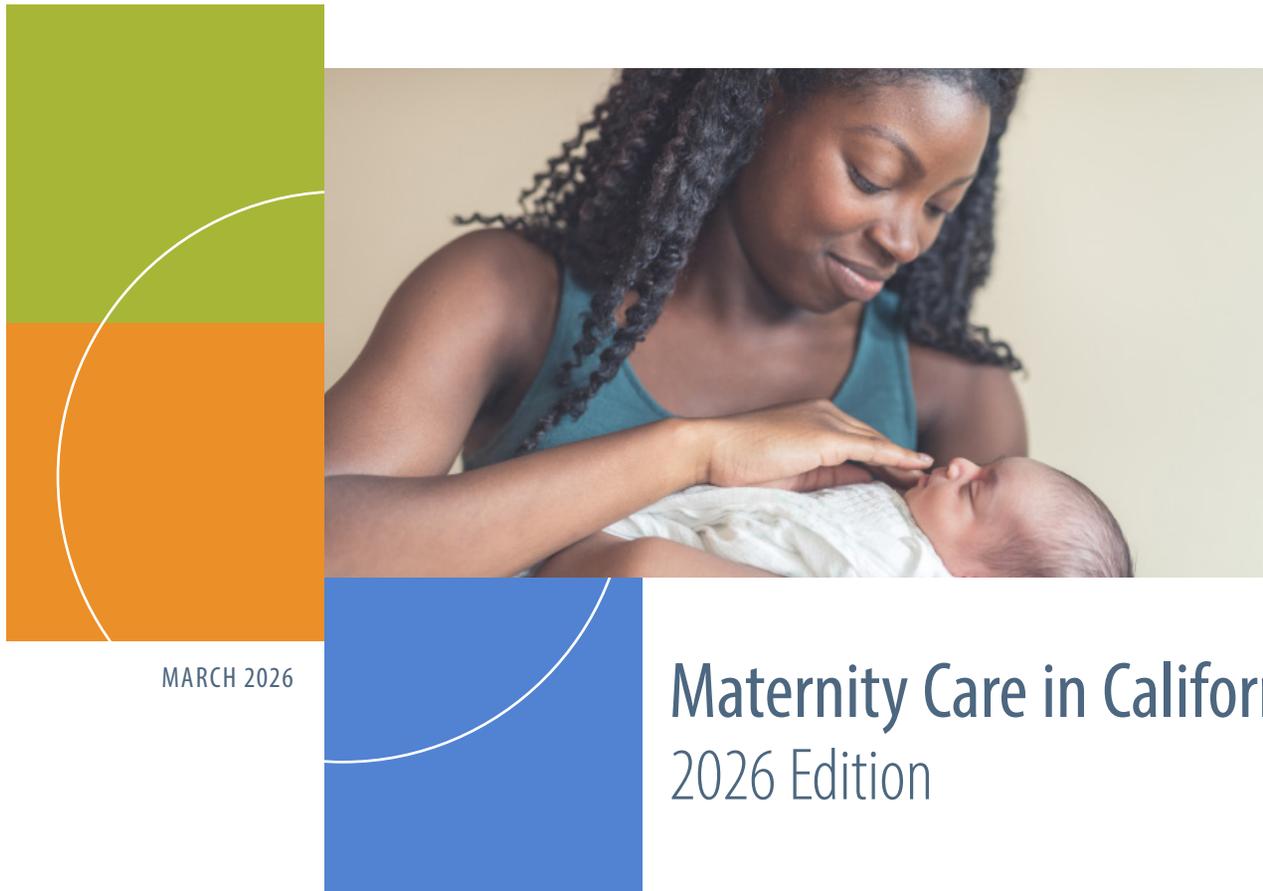


# CALIFORNIA Health Care Almanac



MARCH 2026

## Maternity Care in California 2026 Edition

# Executive Summary

In 2023, there were about 400,000 births in California, accounting for about one in 10 of all births nationwide. The number of births in the state declined 24% between 2009 and 2023. *Maternity Care in California: 2026 Edition* provides an overview of the delivery of maternity care in California, using the most recent data. When available, comparisons of California figures to national averages, as well as trends and metrics by race/ethnicity, are provided.

**KEY FINDINGS INCLUDE:**

- In 2023, births to Latina/x mothers\* made up nearly half of all California births, at just under 200,000. One in three California births were to mothers born outside the US.
- In 2023, 53% of California births were covered by private insurance, and 41% were covered by Medi-Cal. More than three in four Medi-Cal births (78%) were covered through a managed care plan in 2022.
- Access to quality maternal care is essential for positive birth outcomes. More than one million California females of reproductive age experienced an increase in the distance to the nearest hospital with maternity services from 2019 to 2024. From 2012 to February 2025, 56 California hospitals closed their maternity care units.
- While California's low-risk cesarean delivery rates were lower than the nation's between 2014 and 2023, the state's rates exceeded the federal government's Healthy People 2030 target (23.6%). In 2022, nearly half of California hospitals (47%) had rates above the Healthy People target.
- Significant racial/ethnic disparities existed across a variety of maternal quality measures in California, from prenatal visits to preterm births to pregnancy-related and infant mortality rates. Many of these measures were worse for Black mothers and infants than for their peers in other racial/ethnic groups.
- California's pregnancy-related mortality rate (PRMR) has fluctuated since 2009. California's PRMR increased 69% between 2019 and 2021, largely due to deaths from COVID-19, then declined 31% from 2021 to 2022. Since 2009, the PRMR for Black mothers was three to four times higher than for mothers of other races/ethnicities.
- More than one in three California mothers (35%) reported experiencing anxiety or depression during or after pregnancy, which can negatively impact the mother and the child. More respondents reported symptoms of anxiety than depression during their recent pregnancy or postpartum.

\* CHCF uses the term *mothers* throughout this publication but recognizes that not all people who become pregnant and give birth identify as women or mothers.

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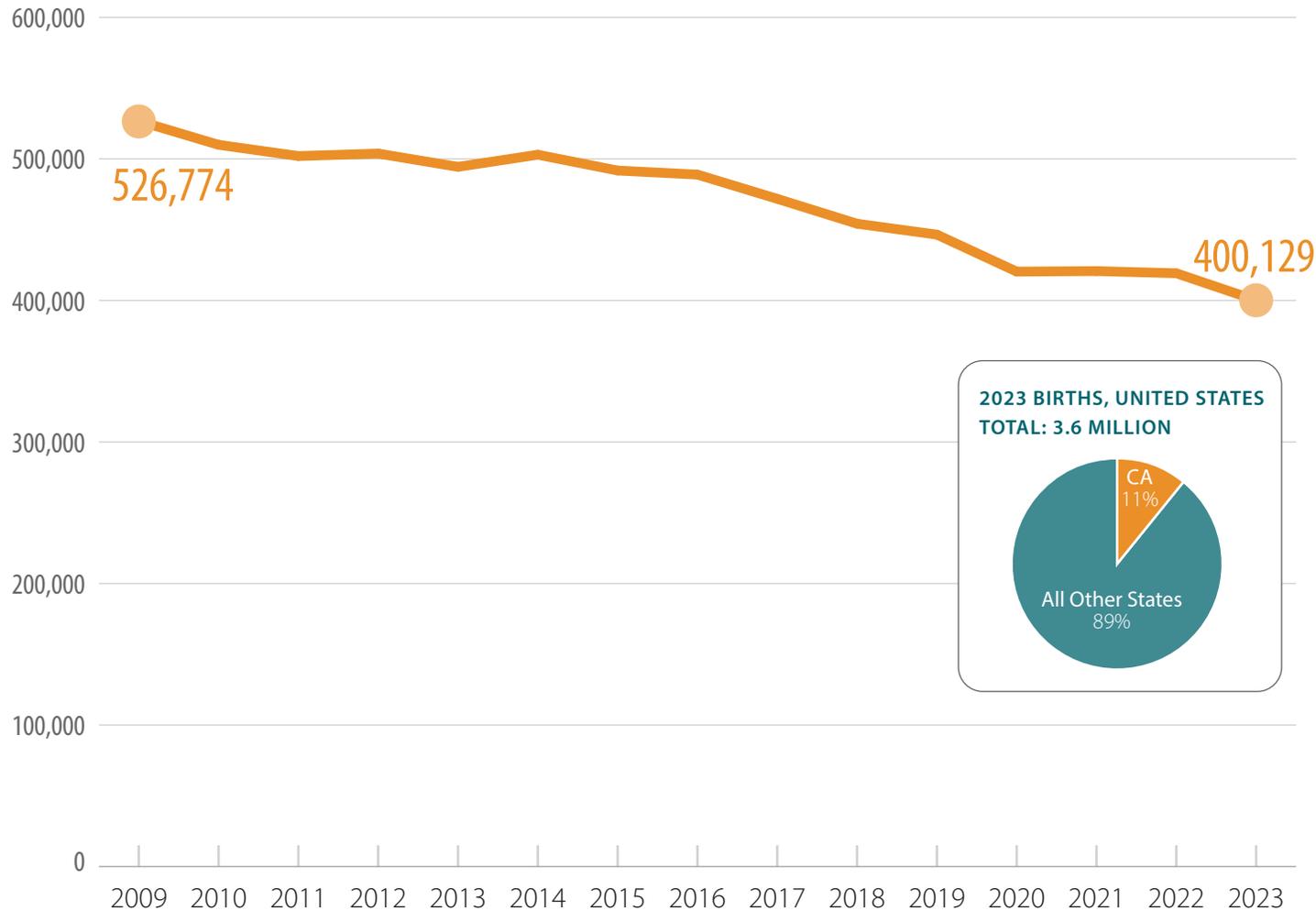
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# Births

## California, 2009 to 2023

NUMBER OF BIRTHS



Note: Births to California residents. Figures may not sum due to rounding.

Source: "Births," California Department of Public Health, last updated June 10, 2025.

