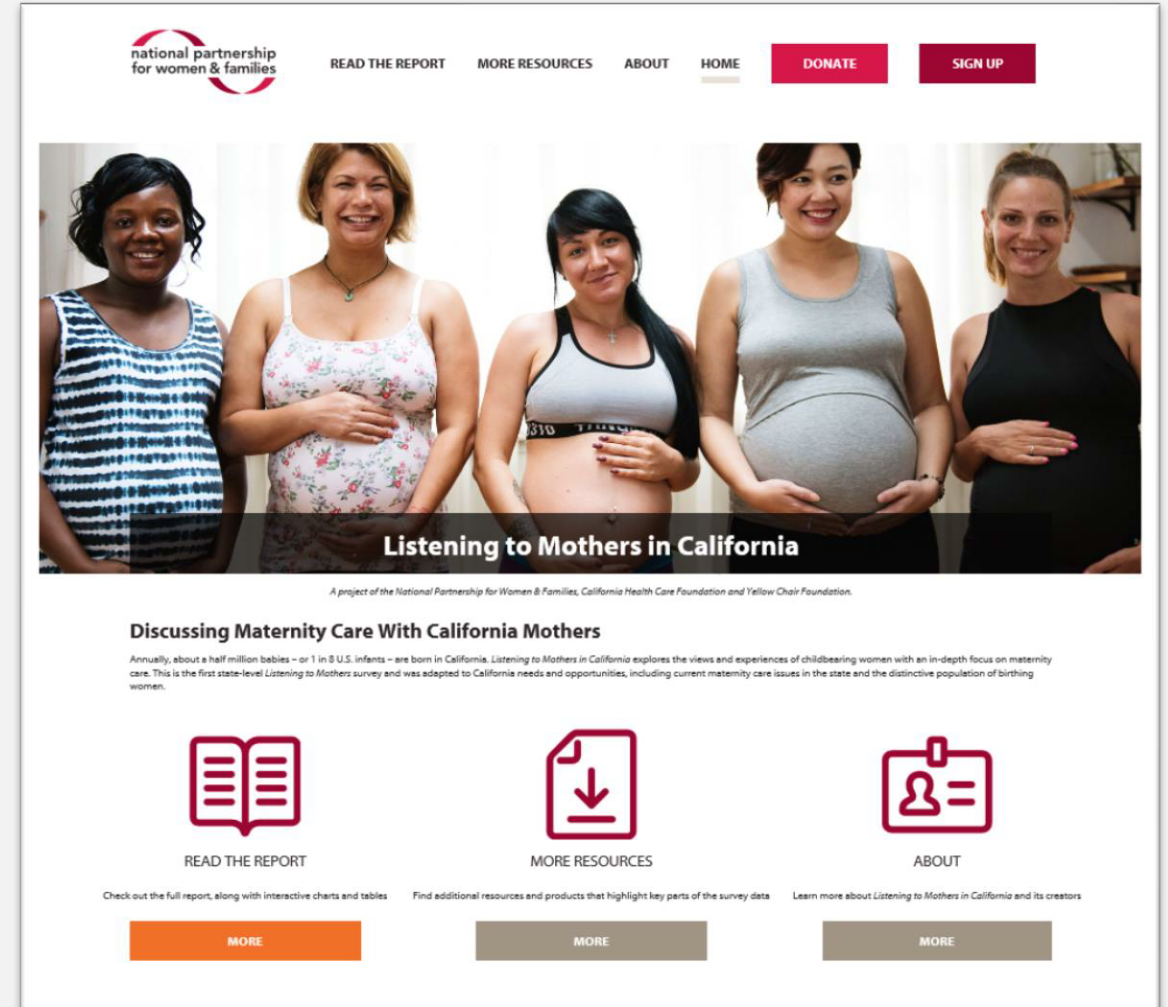
Listening to Mothers in California
More than 2,500 women share their attitudes and experiences of childbirth. The results reveal what is and isn't working with maternity care in the Golden State.

Listening to Mothers in California is a statewide, population-based survey of women who gave birth in 2016. Led by the National Partnership for Women and Families, the project was funded by CHCF and the Yellow Chair Foundation. This collection features a variety of survey-related resources:

- **Highlights of survey results:** a [data snapshot](#), and a [file of individual data snapshot charts \(ZIP\)](#)
- **Comprehensive findings:** [full survey report \(PDF\)](#), and [interactive digital version of the full survey report](#)
- **Infographic** on the overmedicalization of childbirth
- **Fact sheets** on [care team and place of birth \(PDF\)](#), [cesarean births \(PDF\)](#), and [maternal mental health \(PDF\)](#)
- **Issue briefs** on the experiences of [Asian and Pacific Islander \(PDF\)](#), [Black \(PDF\)](#), and [Latina \(PDF\)](#) mothers
- **Videos** featuring stories from childbearing women and providers (see below)
- **Background materials** including the [survey methodology \(PDF\)](#), [a fact sheet about the survey \(PDF\)](#), and [the complete survey questionnaire \(PDF\)](#)
- **Webinar on September 20** ([register now](#), recording and presentation slides coming soon)

The data set and codebook will be available June 2019 via the [University of North Carolina Dataverse](#). All of the resources from this survey are available via [National Partnership](#) and through this collection.

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



The screenshot shows the National Partnership for Women & Families website. The header includes the logo, navigation links (READ THE REPORT, MORE RESOURCES, ABOUT, HOME), and buttons for DONATE and SIGN UP. The main content area features a photo of five pregnant women and a text box titled 'Listening to Mothers in California' with a description of the survey. Below this, a section titled 'Discussing Maternity Care With California Mothers' provides more details about the survey. At the bottom, three icons represent 'READ THE REPORT', 'MORE RESOURCES', and 'ABOUT', each with a 'MORE' button.

national partnership for women & families READ THE REPORT MORE RESOURCES ABOUT HOME DONATE SIGN UP

Listening to Mothers in California
A project of the National Partnership for Women & Families, California Health Care Foundation and Yellow Chair Foundation.

Discussing Maternity Care With California Mothers
Annually, about a half million babies – or 1 in 8 U.S. infants – are born in California. *Listening to Mothers in California* explores the views and experiences of childbearing women with an in-depth focus on maternity care. This is the first state-level *Listening to Mothers* survey and was adapted to California needs and opportunities, including current maternity care issues in the state and the distinctive population of birthing women.

READ THE REPORT
Check out the full report, along with interactive charts and tables
[MORE](#)

MORE RESOURCES
Find additional resources and products that highlight key parts of the survey data
[MORE](#)

ABOUT
Learn more about *Listening to Mothers in California* and its creators
[MORE](#)

www.nationalpartnership.org/lmca

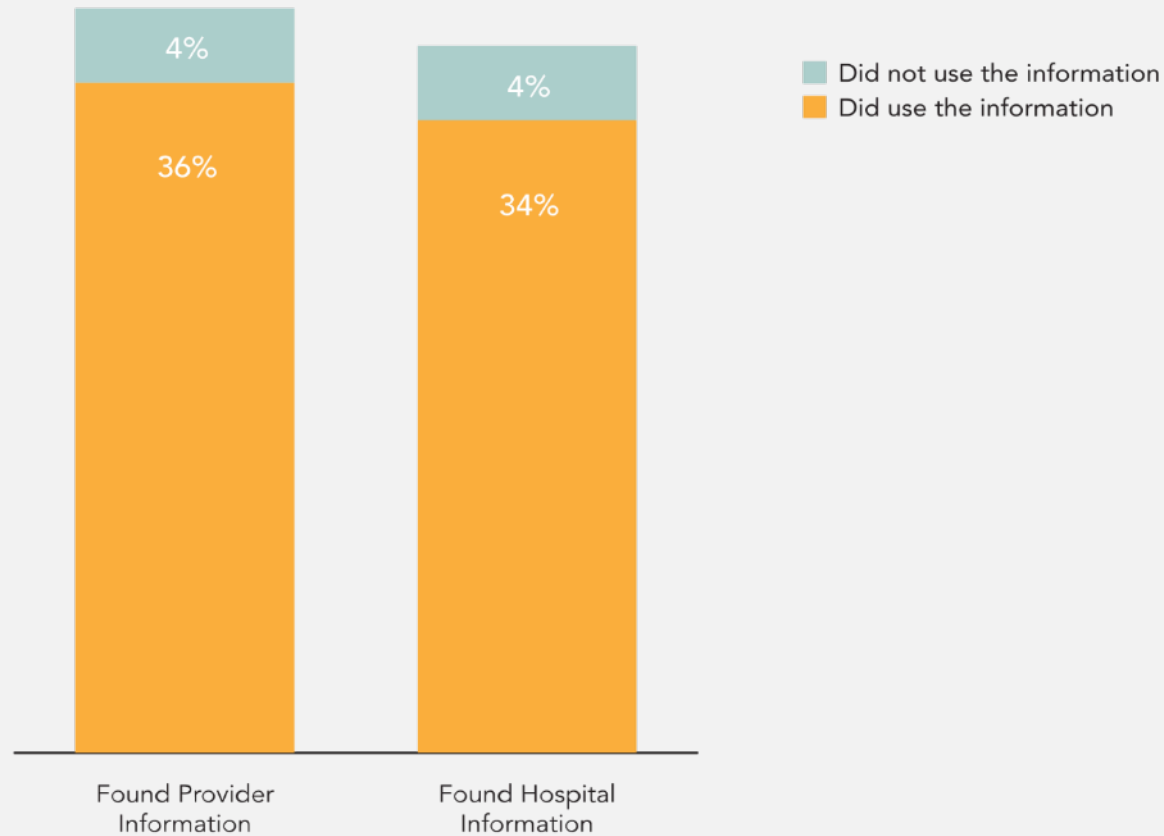


Care Team and Place of Birth

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)



Related results:

- 32% 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.
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, www.chcf.org (PDF).

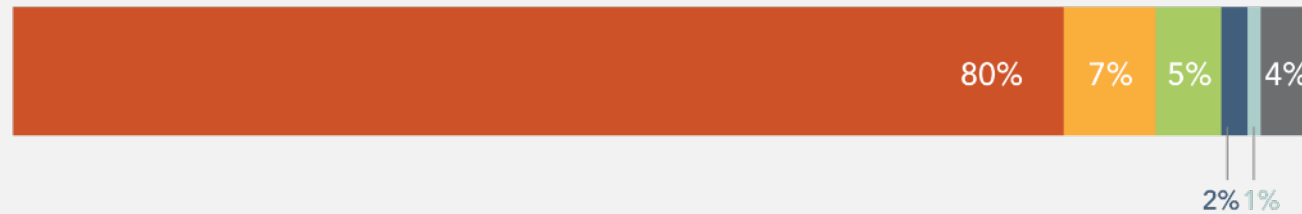
California Women Overwhelmingly Use OBs

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

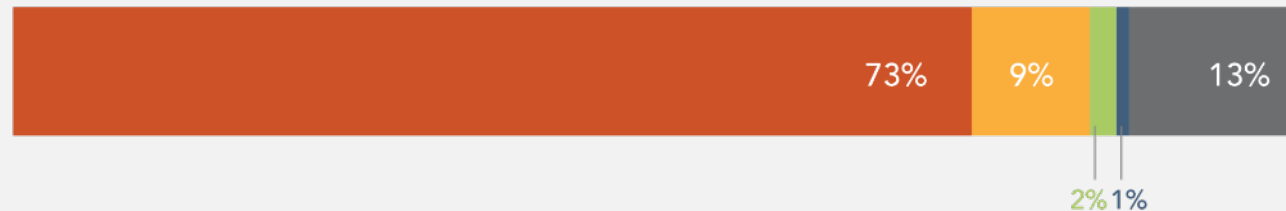
BASES: ALL WOMEN WHO ANSWERED THIS QUESTION

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

Prenatal care (n = 2,519)



Birth (n = 2,506)



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.