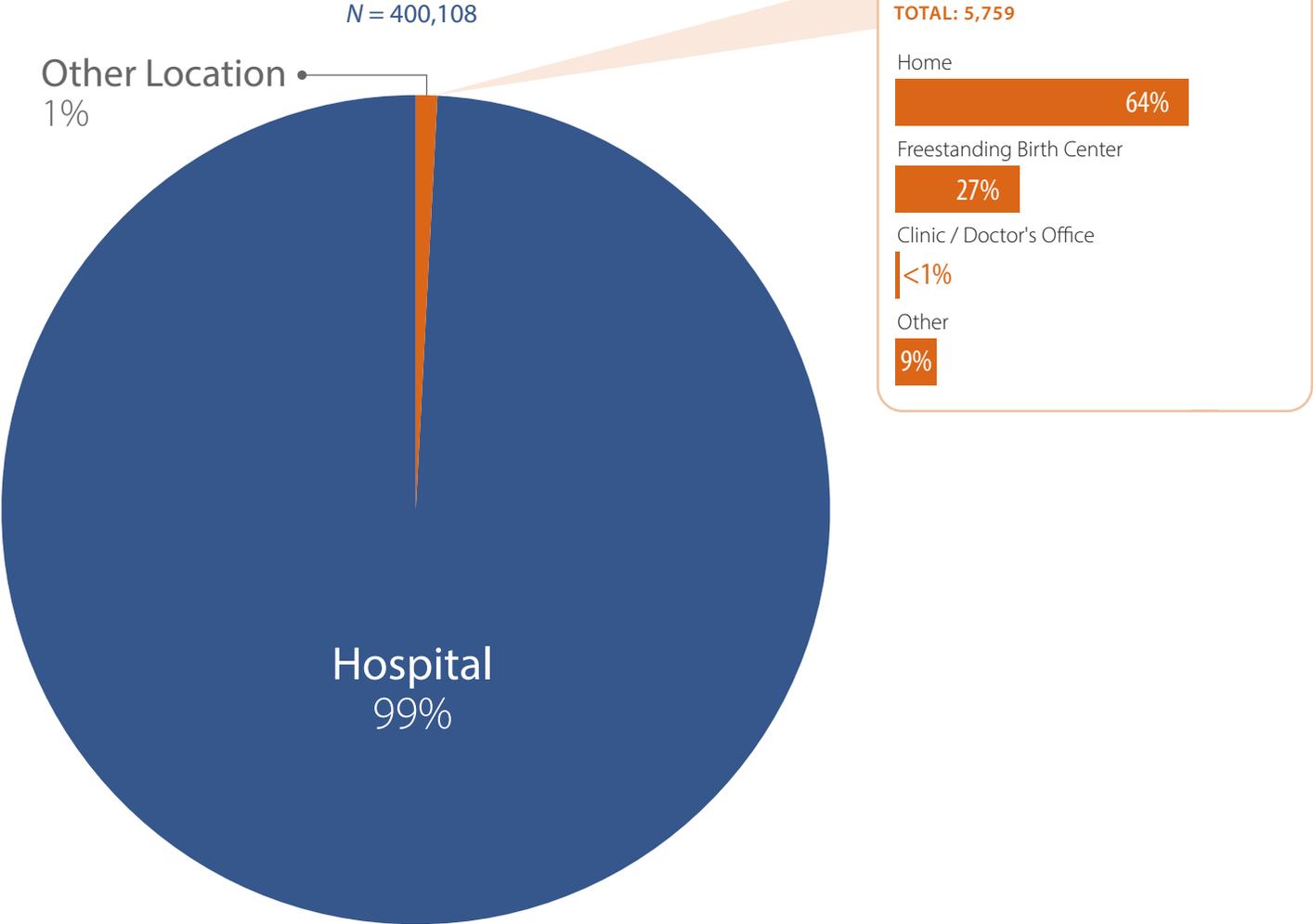
### Maternity Care in California

Births and Demographics

In 2023, California accounted for about 1 in 10 births in the nation. The number of births in California declined by 24% between 2009 and 2023.

# Births, by Location

California, 2023



## Maternity Care in California

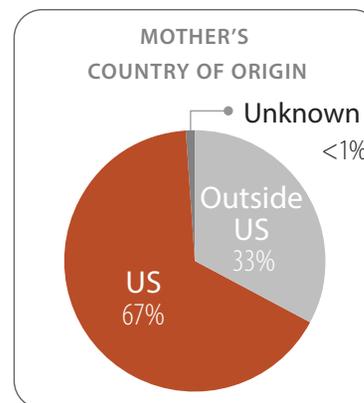
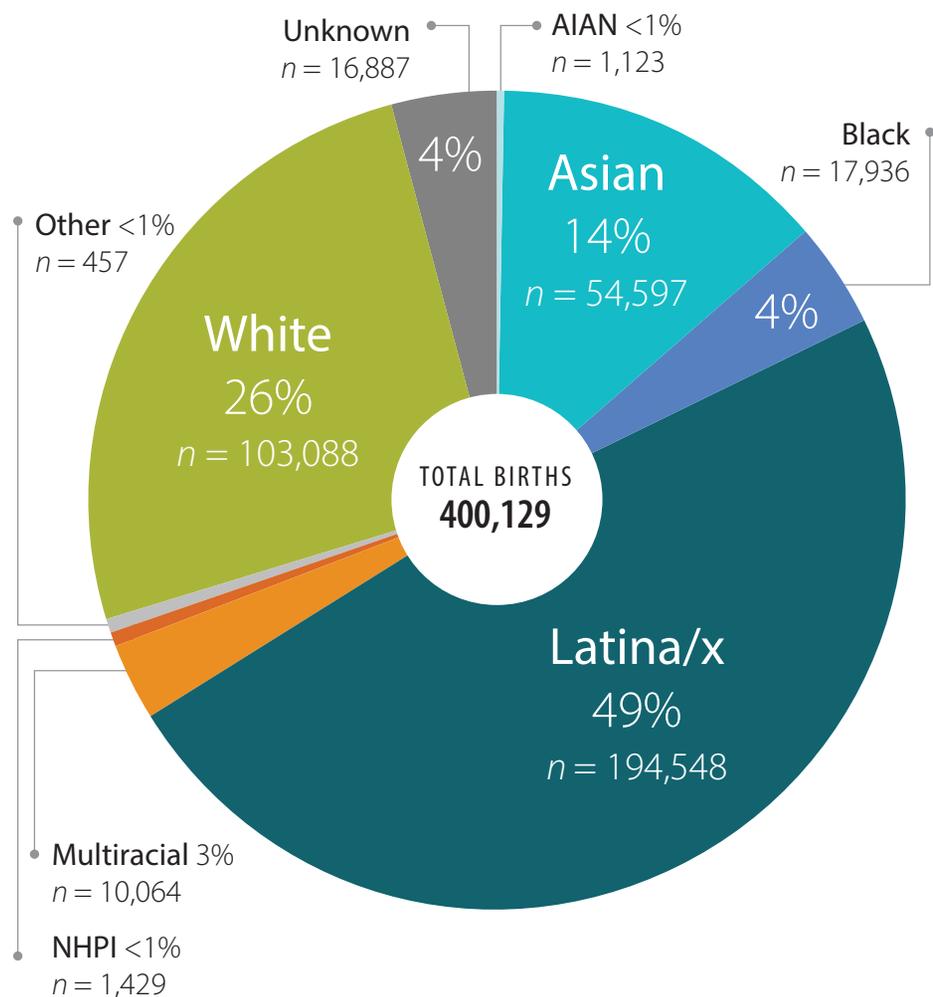
Births and Demographics

In 2023, nearly all California births occurred in a hospital. Among the 1% of births that did not occur in a hospital, 64% occurred in the home, and 27% were in freestanding birth centers.

Notes: Births in clinic/doctor's office was calculated by author. Figures may not sum due to rounding.  
Source: "Nativity Information: Live Births" (2023), CDC WONDER Database, US Centers for Disease Control and Prevention, accessed July 16, 2025.

# Births, by Mother's Race/Ethnicity

## California, 2023



### Maternity Care in California

Births and Demographics

In 2023, births to Latina/x mothers made up nearly half of all births in the state, at just under 200,000. One in three births in California were to mothers born outside the US.

Notes: Births to California residents. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*. *Outside US* includes US territories and foreign countries. Figures may not sum due to rounding. See [Appendix B](#) for detail by region.

Source: "Births," California Department of Public Health, last updated February 6, 2023.

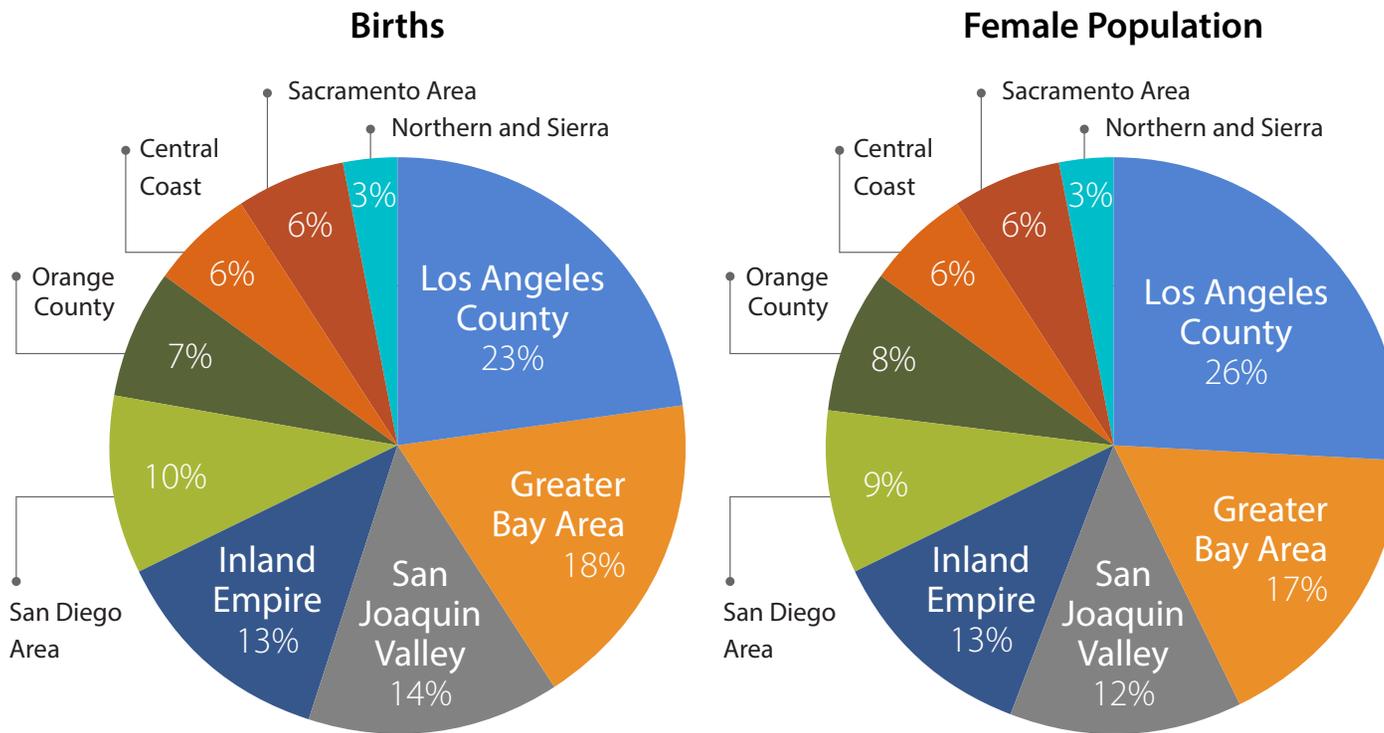
# Births and Female Population, by Region

## California, 2023

### Maternity Care in California

Births and Demographics

In 2023, California births and the female population age 15 to 44 had similar distributions throughout the state. Los Angeles County accounted for 23% of California births and 26% of females age 15 to 44.



Notes: Births by place of residence. *Female population* is age 15 to 44. Data for Alpine County were suppressed. See Appendix A for a map of counties in each region. Figures may not sum due to rounding.

Sources: "Births," California Department of Public Health, last updated June 10, 2025; and "Population Count of Women (Ages 15-44)," CDPH, last updated June 10, 2025.

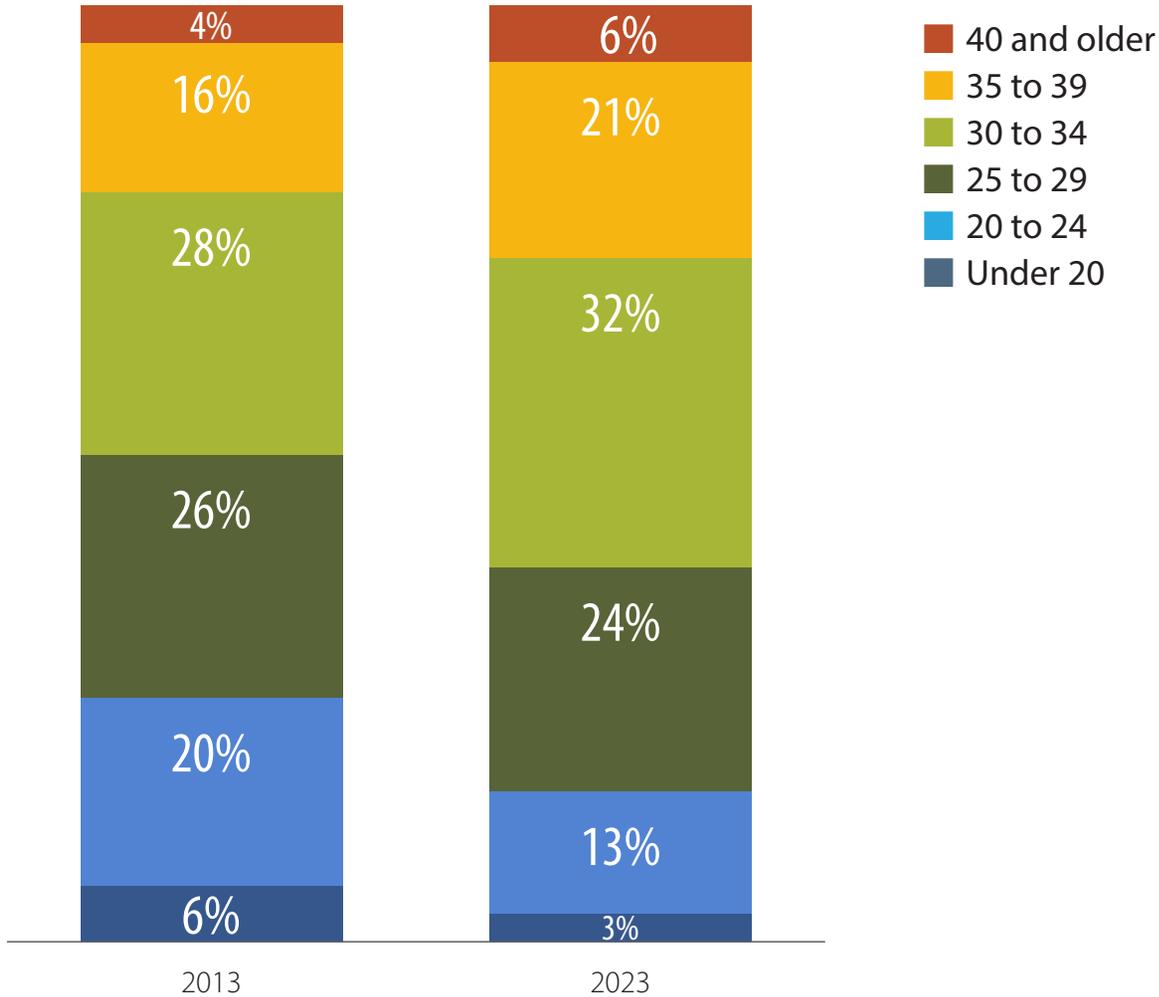
# Births, by Age of Mother

## California, 2013 and 2023

### Maternity Care in California

Births and Demographics

The age of mothers in California has shifted over the last decade. In 2013, the majority of births (52%) were to people under age 30. By 2023, about 60% of births were to people age 30 and older.

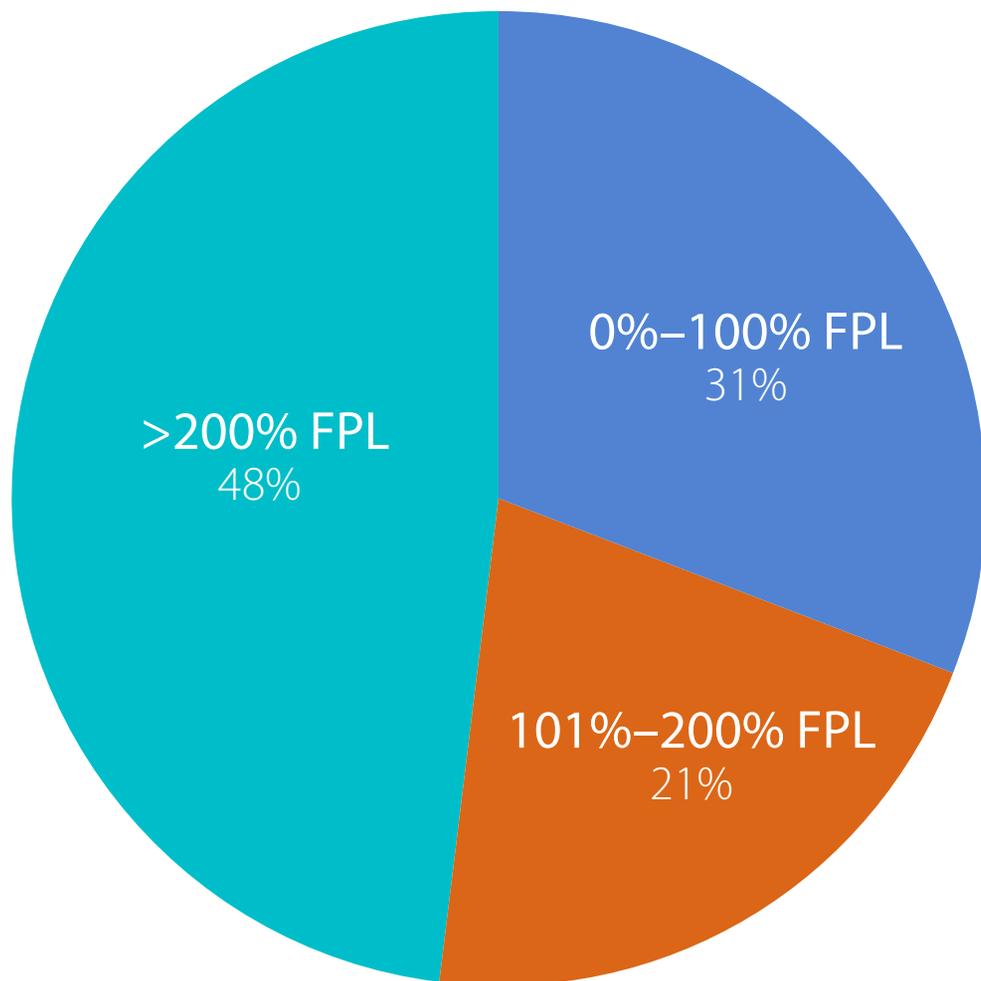


Notes: Births to California residents. Figures may not sum due to rounding.

Source: "Births," California Department of Public Health, last updated June 10, 2025.

# Births, by Household Federal Poverty Level

## California, 2020 to 2022



### Maternity Care in California

Births and Demographics

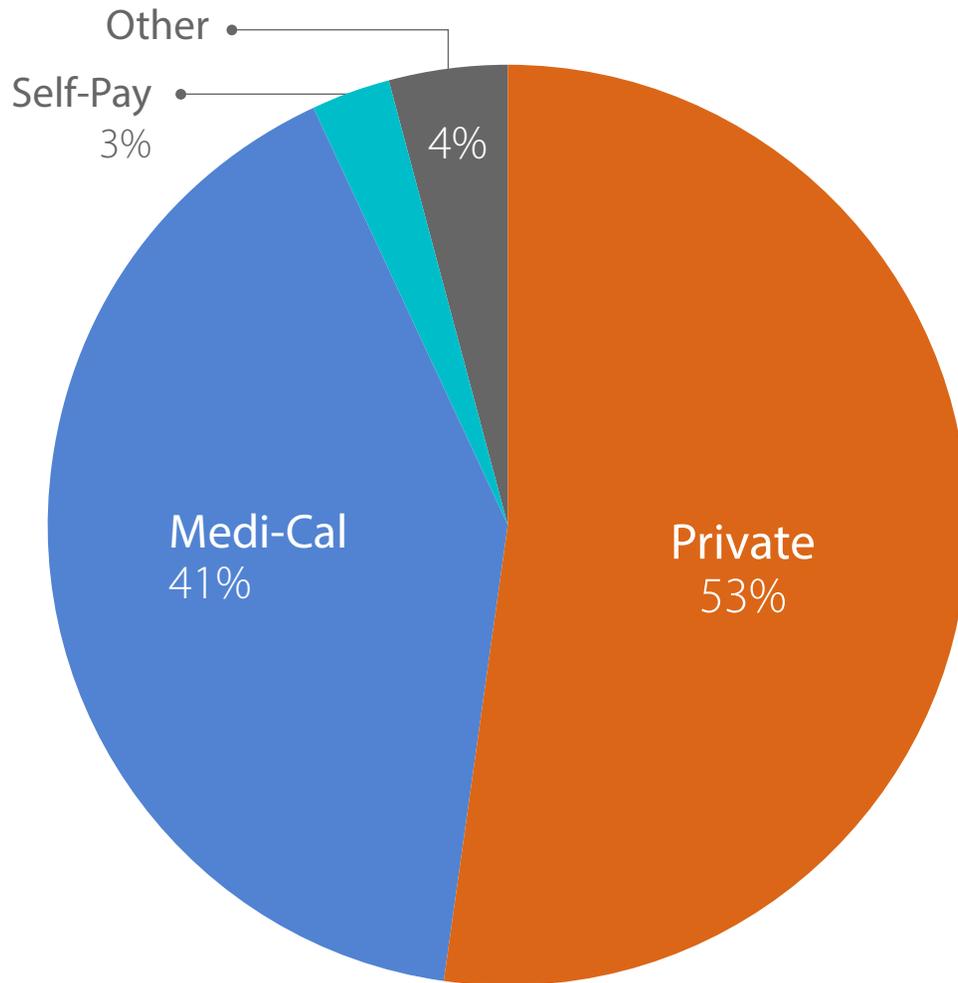
In California, about three in 10 births (31%) were to mothers whose household income was at or below the federal poverty level (FPL). Nearly one in two births (48%) were to mothers in households with incomes above 200% FPL.

Notes: The federal poverty level (FPL) for a family of four in 2020 was \$26,200; \$26,500 in 2021; and \$27,750 in 2022. Data are from the annual Maternal and Infant Health Assessment survey. Data from 2020 to 2022 were combined, resulting in a statewide sample size of 18,349. Figures may not sum due to rounding.

Source: "MIHA Data Snapshots Dashboard," California Department of Public Health, last updated September 23, 2025.