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); Dorothy Shaw et al., "Drivers of Maternity Care in High-Income Countries: Can Health Systems Support Woman-Centred Care?," *The Lancet* 388, no. 10057 (Nov. 5, 2016): 2282–95, doi:10.1016/S0140-6736(16)31527-6.

Related results:

Use patterns differ by race/ethnicity.

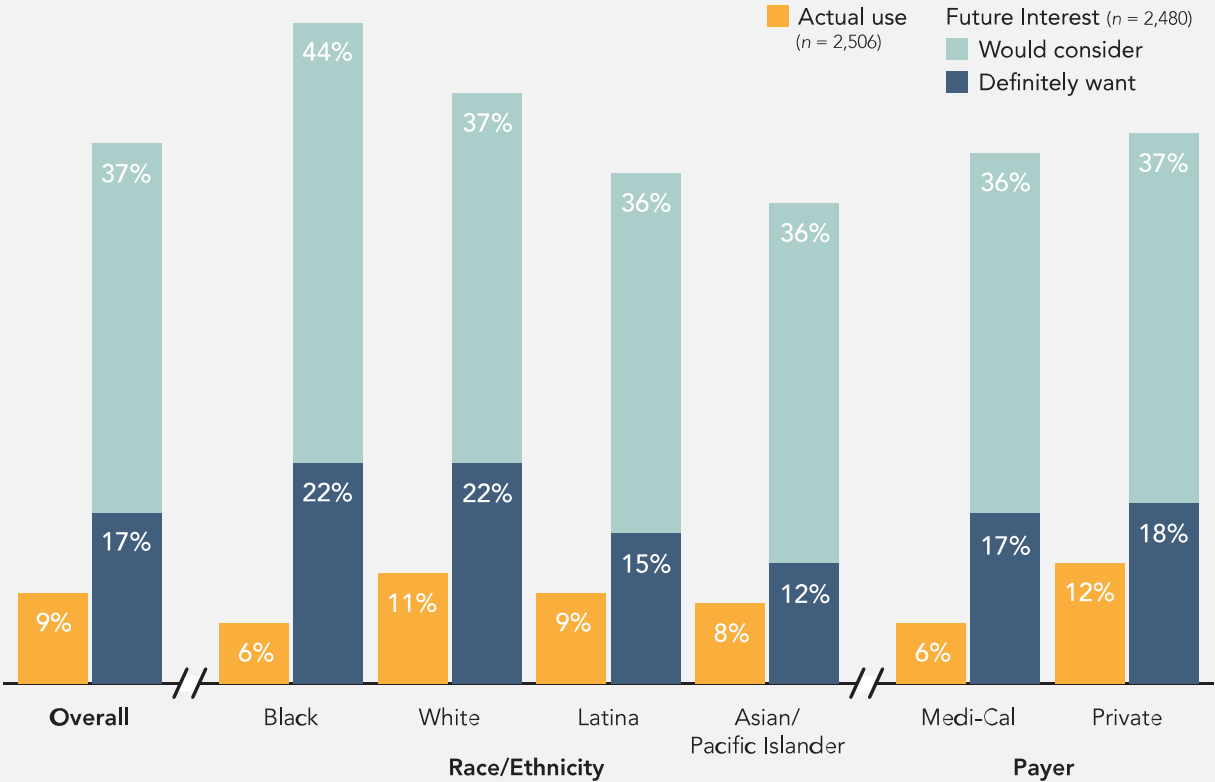
- Asian/Pacific Islander women had highest usage of OB.
 - Prenatal care (88%)
 - Birth (81%)
- White women had highest usage of midwives.
 - Prenatal care (12%)
 - Birth (11%)

Most Women Open to Using Midwife for Future Birth

Midwife Use: Actual Use as Birth Attendant in 2016 and Future Interest by Race/Ethnicity and Payer, California, 2016

BASES: ALL WOMEN WHO ANSWERED THIS QUESTION

If you have a future pregnancy, how open would you be to having a midwife as your maternity care provider (with doctor care, if needed)?



Notes: Data shown for use of midwife as birth provider. Midwives were the main prenatal care providers for 7% of survey participants (not shown). Not shown: "Would definitely not want this" and "not sure." 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. Differences within groups were not significant. 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 US is an outlier in midwife use:

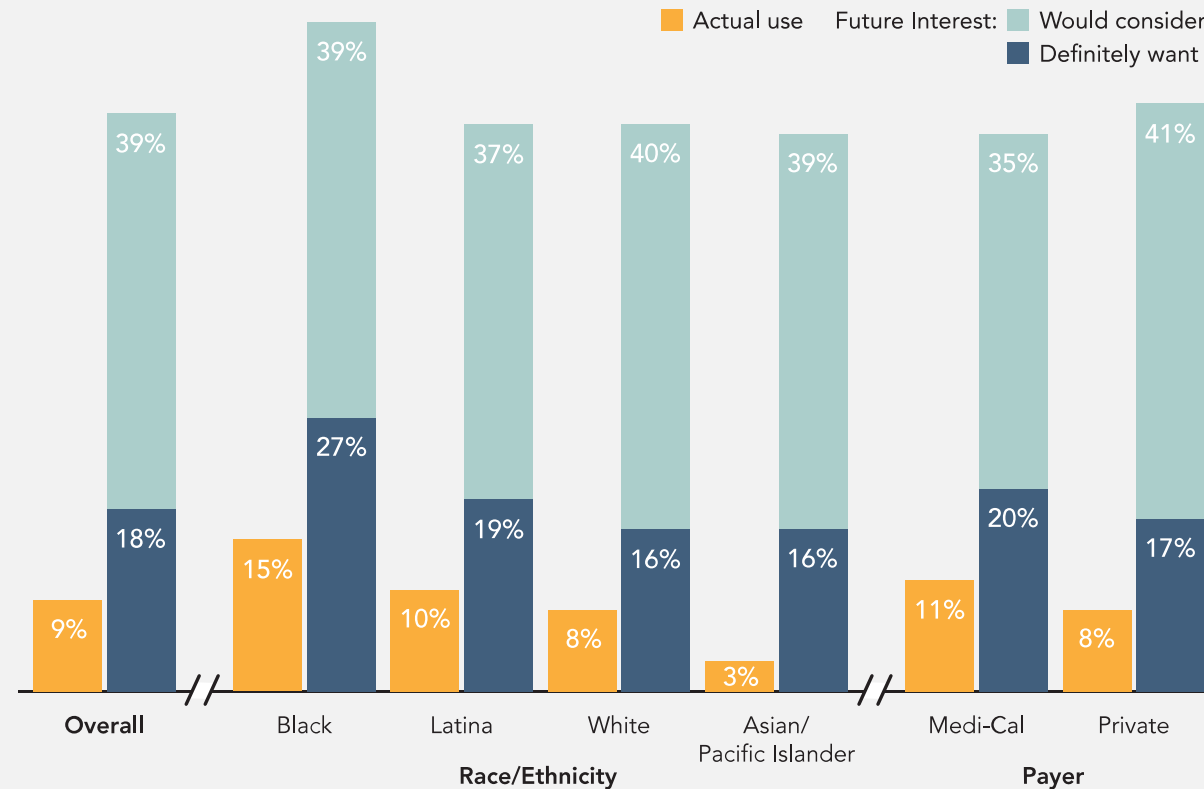
- Midwives are commonly used in high-income countries with strong maternal outcomes.
- Survey revealed lack of knowledge about midwives.
- Studies show midwives have similar outcomes and fewer interventions than doctors.
- 63% of those who would definitely not want a midwife in the future thought doctors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

Most Women Open to Using Doula for Future Birth

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?



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

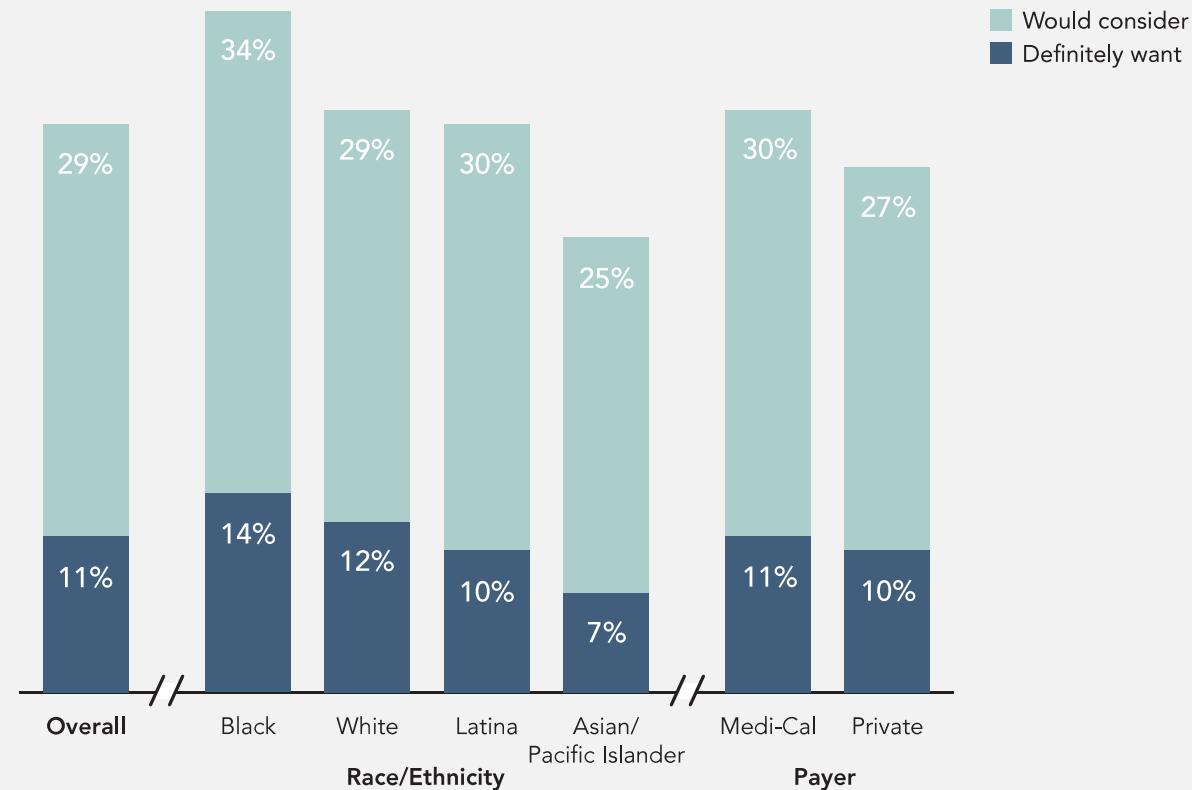
"Our doula was the best thing about the care we got and I suspect the birth would have been drastically different without her support, influence, intervention and care."