# Births, by Expected Payment Source

## California, 2023



### Maternity Care in California

Births and Demographics

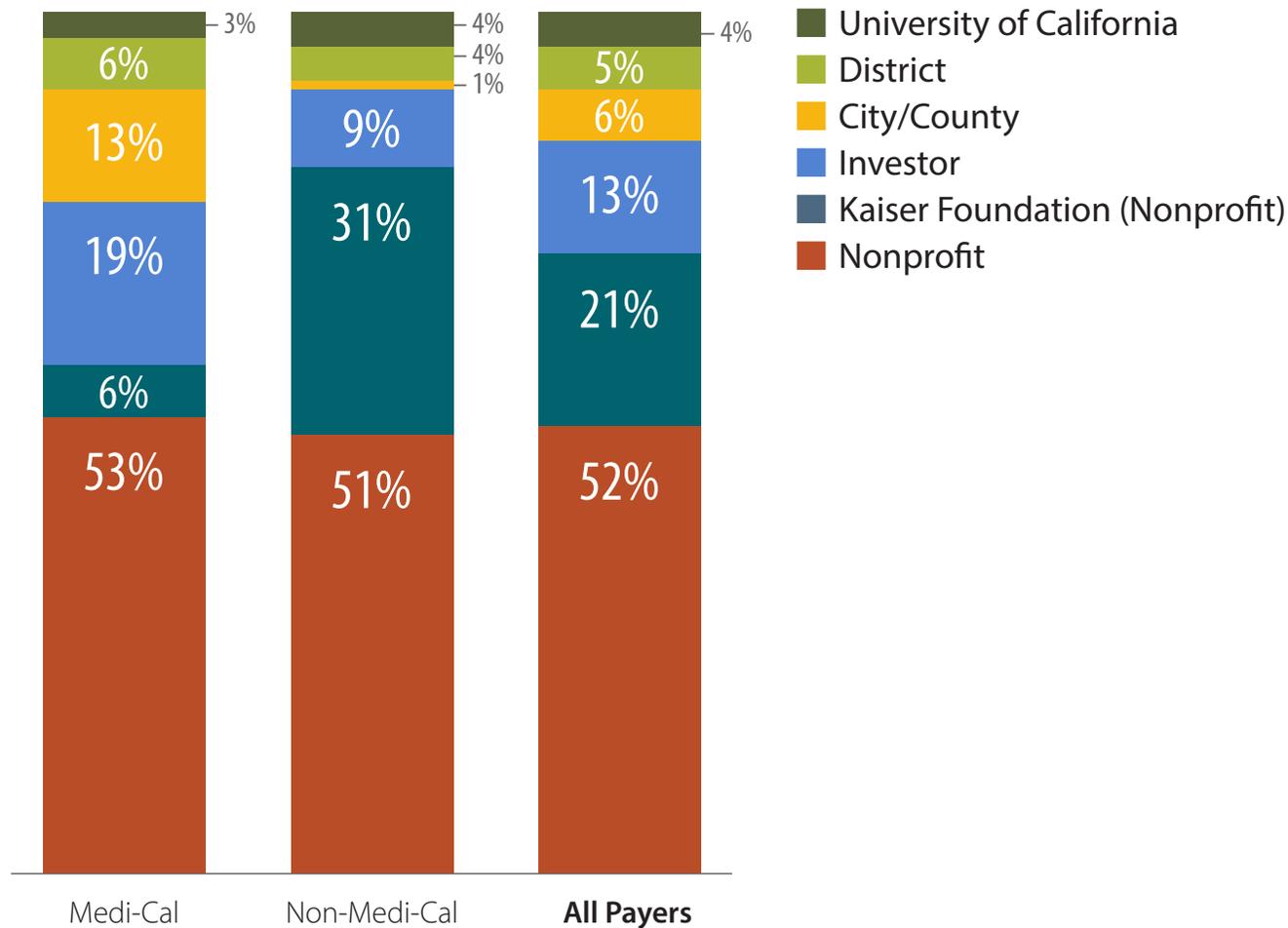
In 2023, more than half of California births (53%) were covered by private insurance, and 41% were covered by Medi-Cal.

Notes: Births to California residents. Excludes records with unknown payment sources and medically unattended births. Figures may not sum due to rounding.

Source: "Births," California Department of Public Health, last updated June 10, 2025.

# Births, Medi-Cal vs. Non-Medi-Cal, by Hospital Type

## California, 2022



### Maternity Care in California

Births and Demographics

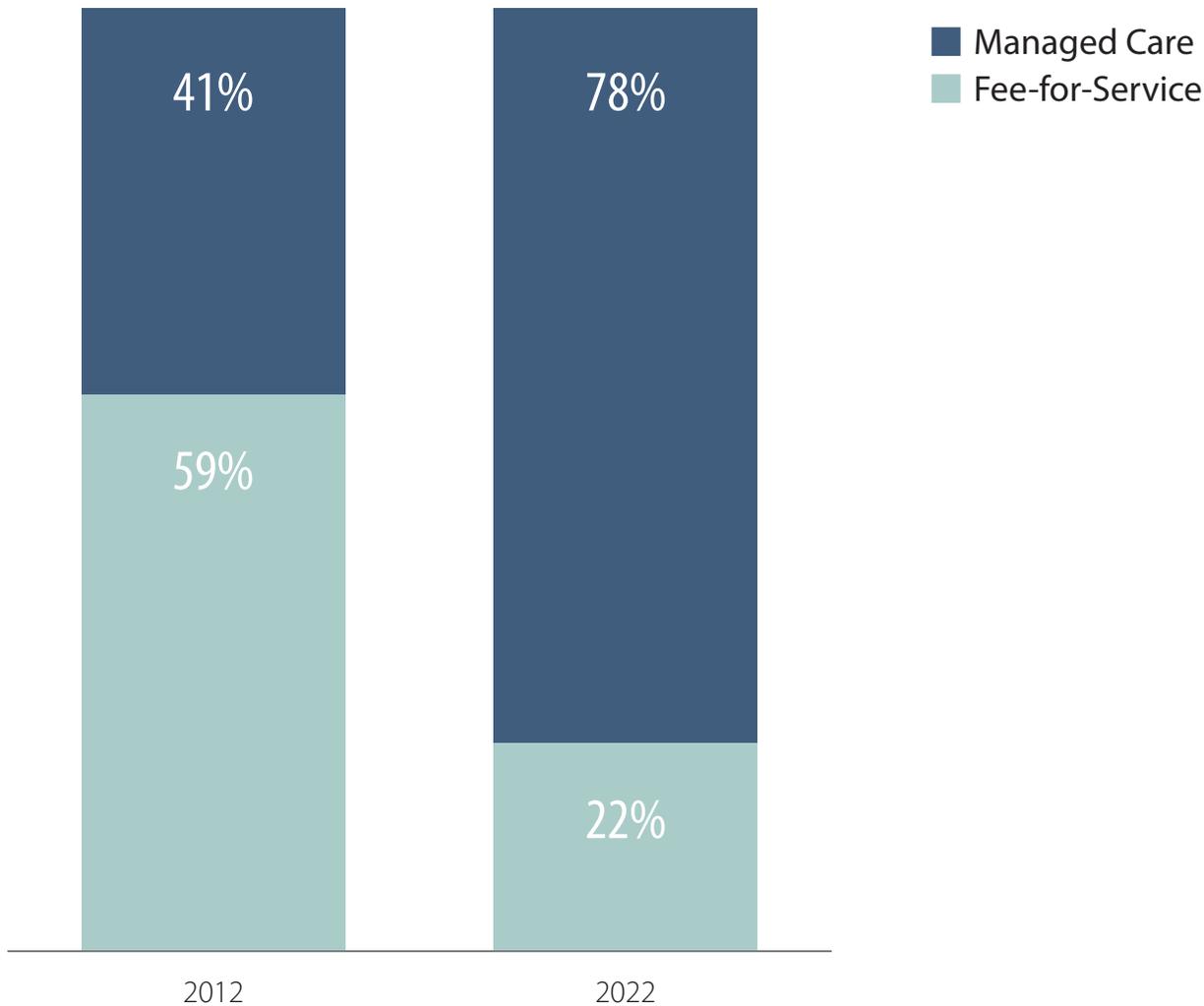
In California, the majority of Medi-Cal and non-Medi-Cal births in 2022 occurred in nonprofit hospitals. Kaiser Foundation hospitals accounted for 31% of all non-Medi-Cal births yet only 6% of Medi-Cal births.

Notes: Data are based on in-hospital births at nonmilitary hospitals that offer maternity services. Payer based on mother's insurance. *Nonprofit* hospitals include church-related hospitals. *Investor* hospitals are for-profit. *All payers* includes uninsured patients. Figures may not sum due to rounding.

Source: Custom data request, California Maternal Quality Care Collaborative, received August 8, 2025.

# Medi-Cal Births, Fee-for-Service vs. Managed Care

## California, 2012 and 2022



Note: Figures may not sum due to rounding.

Source: *CA Resident Births, by CY, Payer, Delivery System, and Select Birth Characteristics*, California Health and Human Services Agency, last updated October 21, 2024.

### Maternity Care in California

Births and Demographics

Between 2012 and 2022, the percentage of Medi-Cal births covered through a managed care plan increased from 41% to 78%.

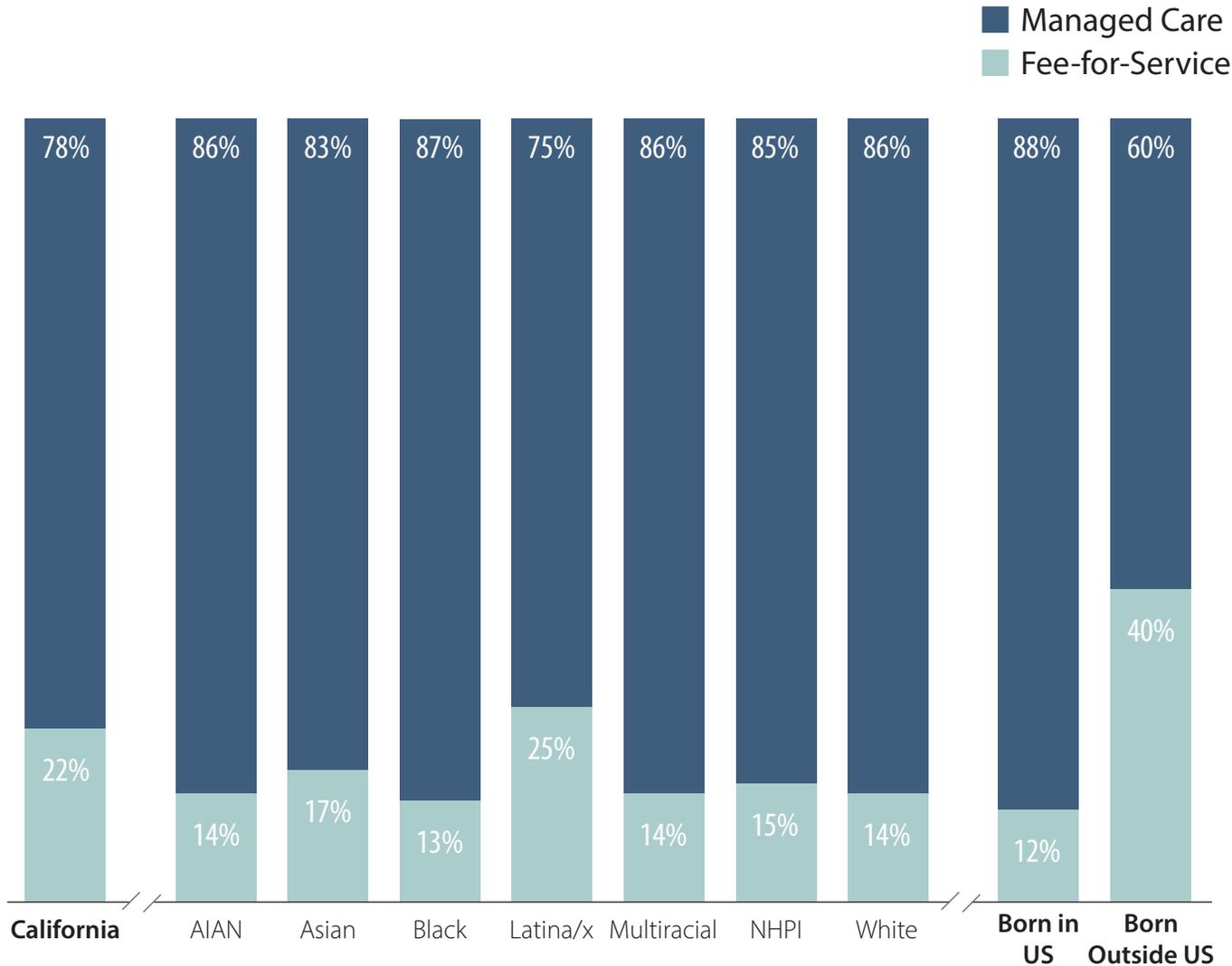
# Medi-Cal Births, Fee-for-Service vs. Managed Care

## by Race/Ethnicity and Country of Origin, California, 2022

### Maternity Care in California

Births and Demographics

In 2022, more than three in four Medi-Cal births (78%) were covered through a managed care plan. The percentage of births to Latina/x mothers and those born outside the US covered through managed care was lower than for other groups.