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)?



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. 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; Natality public-use data 2007–16 in CDC WONDER database, Centers for Disease Control and Prevention, February 2018, accessed March 6, 2018, wonder.cdc.gov.

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.

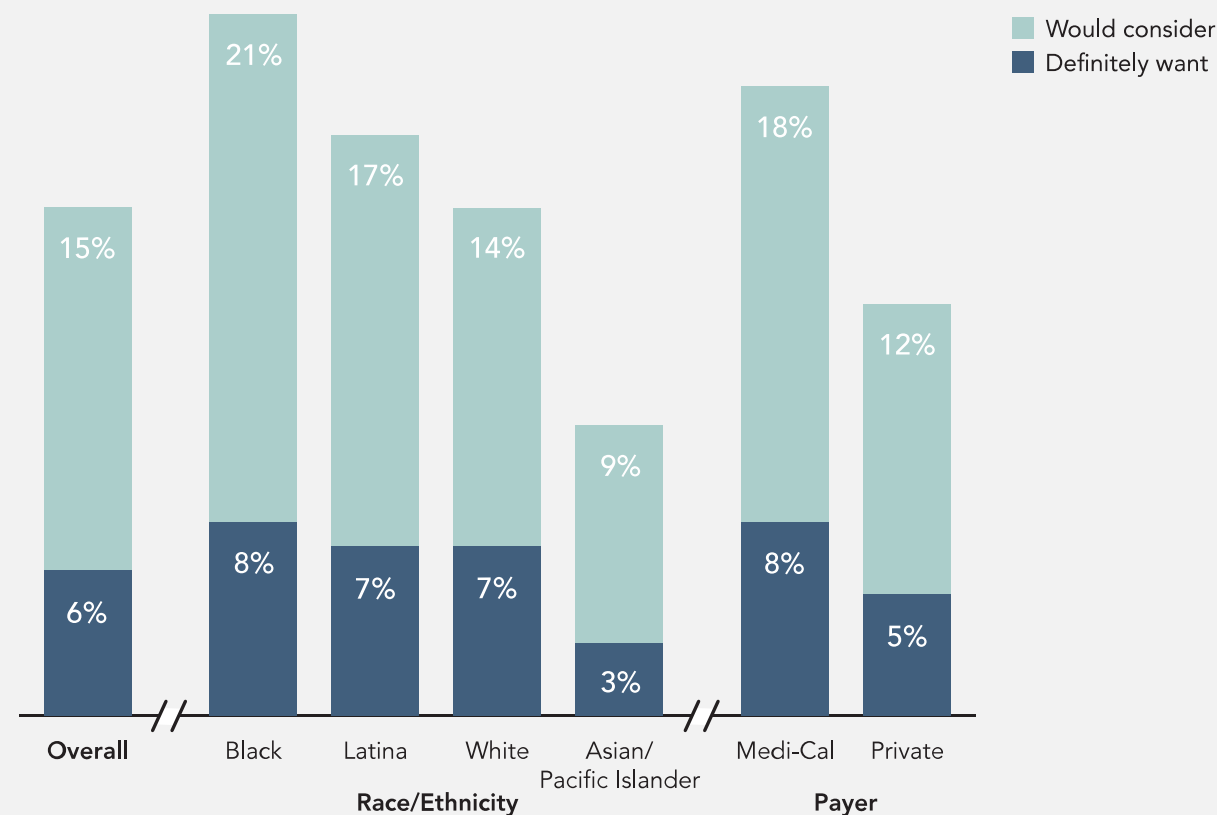
"I initially wanted a midwife, a doula and a birth center. Insurance wouldn't cover this so we went with the traditional OB and hospital route."

Fewer Women Expressed Interest in Home Birth in Future

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)?



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. 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; Natality public-use data 2007–16 in CDC WONDER database, Centers for Disease Control and Prevention, February 2018, accessed March 6, 2018, wonder.cdc.gov.

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.



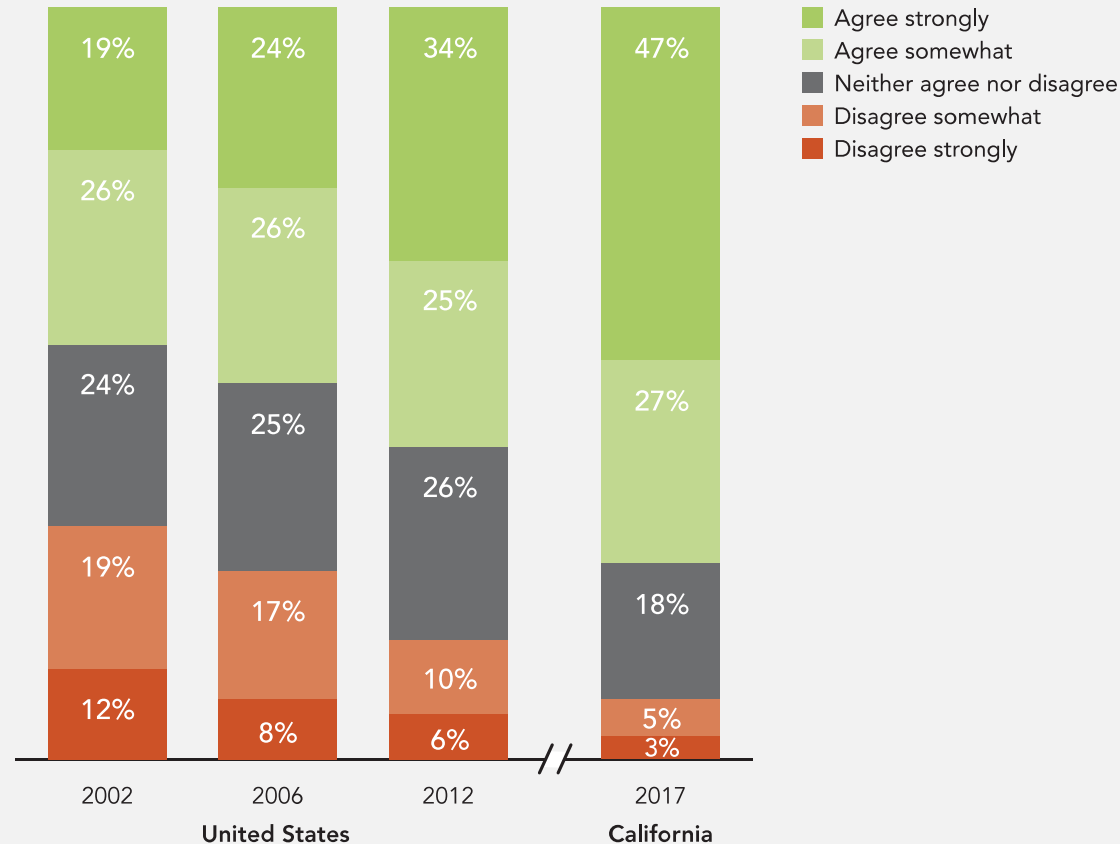
Maternity Care Practices

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)

Childbirth is a process that should not be interfered with unless medically necessary.



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

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; Listening to Mothers III: Pregnancy and Birth, June 2013; Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences, October 2006; Listening to Mothers: Report of the First National U.S. Survey of Women's Childbearing Experiences, Maternity Center Association, October 2002, www.nationalpartnership.org.

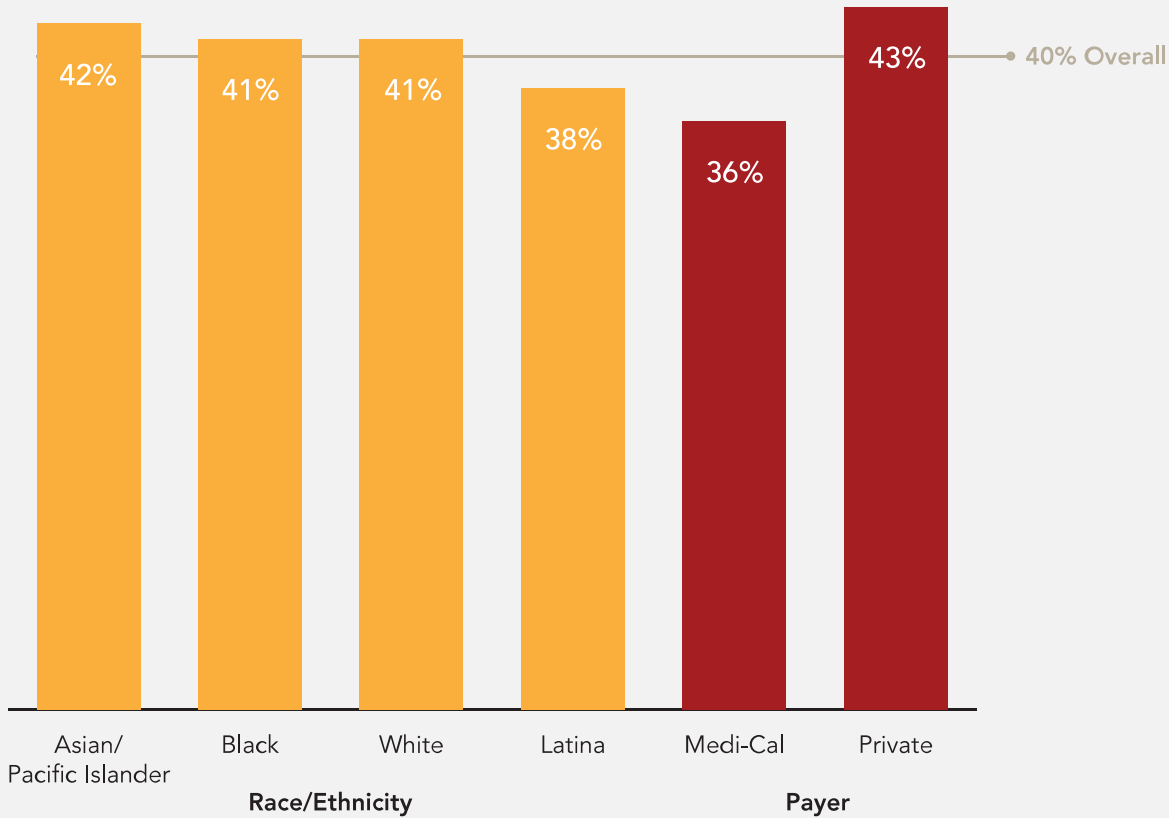
"There was a question about birth being a process, and I think ... believing in mothers and trusting them during that process is important. We know our bodies. We know how we are feeling.... [In my case,] no one would listen. "

Providers Attempted to Induce Labor of 4 in 10 Respondents

Attempted Labor Induction by Race/Ethnicity and Payer, California, 2016

BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,521)

Did your maternity care provider try to induce your labor in any way?