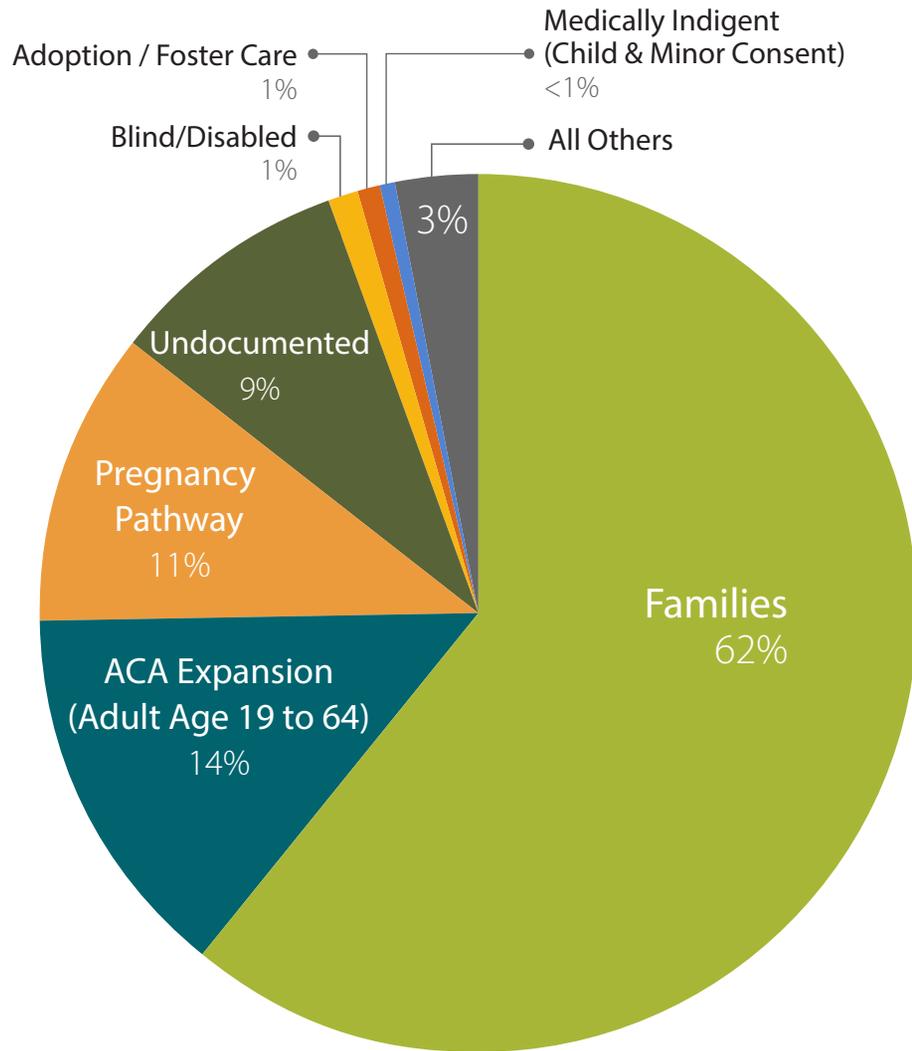


Notes: AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander. Source uses African American, Hispanic, and Two or More Races. Born outside US does not pertain to citizenship or documentation status. Figures may not sum due to rounding.

Source: CA Resident Births, by CY, Payer, Delivery System, and Select Birth Characteristics, California Health and Human Services Agency, October 21, 2024.

# Medi-Cal Births, by Aid Category

## California, 2022



### Maternity Care in California

#### Births and Demographics

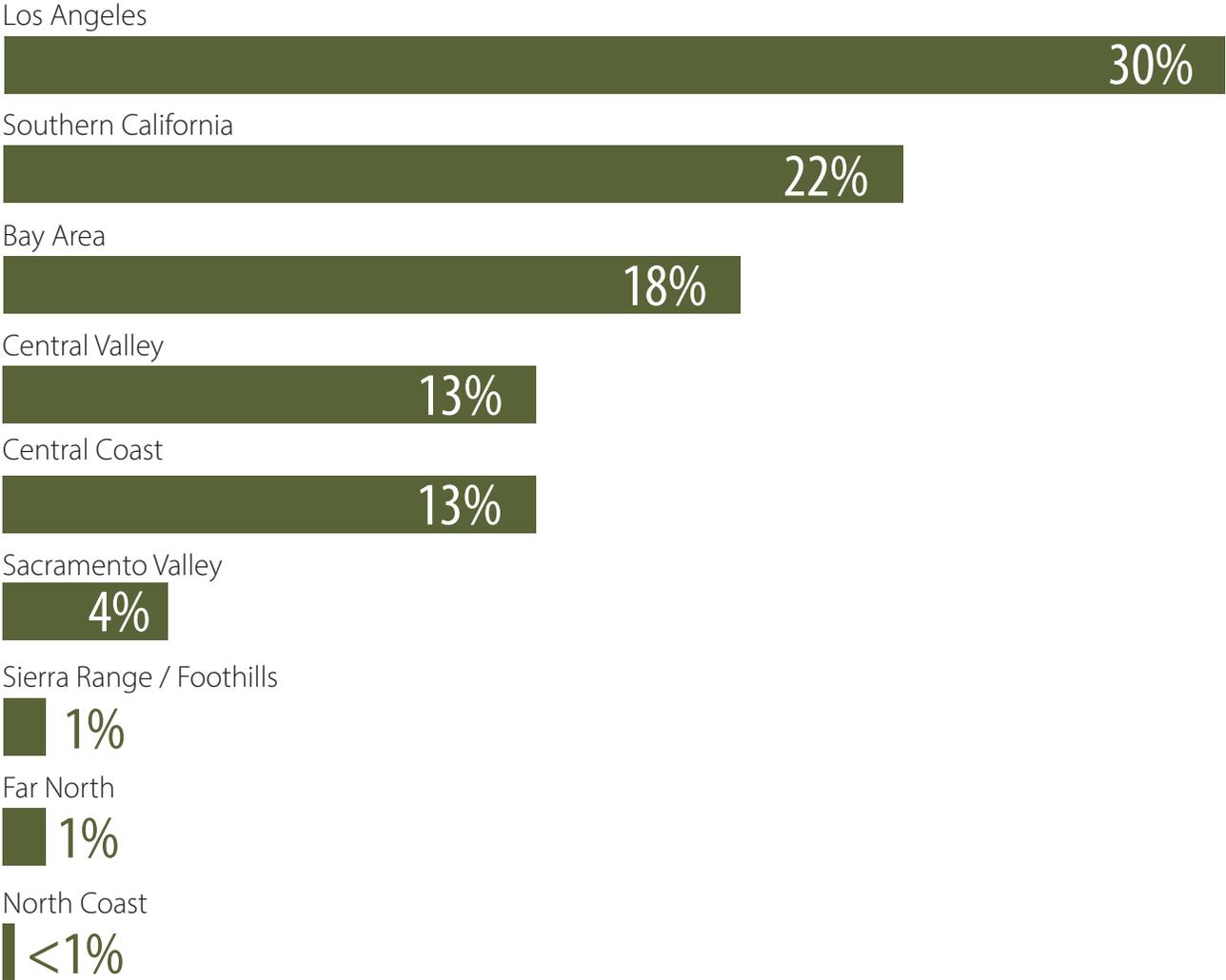
In 2022, the majority of Medi-Cal births were covered through the Families aid category. One in 11 Medi-Cal births were to mothers who were undocumented.

Notes: ACA is Affordable Care Act. *Pregnancy Pathway* is limited to pregnancy-related and postpartum services for women who are not undocumented and whose family income is 200% FPL or below. *Families* refers to Section 1931(b) of the Social Security Act, which ensures that families who have children and are in financial need will get access to Medi-Cal. This eligibility category combines the eligibility criteria from several other programs including CalFresh, Aid to Families with Dependent Children, and CalWORKs. Figures may not sum due to rounding.

Source: *Medi-Cal Births, by CY, Aid Category, and Select Birth Characteristics*, California Health and Human Services Agency, last updated October 21, 2024.

# Undocumented Births, by Enrollee Region

California, 2022



## Maternity Care in California

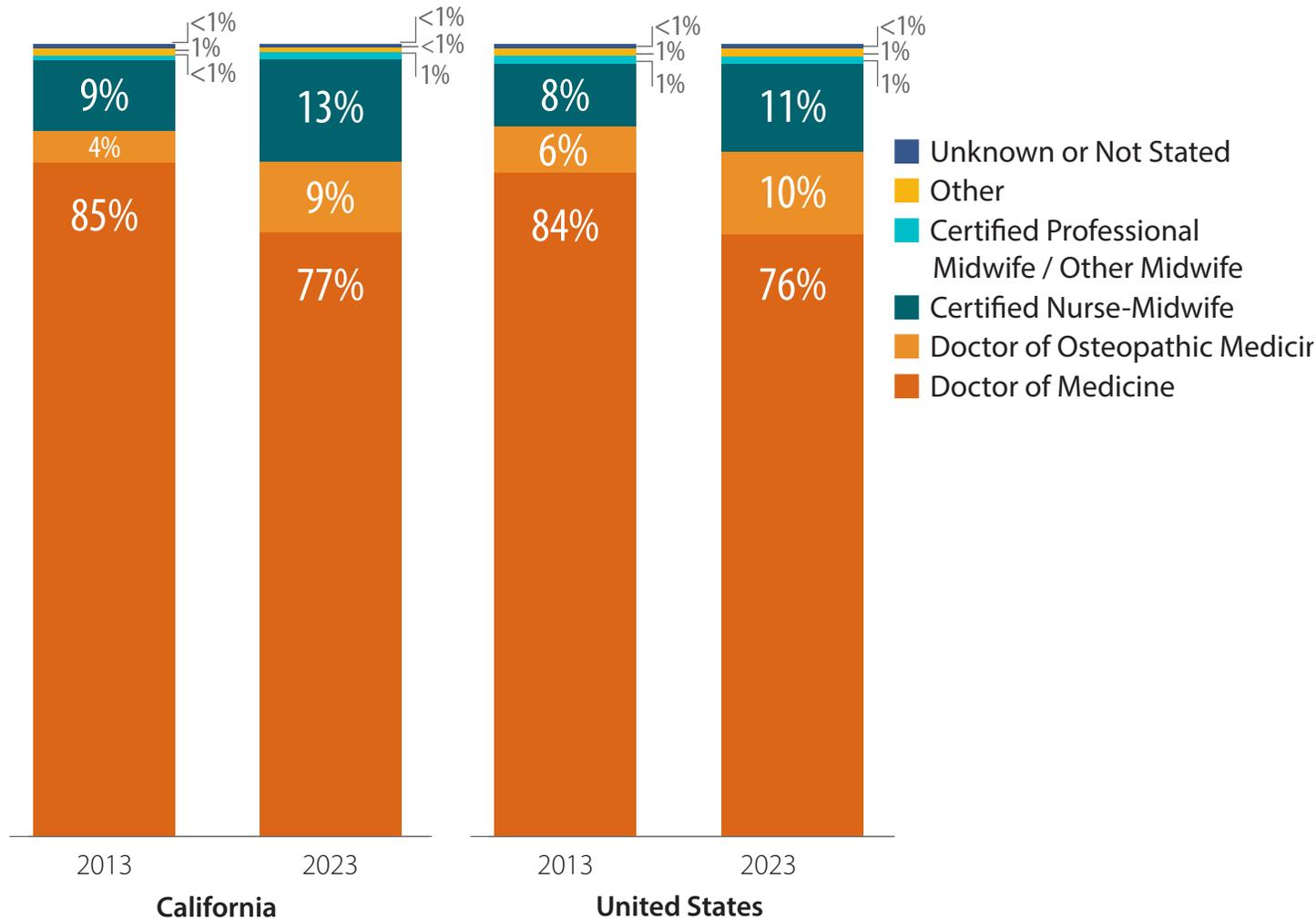
Births and Demographics

Three in 10 Medi-Cal births in 2022 to mothers who were undocumented were in Los Angeles County.