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. Differences by race/ethnicity were not significant.
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

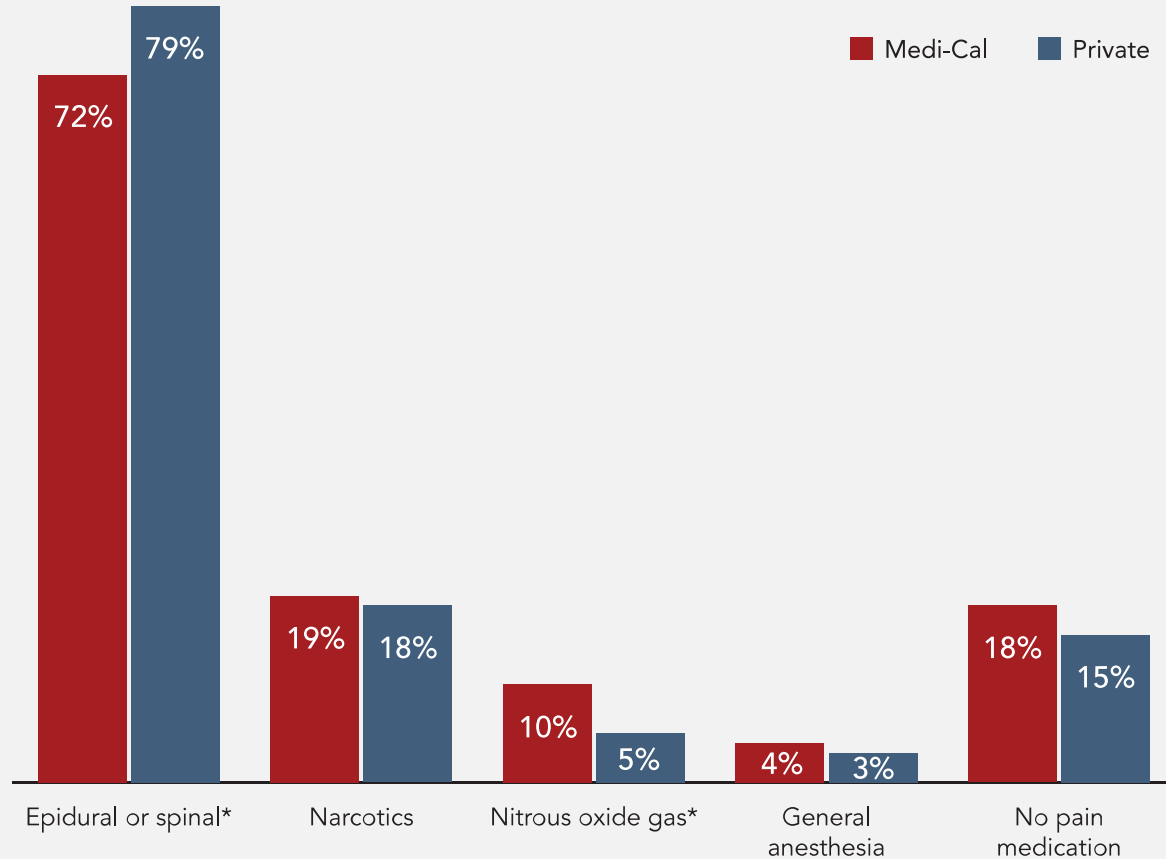
Related results:

- 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

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



*p < .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

ACOG Clinical Opinion guidance:

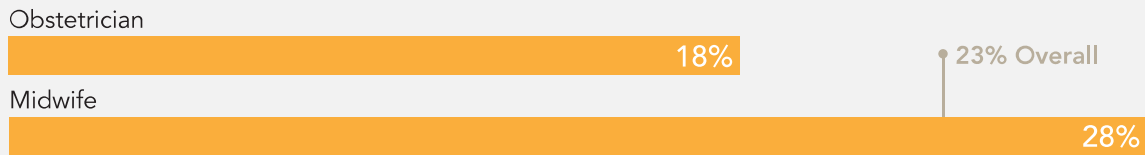
Most women can be offered drug-free measures for coping with labor – none of these found to adversely affect woman, fetus, or labor.

Fewer Than 1 in 4 Women with Vaginal Birth Used No Medications for Pain Relief

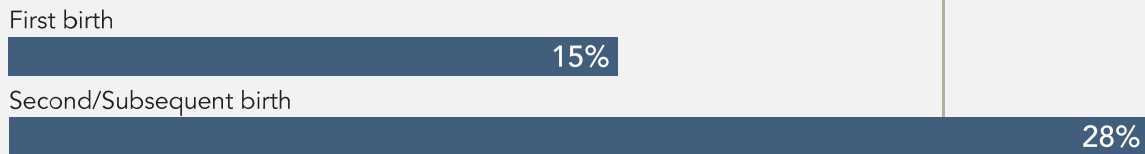
Use Vaginal Birth Without Pain Medication by Provider, Parity, and Race/Ethnicity, California, 2016

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

Provider



Parity



Race/Ethnicity



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.

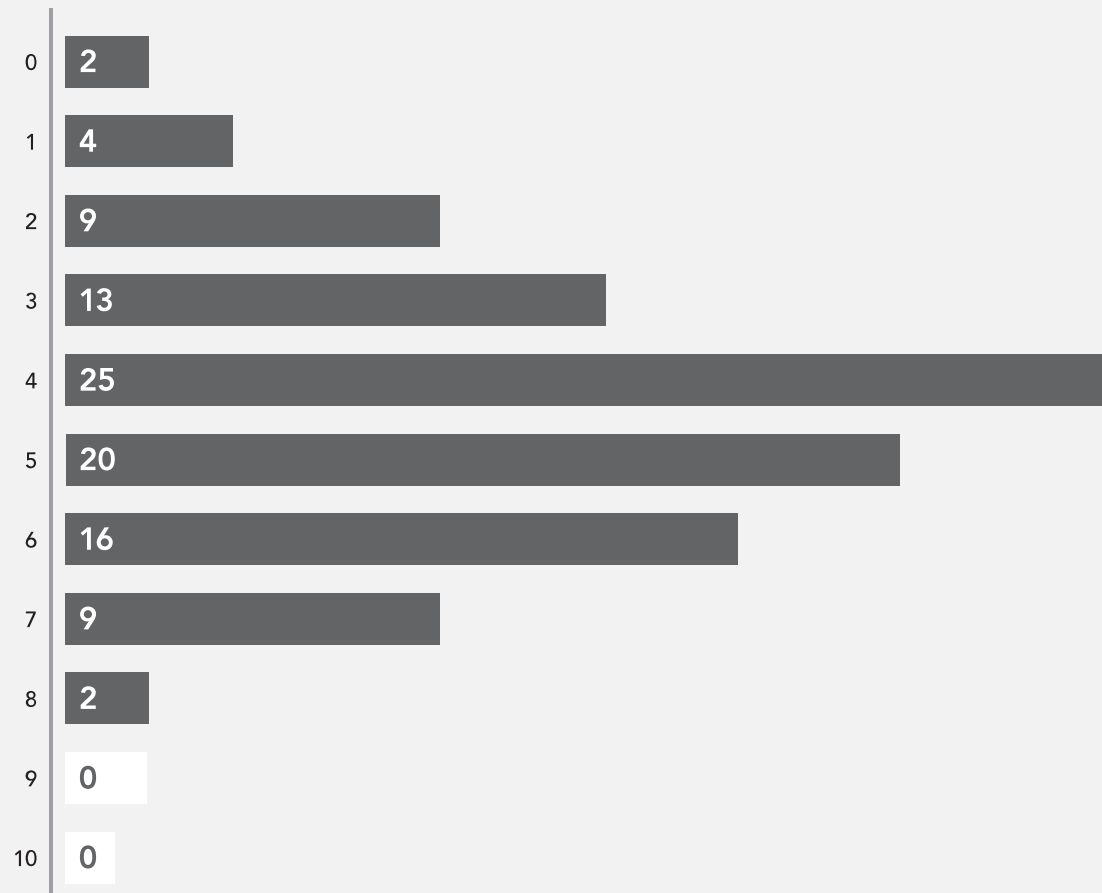
Related results:

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

Nearly 3 in 4 Women Experienced 4 or More Interventions Around Time of Birth

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

"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."



Vaginal and Cesarean Birth

Majority of Women Had Vaginal Births

Sorting Every Birth by Mode of Birth and Further Breakdowns, California, 2016

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

	Vaginal, 69%	
	Vaginal/no previous cesarean, 67%	Vaginal birth after cesarean, 2%
Unassisted	65%	2%
Vacuum or forceps assisted	2%	0%
	Total Cesarean, 31%	
	Primary (first) cesarean, 16%	Repeat cesarean, 15%
Unplanned	11%	2%
Planned	5%	13%

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

Notes: Not all eligible respondents answered each item. "Other" not shown.

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);

Over 40% of Black Women Gave Birth by Cesarean

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

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

Provider

Obstetrician

32%

Midwife

18%

Payer

Medi-Cal

34%

Private

28%

Race/Ethnicity

Black

42%

Asian/Pacific Islander

31%

Latina

31%

White

29%

• 31% Overall

"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."

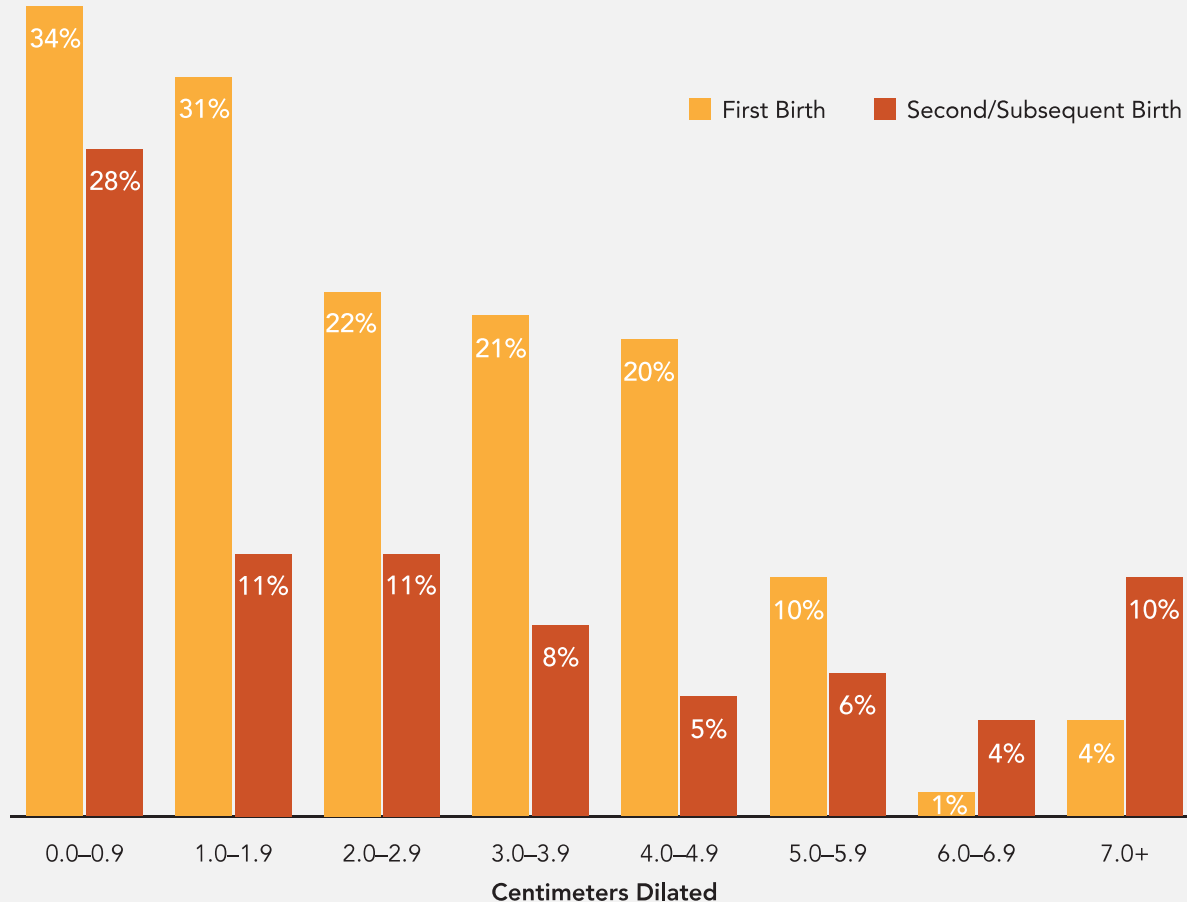
Notes: Not all eligible respondents answered each item. Provider type listed is the provider most often providing care during pregnancy. Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured respondents self-identified in the survey. $p = .05$ 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.

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.

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.

Dilation at first exam and cesarean rates:

- Only 23% of women who labored reported they were 5 cm or more dilated (i.e., in “active labor”) at first exam.
- Those women had very low cesarean rates.
- Benefits of delaying hospital admission are greatest for first-time mothers.

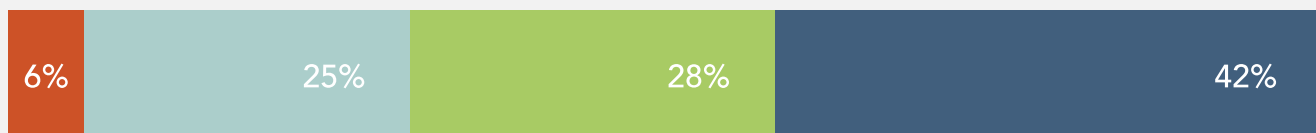
Providers Focus Discussions on Why to Have Repeat Cesarean

Discussion with Provider About Repeat Cesarean California, 2016

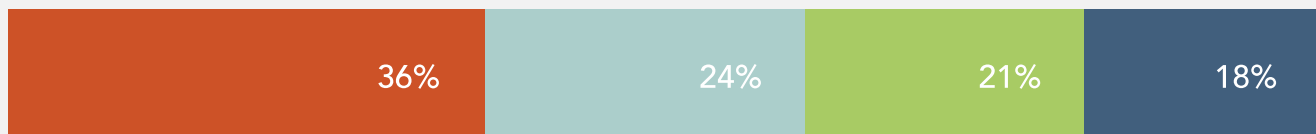
BASE: WOMEN WITH 1 OR 2 PRIOR CESAREANS WHO TALKED WITH A PROVIDER ABOUT SCHEDULING REPEAT CESAREAN BECAUSE OF PAST CESARIANS

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

...want to schedule another c-section? (n = 285)



...not want to schedule another c-section? (n = 283)



■ Not at all ■ A little ■ Some ■ A lot

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.

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.

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

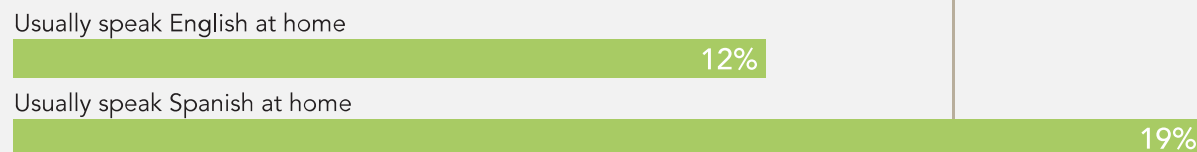
Vaginal Birth After Cesarean (VBAC) Rates by Payer, Language, and Race/Ethnicity, California, 2016

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

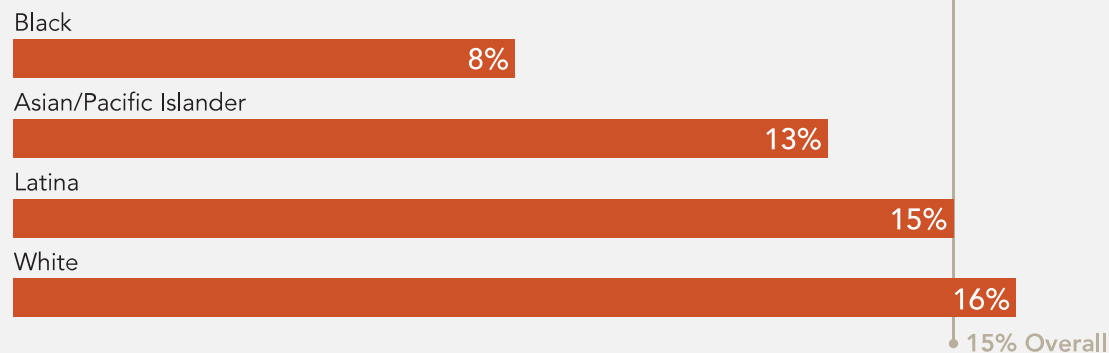
Payer



Language



Race/Ethnicity



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

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.



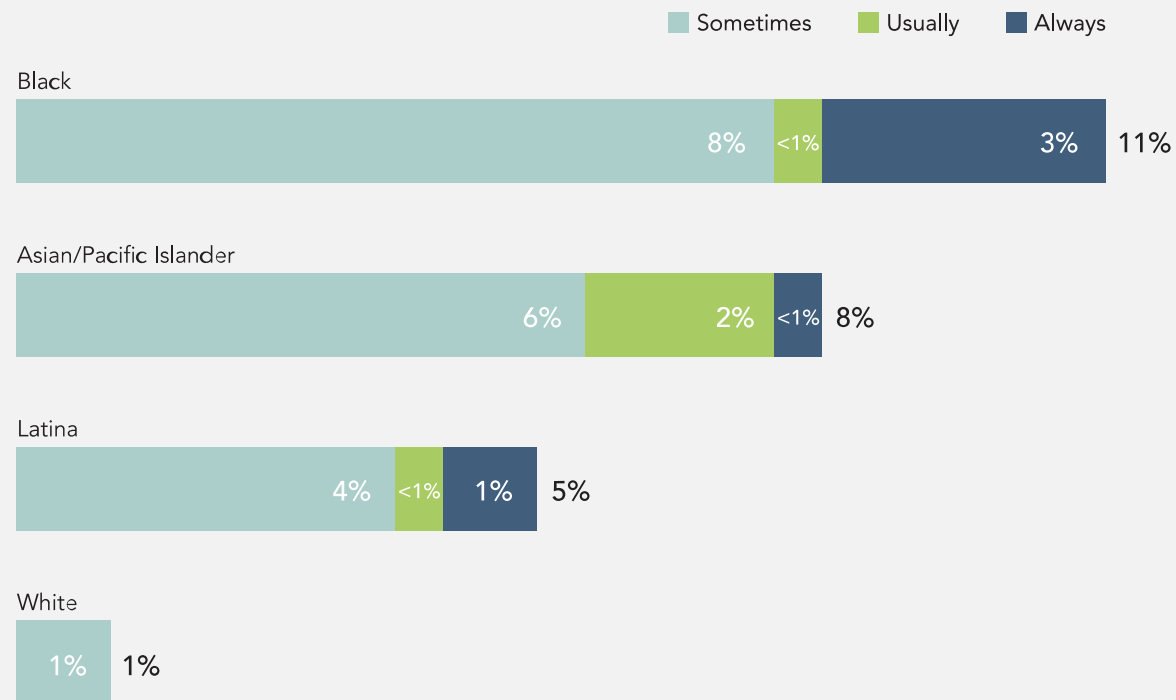
Respectful and Disrespectful Treatment

1 in 9 Black Women Felt Unfairly Treated

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?



“Women giving birth should be treated with respect no matter their skin color.”

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

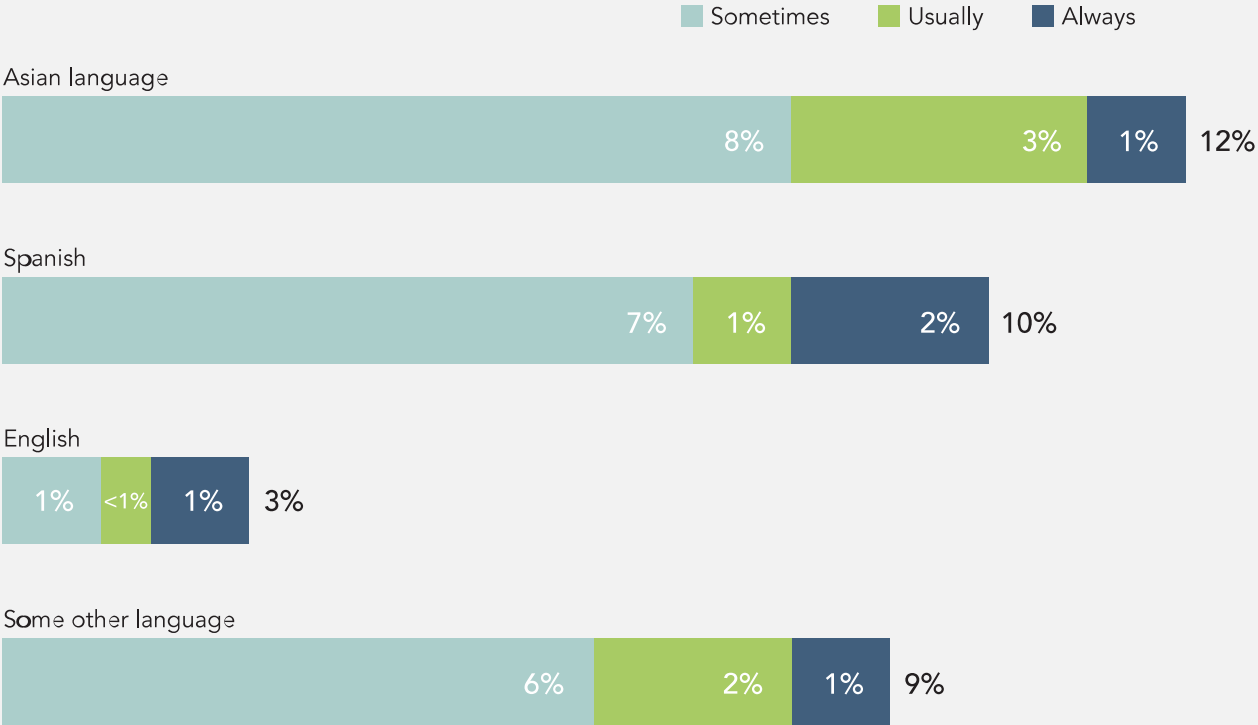
Source: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018

12% of Women Who Spoke an Asian Language Felt Unfairly Treated

Unfair Treatment Due to Language Spoken by Language, California, 2016

BASE: ALL WOMEN WHO ANSWERED THIS QUESTION (n = 2,507)

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



“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.”