Source: *Medi-Cal Births, by CY, Geographic Region, and Select Birth Characteristics*, California Health and Human Services Agency, October 21, 2024.

# Births, by Attendant

California vs. United States, 2013 and 2023



## Maternity Care in California

Workforce

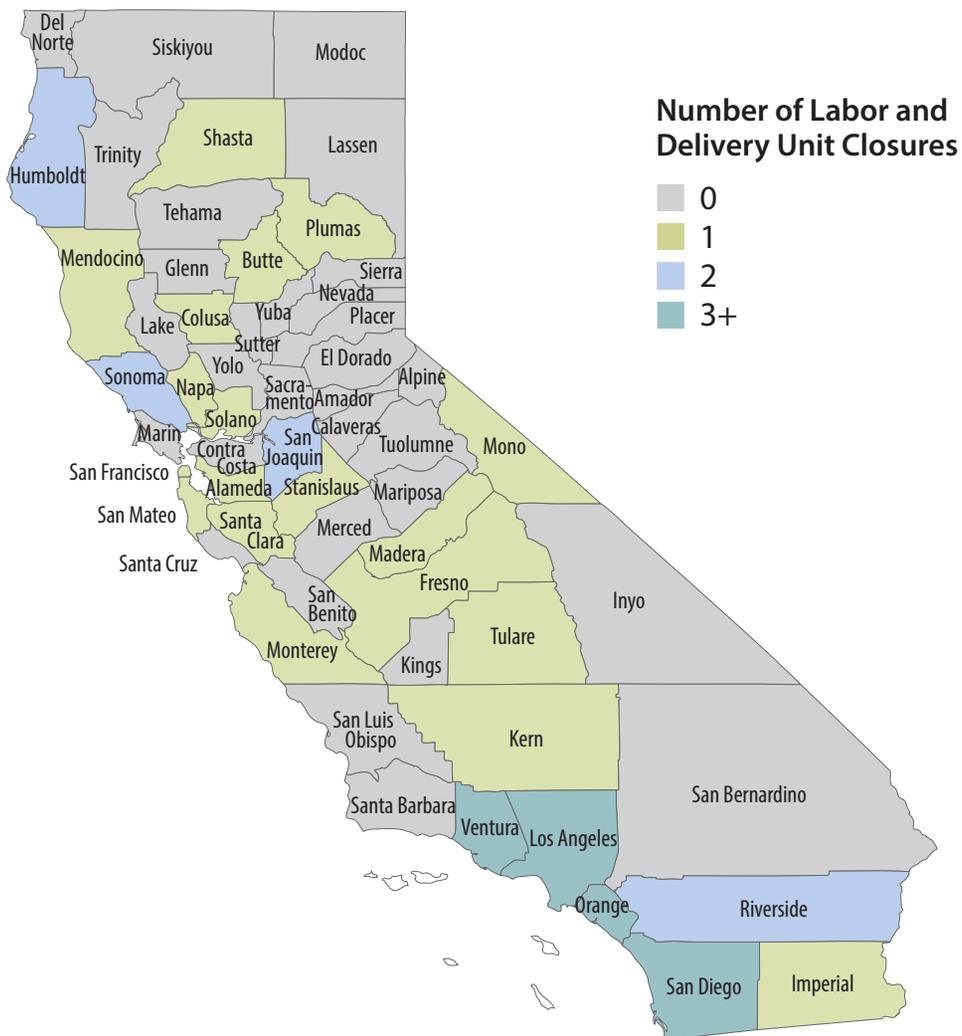
From 2013 to 2023, the percentage of births attended by midwives or by doctors of osteopathic medicine in California and the United States increased, while births attended by doctors of medicine decreased. Midwives, the vast majority of whom were certified nurse-midwives, attended about one in eight California births in 2023.

Notes: Data are derived from birth certificates. The *attendant* is physically present at and is responsible for the delivery. For example, if an intern or nurse-midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, the obstetrician would be reported as the attendant. If the obstetrician is not physically present, the intern or nurse-midwife would be reported as the attendant. *Certified nurse-midwife* represents certified nurse-midwife (CNM), certified midwife (CM), and advanced practice registered nurse (APRN). *Certified professional midwife / other midwife* represents a midwife other than CNM/CM/APRN. Source uses *other midwife*. Figures may not sum due to rounding.

Source: "Natality Information: Live Births" (2007–23), CDC WONDER Database, US Centers for Disease Control and Prevention (CDC), accessed July 16, 2025.

# Hospital Labor and Delivery Unit Closures, by County

## California, 2012 to 2025



Note: Closures include seven entire hospital closures.

Source: Kristen Hwang et al., "California's Maternity Care Crisis Is Worsening as Newsom Decides on Bills to Slow Closures," CalMatters, updated February 28, 2025.

### Maternity Care in California

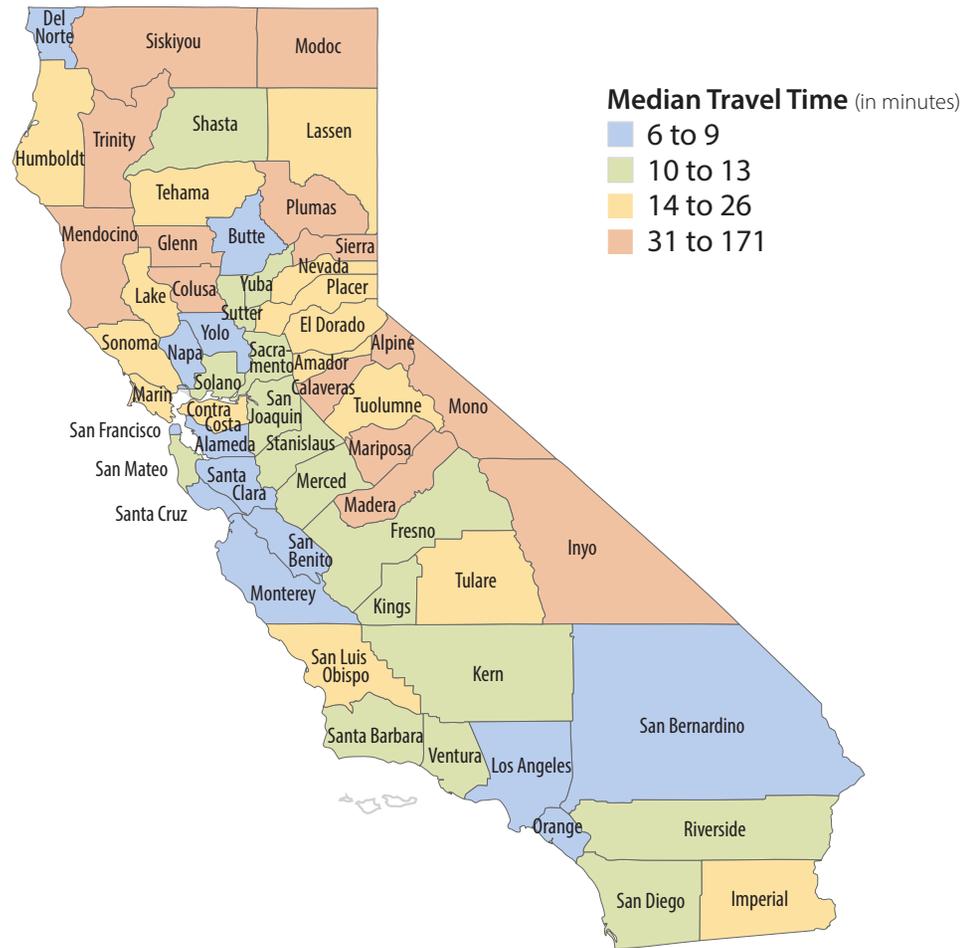
Workforce

Access to quality labor and delivery care is essential for positive birth outcomes. From 2012 to February 2025, 56 California hospitals closed their labor and delivery units, with 19 of those closures occurring since 2022. In addition, 40% of California's birth centers have closed since 2020; only 37 remain operational as of April 2025.\* These closures have reduced access to maternity care.

\* Jessica M. Harrison et al., *Opening Doors to Birth Centers: Community Perspectives on Expanding Access to Perinatal Care in California* (PDF), Western Center on Law and Poverty, May 2025.

# Travel Times to Hospitals with Maternity Services, by County

## California, 2024



### Maternity Care in California

Workforce

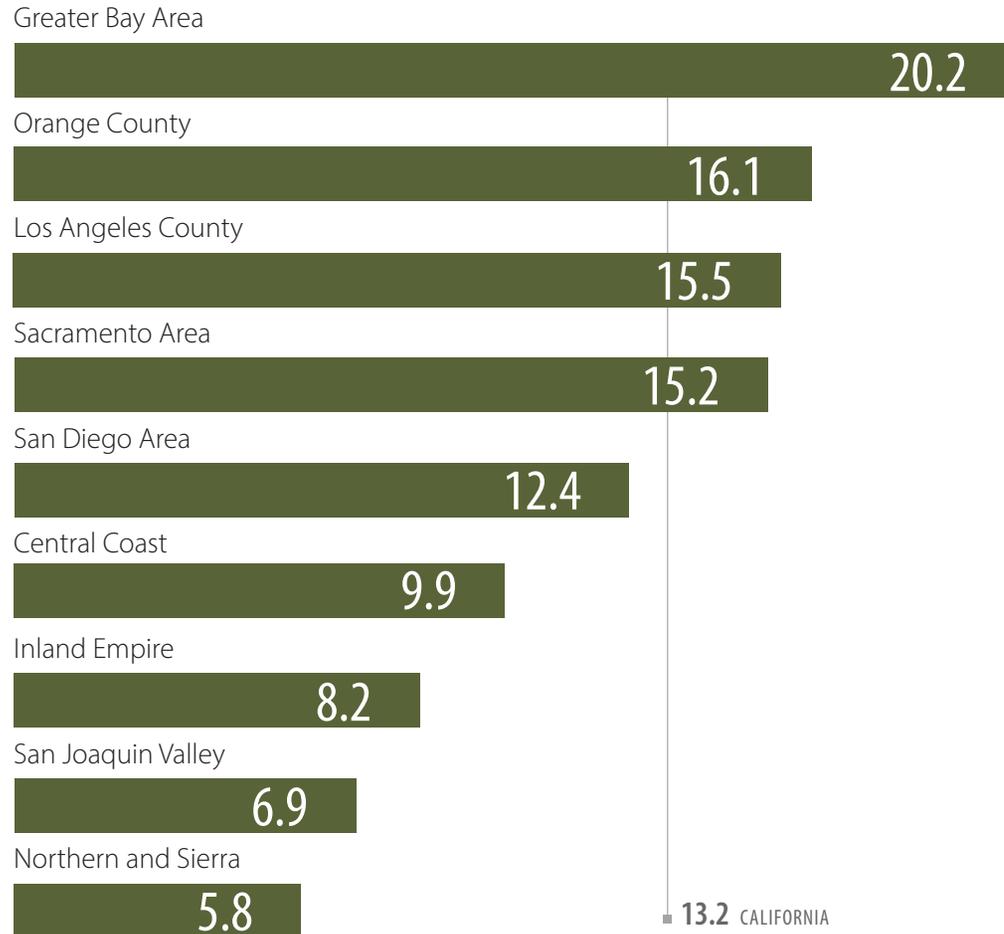
In California, about 1.2 million females age 15 to 44 experienced an increase in the distance to the nearest hospital with maternity services from 2019 to 2024 (not shown). In 14 counties, the median travel time to the nearest hospital with maternity services was more than 30 minutes in 2024.

Notes: Travel times were calculated from the centroid of census tracts to the nearest hospital that offered maternity services in 2024 using the OpenStreetMap API. *Maternity services* is based on hospital reporting any newborn nursery bassinets. Map shows median travel time for all census tracts in a county weighted by the female population age 15 to 44.