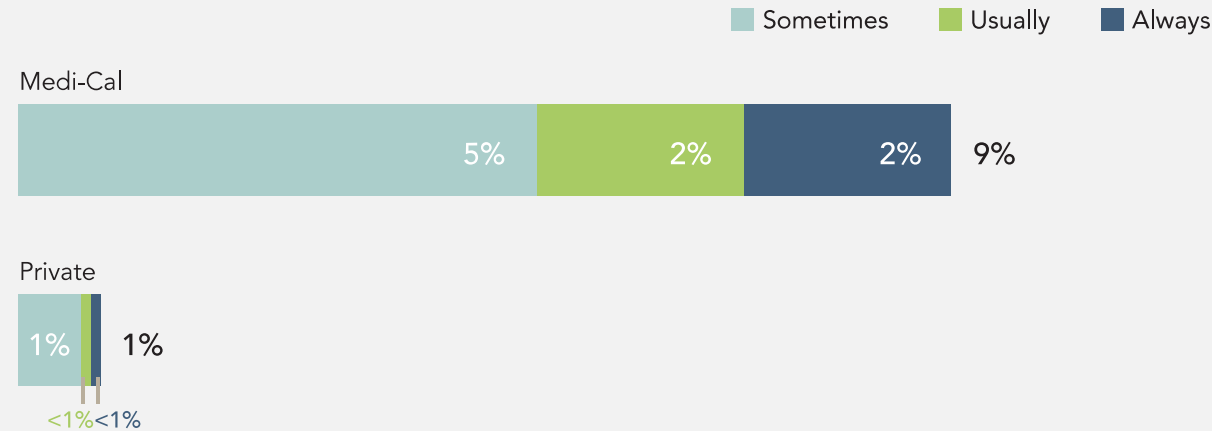
Notes: Languages are those usually spoken at home. “Never” and “English and Spanish spoken equally at home” not shown. Not all eligible respondents answered each item. p < .01 for differences by language spoken.
Source: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018.

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?



“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.

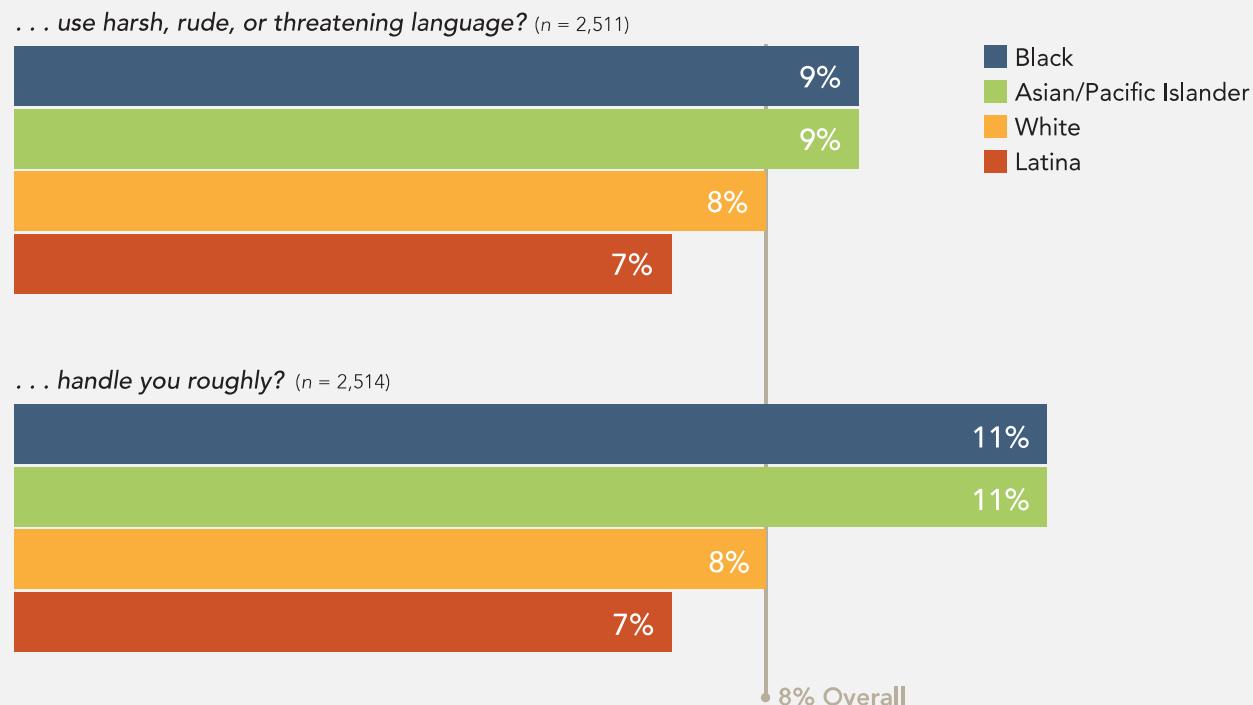
Sources: Listening to Mothers in California (statewide survey of 2,539 women who gave birth in California hospitals in 2016), National Partnership for Women & Families, 2018; California Department of Health Care Services MIS/DSS Data Warehouse.

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...



"The vaginal exams were very rough and painful."

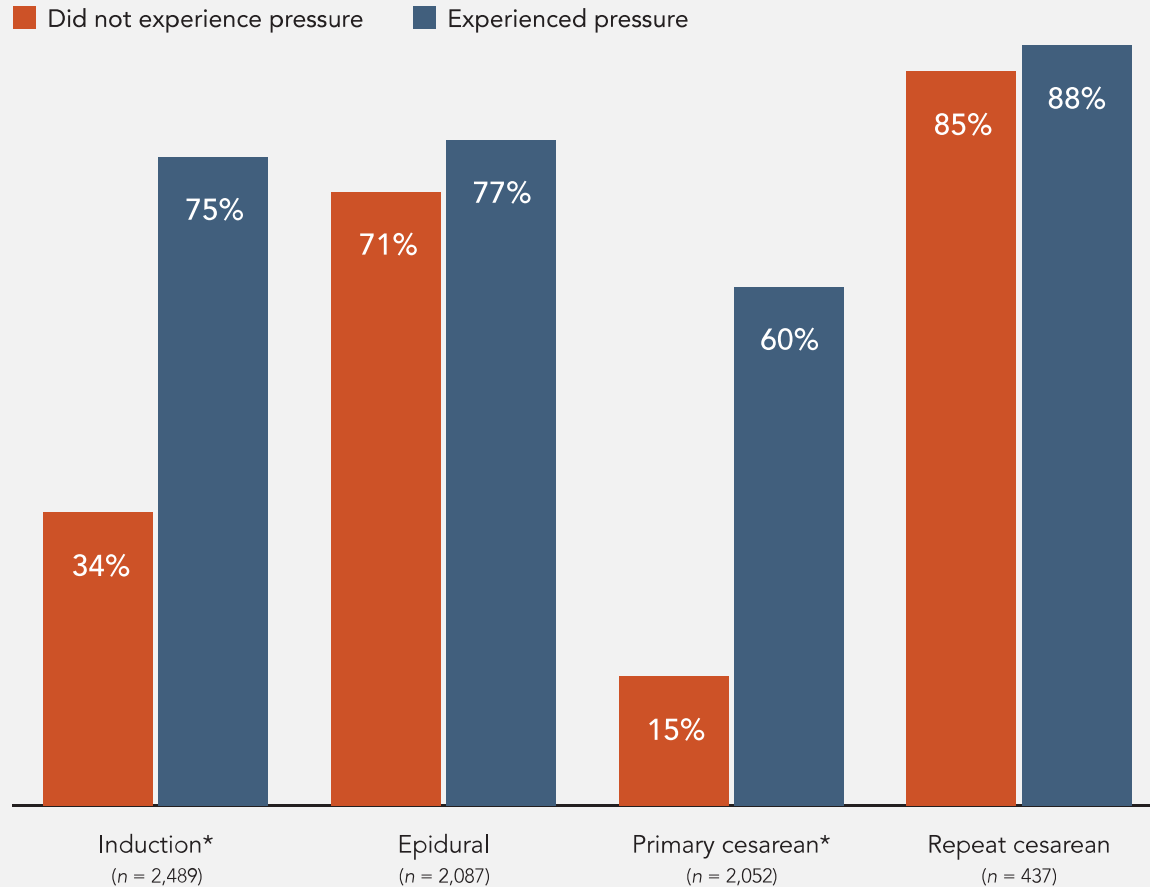
"One nurse I had was extremely rude and callous towards me and was very rough while checking my cervix."

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

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.

Use of Induction and Primary C-Section Associated with Provider Pressure

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



"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."

*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.

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.

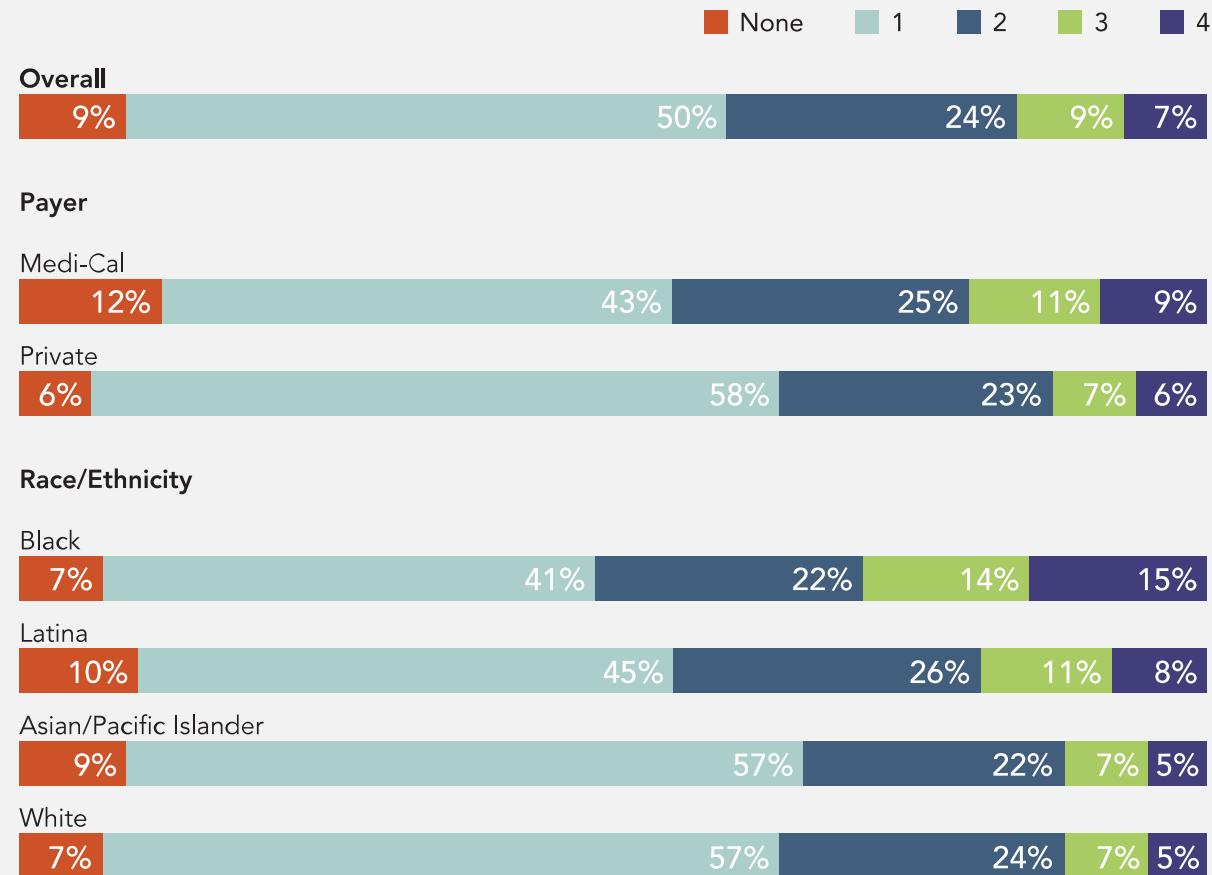


Postpartum Experiences

Fewer than 1 in 10 Women Had No Postpartum Visit

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

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



"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."

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

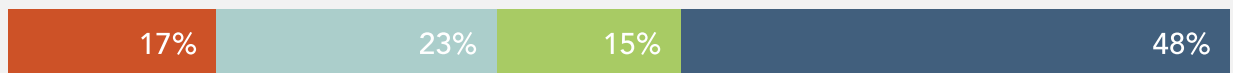


Private



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

Medi-Cal



Private



■ Never ■ Sometimes ■ Usually ■ Always

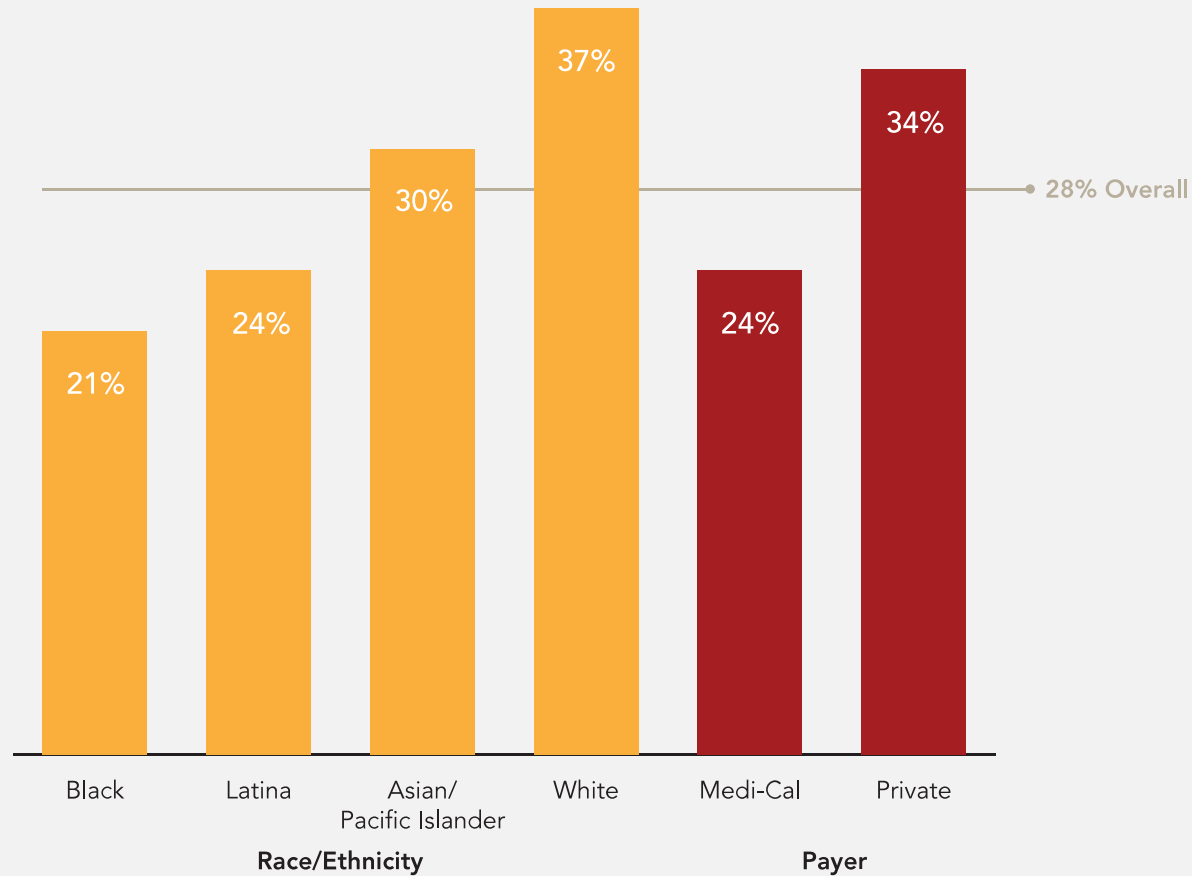
“The lack of help after giving birth was stressful. Prenatal care was good, frequent, consistent. Afterwards, besides appointments for vaccines, you are all alone and on your own.”

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.

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

BASE: WOMEN WHO GAVE BIRTH AT LEAST 6 MONTHS PRIOR TO TAKING THE SURVEY (n = 713)



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.

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."

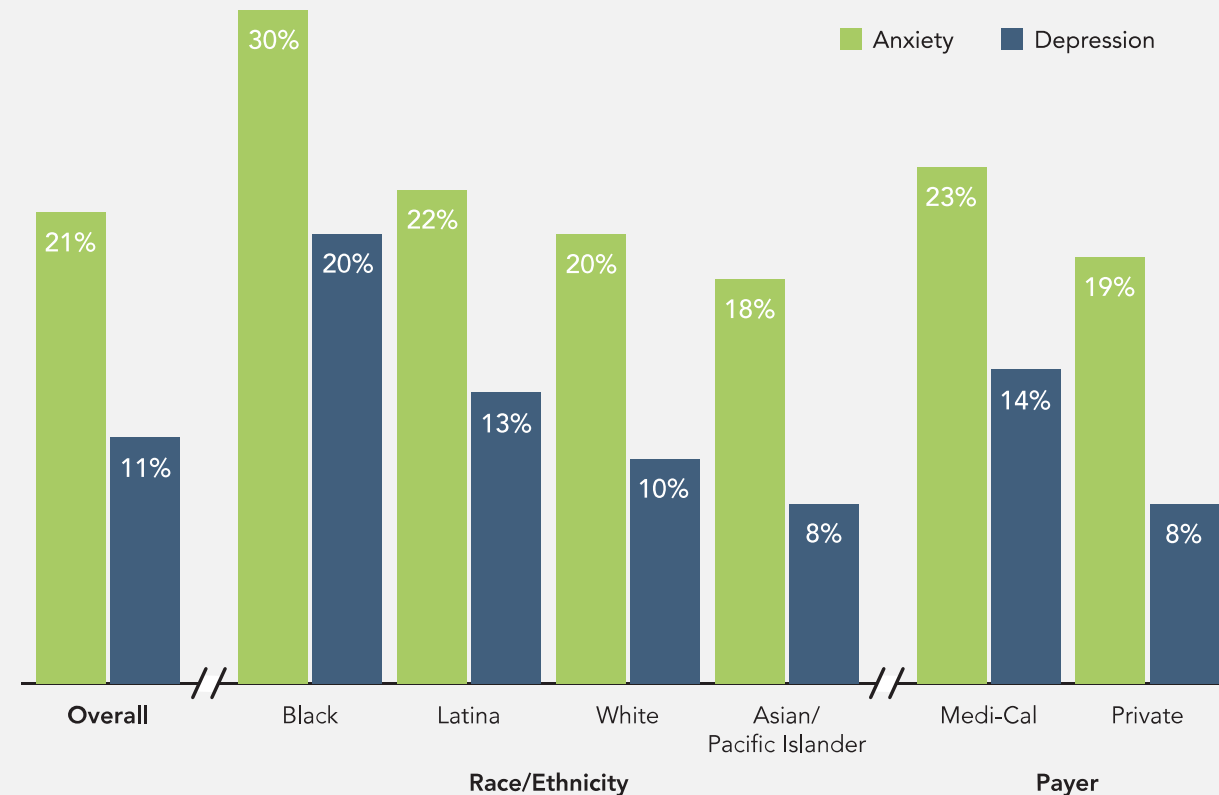


Maternal Mental Health

More Women Reported Symptoms of Anxiety than Depression During Pregnancy

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

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



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.

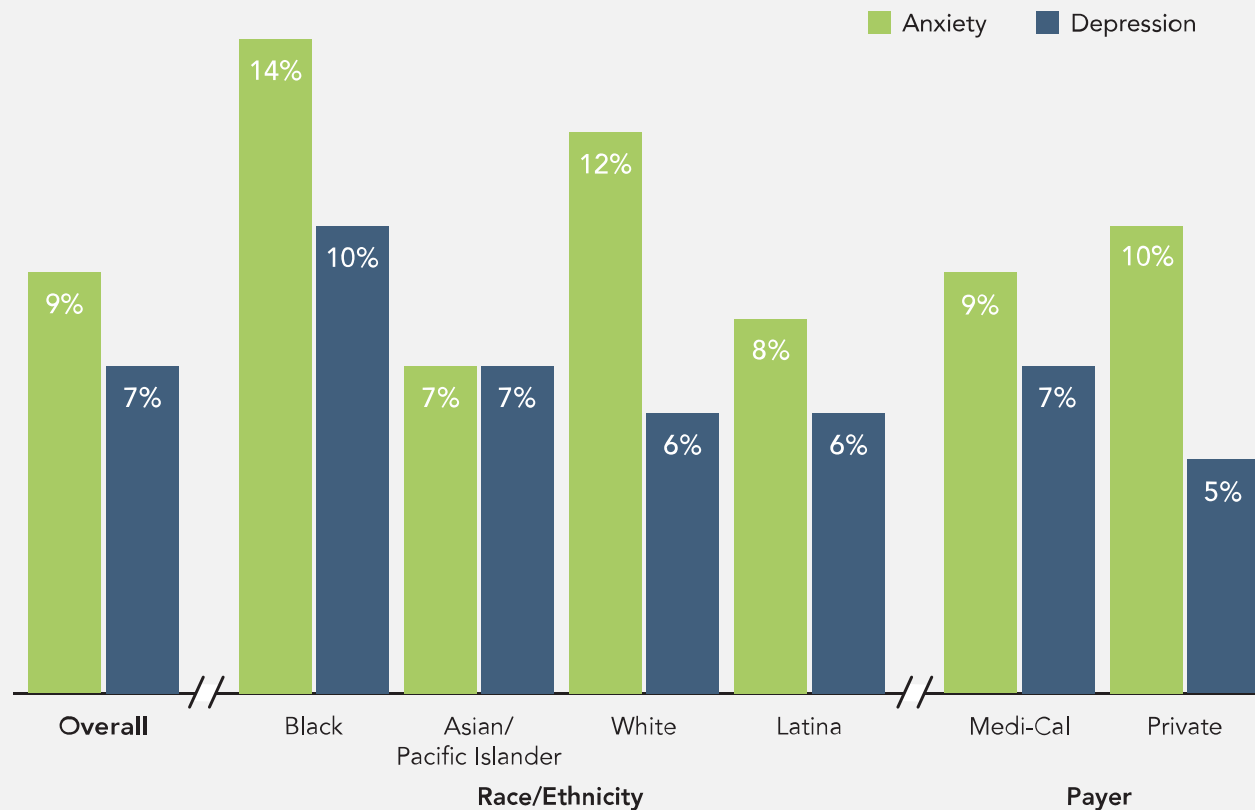
Notes: Women were asked to answer two questions each about the frequency of anxiety symptoms and depression symptoms, both "during your recent pregnancy" and "during the last two weeks." * Medi-Cal respondents were identified based upon a Medi-Cal record of a paid 2016 childbirth claim. Privately insured 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. $p < .01$ for differences by race/ethnicity and by payer for prenatal depression.