Source: Shannon McConville et al., "Cuts to Hospital Maternity Care Raise Concerns About Access," Public Policy Institute of California, February 12, 2025.

# Active Obstetrician/Gynecologists, by Region California, 2025

NUMBER PER 1,000 LIVE BIRTHS



Notes: *Active obstetrician/gynecologists* are estimates based on self-reported data and defined as doctors of medicine and doctors of osteopathic medicine with active California licenses, California addresses, primary practice area in obstetrics and gynecology, and 20 or more weekly patient care hours as of April 3, 2025. A cell-based weighting methodology was used to account for those who declined to provide a response or who had not yet taken the survey. *Region* is based on physician's address of record with Medical Board of California. *Births* are based on 2023 data. See [Appendix A](#) for a map of counties in each region.

Sources: Author calculations based on "Physicians Actively Working by Specialty and Activity Hours," California Health and Human Services Agency, July 30, 2025; and "Births," California Department of Public Health, last updated June 10, 2025.

## Maternity Care in California

Workforce

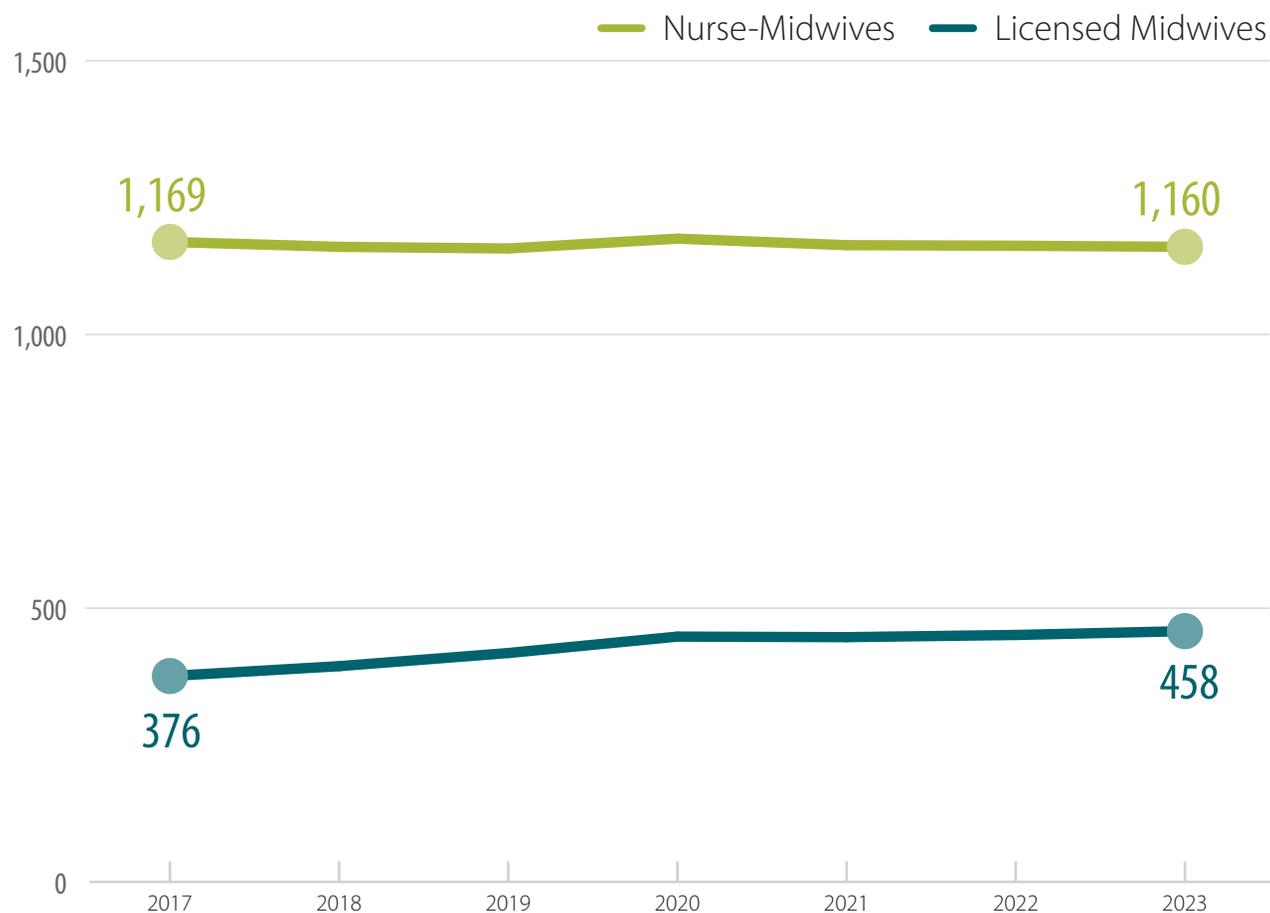
In 2025, 5,271 obstetricians/gynecologists (ob/gyns) were active in patient care — that is, provided patient care 20 or more hours per week in California. The supply of active ob/gyns varied across the state. The supply is projected to decrease, resulting in a shortage of 1,180 full time equivalents in 2032.\*

\* "Workforce Projections," US Health Resources & Services Administration, accessed July 29, 2025.

# Nurse-Midwives and Licensed Midwives

## California, 2017 to 2023

NUMBER WITH ACTIVE CALIFORNIA LICENSE



### Maternity Care in California

Workforce

The number of nurse-midwives (NMs) licensed in California remained relatively stable between 2017 and 2023. Over the same period, the number of licensed midwives (LMs) increased 22%, from 376 in 2017 to 458 in 2023. Not all licensed NMs and LMs practice as midwives.

Note: Data are based on fiscal year (July 1 through June 30 of noted year) and include midwives with an active California license and a California address of record.

Source: "Active Licenses by County Interactive Map," California Department of Consumer Affairs, accessed July 29, 2025.

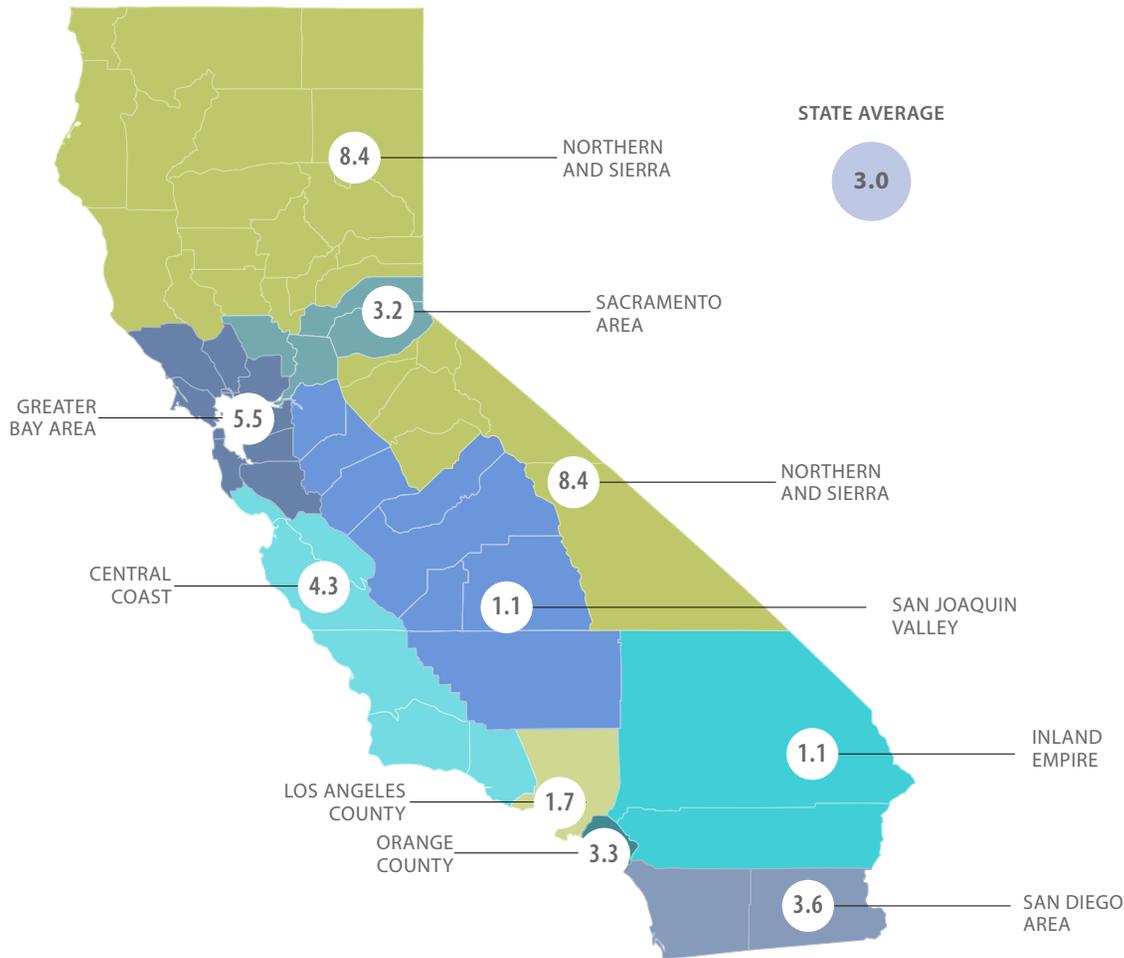
# Practicing Midwives, by Region

## California, 2022

### Maternity Care in California

Workforce

The number of practicing midwives (both licensed midwives and nurse-midwives) per 1,000 births ranged from a low of 1.1 in the Inland Empire and the San Joaquin Valley to a high of 8.4 in the Northern and Sierra region.