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. *Kurt Kroenke et al., "An Ultra-Brief Screening Scale for Anxiety and Depression: The PHQ-4," *Psychosomatics* 50, no. 6 (Nov.-Dec. 2009): 613-21, doi:10.1016/S0033-3182(09)70864-3.

Many Women Reported Postpartum Symptoms of Anxiety and Depression

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

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



"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."

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.

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. *Kurt Kroenke et al., "An Ultra-Brief Screening Scale for Anxiety and Depression: The PHQ-4," Psychosomatics 50, no. 6 (Nov.-Dec. 2009): 613-21, doi:10.1016/S0033-3182(09)70864-3.

Minority of Women with Anxiety or Depression Symptoms Received Treatment

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

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

Did you receive counseling or treatment?

■ No ■ Yes

Prenatal



Postpartum



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.

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.

*Kurt Kroenke et al., "An Ultra-Brief Screening Scale for Anxiety and Depression: The PHQ-4," Psychosomatics 50, no. 6 (Nov.–Dec. 2009): 613–21, doi:10.1016/S0033-3182(09)70864-3.

"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

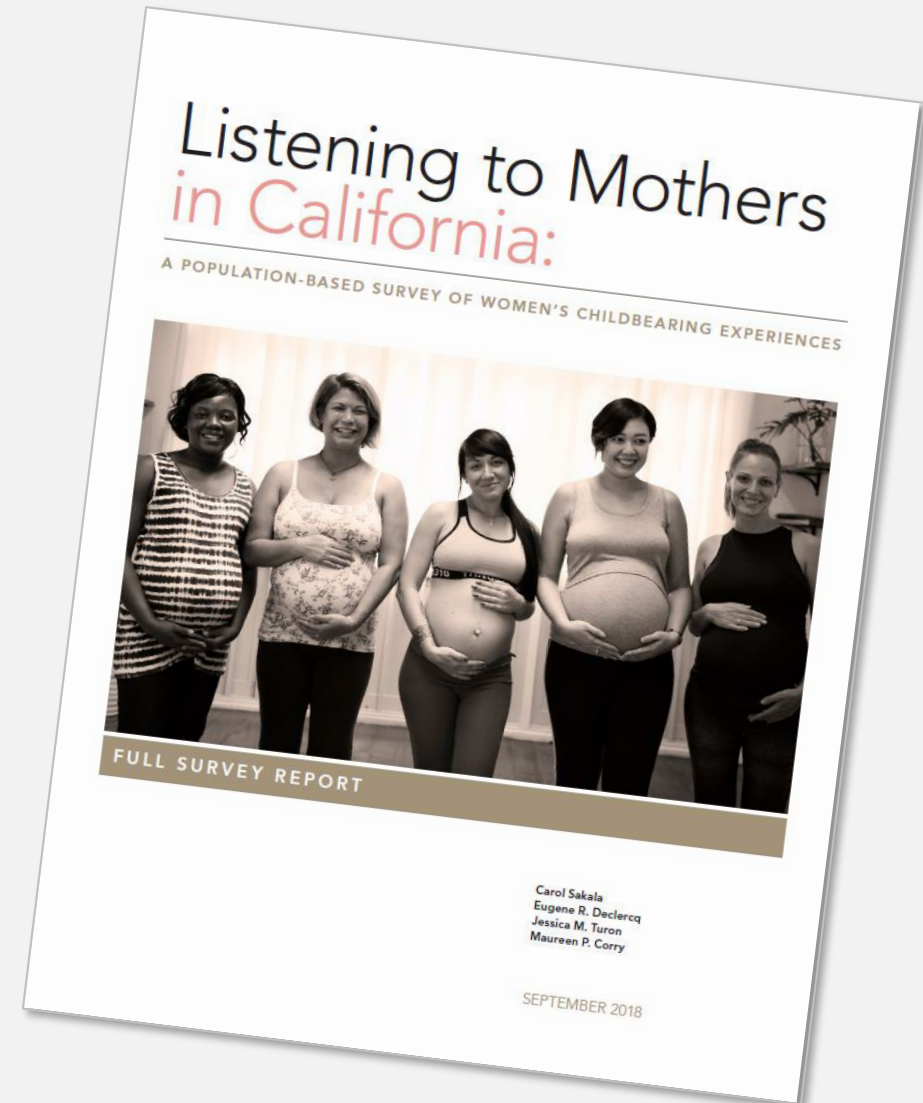
Data Snapshot



Also available:

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

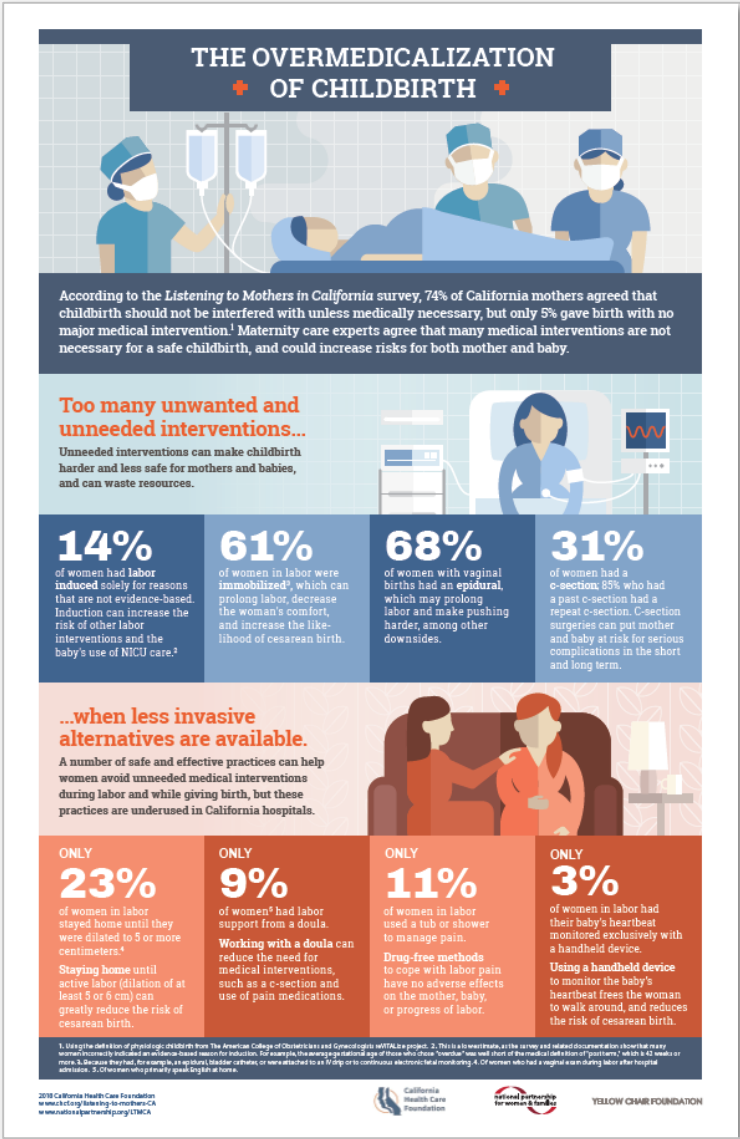
Full Survey Report



Topical Resources: Issue Briefs and Fact Sheets



Topical Resources: Infographic and Videos



Opening Up About Maternal Mental Health



Racial and Ethnic Disparities in Maternity Care



What Respectful Care Looks Like



The Stories Behind the Numbers

Background Resources

FACT SHEET

About the *Listening to Mothers in California* Survey

SEPTEMBER 2018

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.

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FACT SHEET

Listening to Mothers in California Survey Methodology

SEPTEMBER 2018

Listening to Mothers in California joins a series of national *Listening to Mothers* surveys carried out since 2002 to better understand experiences and perspectives of childbearing women. The state-level survey provided an opportunity for a sample drawn systematically from state birth certificates allowing us to identify a specific response rate for the survey. Other *Listening to Mothers* innovations for the California survey include availability of questionnaire and outreach materials in Spanish as well as English; outreach via mail and text message in addition to email and telephone; option of participating via smartphone and tablet as well as laptop, desktop and telephone interview; investigator access to survey participant birth certificate information; abstraction and merging of additional variables from the Medi-Cal (California's Medicaid program) claims database; and data weighting using the 2016 Birth Statistic Master File.

Listening to Mothers investigators at the National Partnership for Women & Families and the Boston University School of Public Health collaborated with investigators at the University of California, San Francisco (UCSF) Center on Social Disparities in Health and the Quantum Market Research, Inc. survey research firm to develop and carry out *Listening to Mothers in California*. The survey research firm to develop and carry out *Listening to Mothers in California*. The California Health Care Foundation and the Yellow Chair Foundation funded the survey.

Institutional Review Board (IRB) and Related Approvals

The Committee for the Protection of Human Subjects (CPHS) of California's Office of Statewide Health Planning and Development is the IRB of record. CPHS designated the project as low risk to human subjects, and approved it and subsequent protocol amendments. The UCSF IRB also approved the project. The California Department of Public Health (CDPH) Vital Statistics Advisory Committee (VSAC) approved access to birth certificate data for sampling, for contacting sampled women, for weighting the data, and for conducting analyses. The CDPH Health Information and Research Section provided the requested items. The CDPH California Biobank Program approved and provided access to supplementary contact information for sampled women from the Genetic Disease Screening Program.

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Listening to Mothers in California Survey Questionnaire

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.

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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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



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