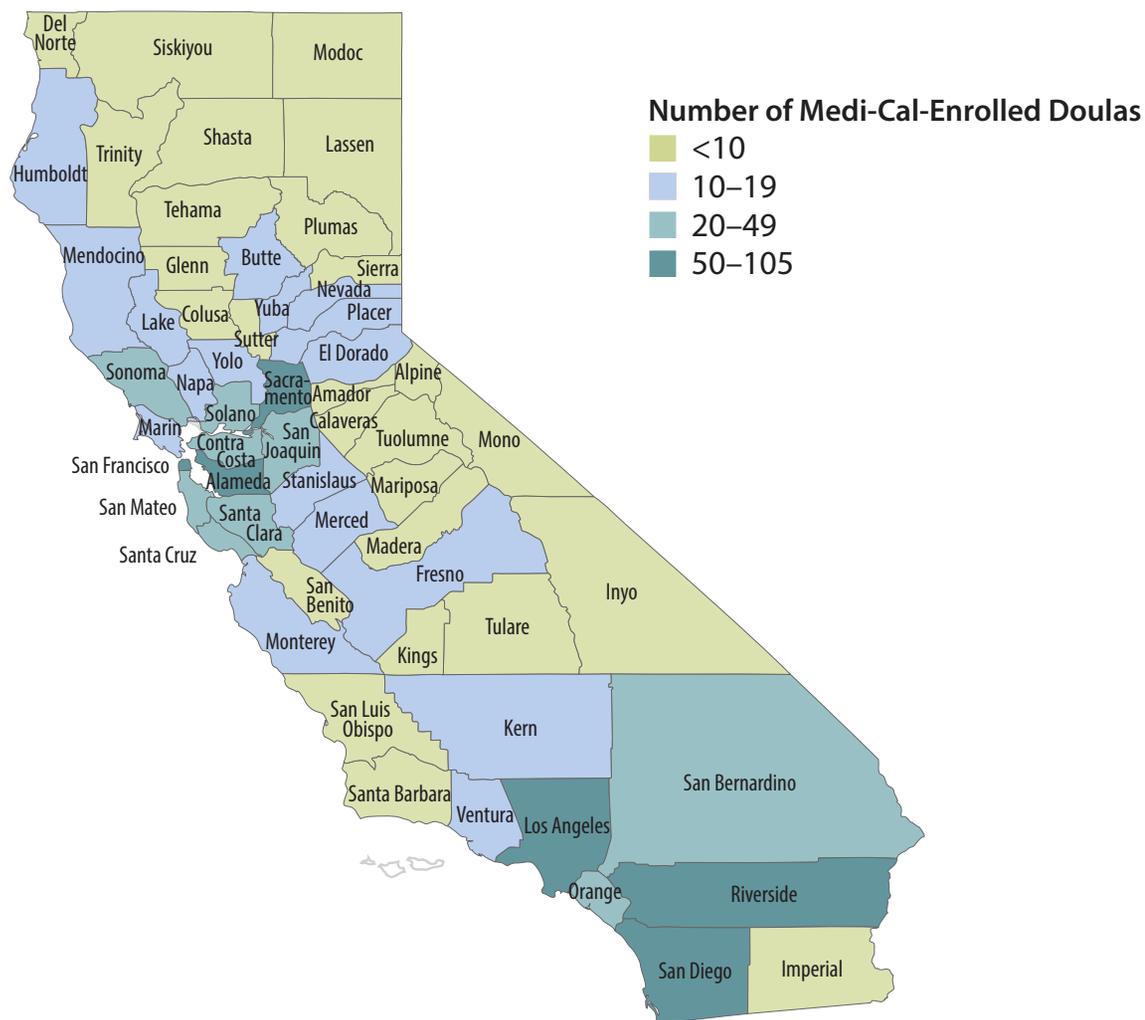


Notes: Based on a 2022/2023 survey of 229 licensed midwives (LMs), 149 nurse-midwives (NMs), and 118 dual-licensed nurse practitioners / NMs. Data were weighted to reflect the full statewide population of LMs and NMs with active California licenses. Births data are from 2022. See [Appendix A](#) for a list of counties in each region.

Source: "Understanding California's Midwife Workforce," California Health Care Foundation, October 22, 2024.

# Doulas Enrolled in Medi-Cal, by County

## California, 2025



Notes: *Doulas* are birth workers who provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of their clients while adhering to evidence-based best practices. Doula services are aimed at preventing perinatal complications and improving health outcomes for mothers and infants. Some doulas practice in more than one county.

Source: "Doulas Directory," California Department of Health Care Services, accessed October 2, 2025.

## Maternity Care in California

Workforce

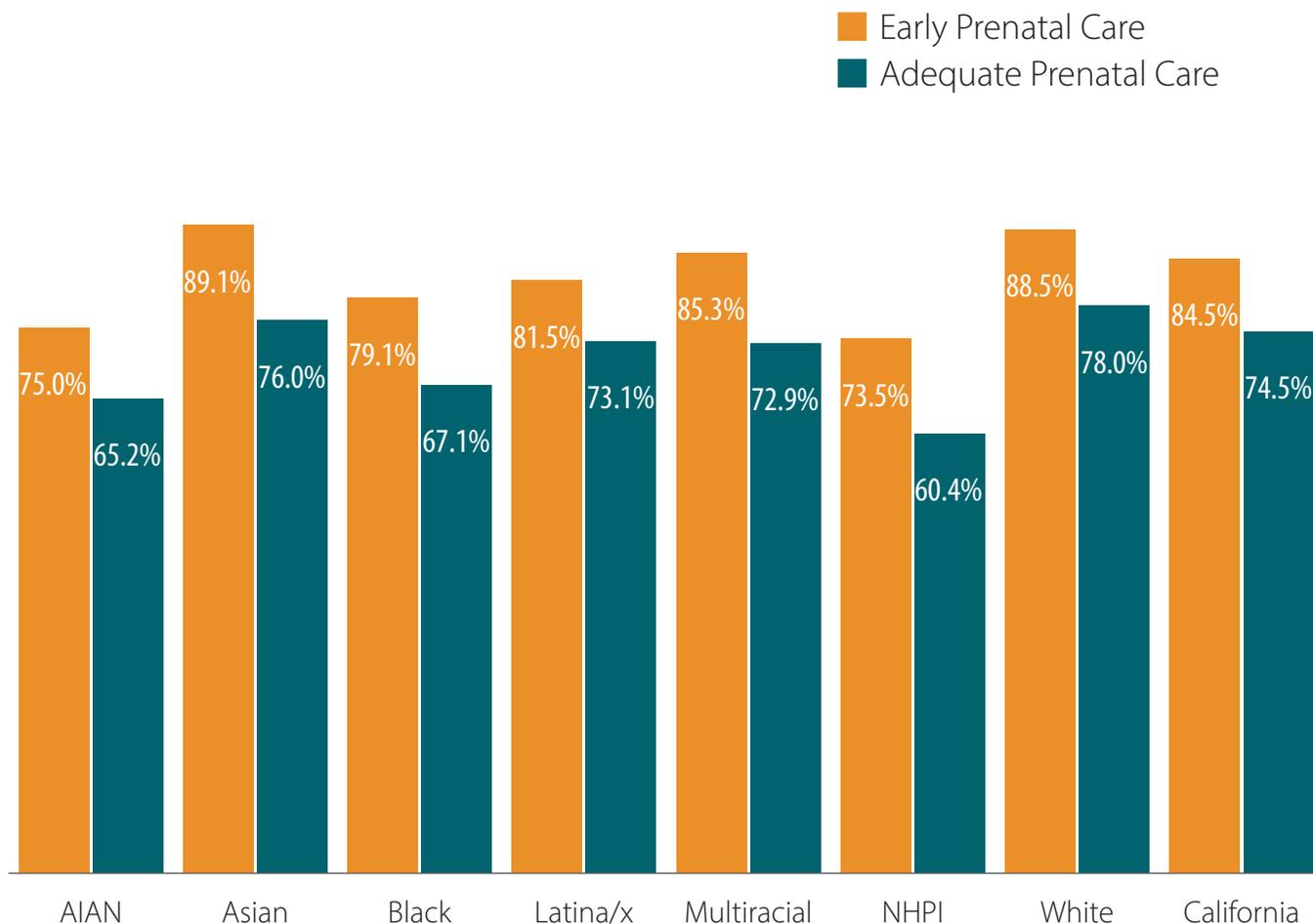
Doula support is associated with positive delivery outcomes, reduced stress and anxiety, and improved breastfeeding success.\* Doula services were added as a Medi-Cal benefit in 2023. As of September 26, 2025, 990 individual doulas have enrolled as Medi-Cal providers. The number of doulas varies by county.

\* Alexandria Sobczak et al, "The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review," *Cureus* 15, no. 5: e39451.

# Prenatal Care, by Race/Ethnicity

## California, 2023

PERCENTAGE OF LIVE BIRTHS



Notes: Births to California residents. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*, *Multi-Race*, and *Pacific Islander*. *Early prenatal care* is prenatal care initiated during the first trimester (first, second, or third month) of pregnancy. *Adequacy of prenatal care* utilization (often referred to as the Kotelchuck Index) is based on the month prenatal care began and the number of visits, adjusted for gestational age.

Source: "Prenatal Care," California Department of Public Health, last updated June 10, 2025.

### Maternity Care in California

Quality

Prenatal care has been shown to improve pregnancy outcomes, such as decreasing the risk of low birthweight and infant mortality.\* In California, pregnant mothers receiving early or adequate prenatal care varied by race/ethnicity. In 2023, 74.5% of mothers in California received adequate prenatal care, below the Healthy People 2030 target of 80.5%.†

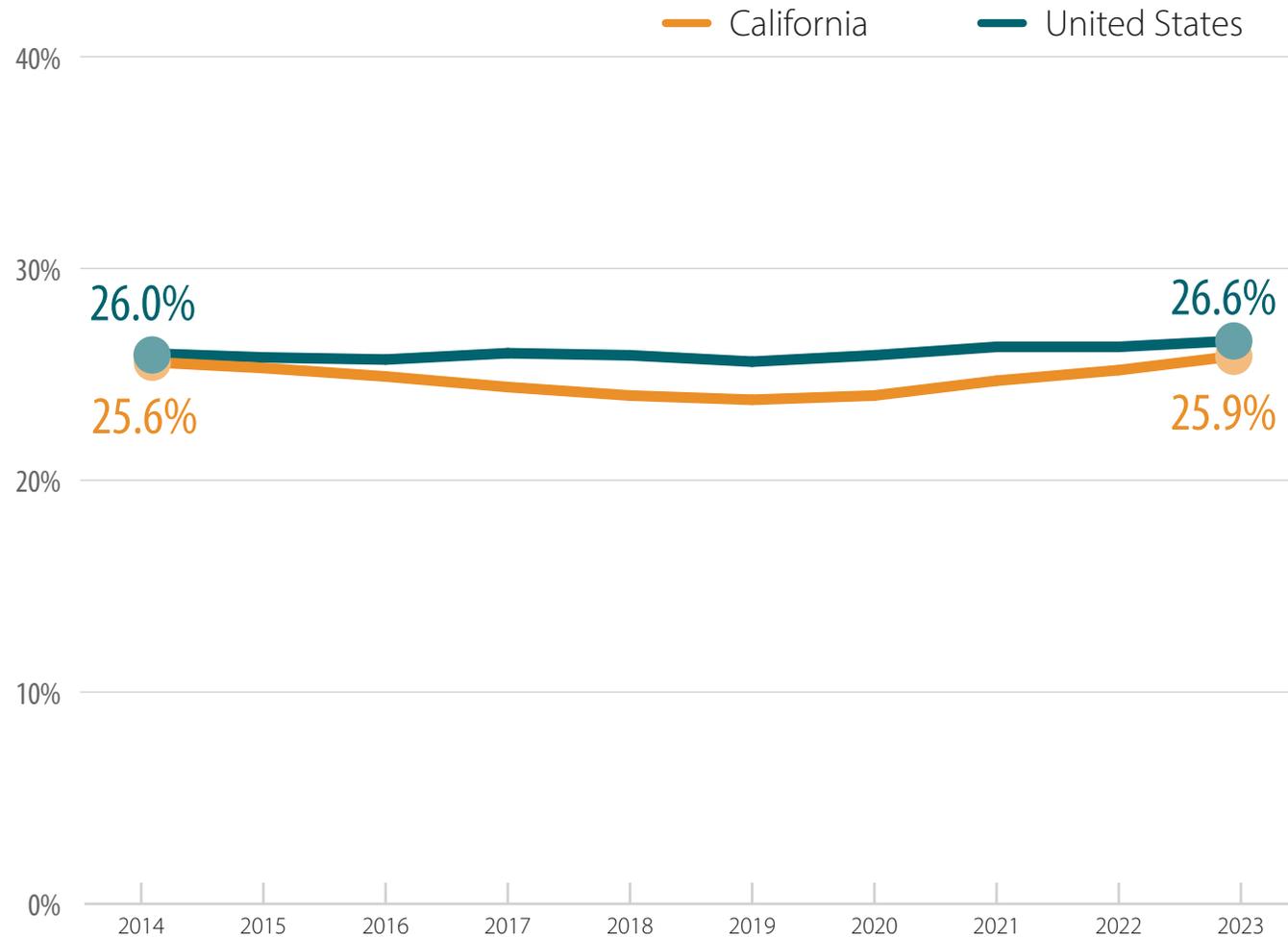
\* "Prenatal Care," US Department of Health and Human Services, last updated February 22, 2021.

† **Healthy People 2030** sets data-driven national objectives to improve the health and well-being of Americans across the next decade.

# Low-Risk Cesarean Delivery Rate

## California vs. United States, 2014 to 2023

PERCENTAGE OF LIVE BIRTHS



Notes: *Low-risk cesarean delivery rate* is the percentage of cesarean deliveries among first-time mothers delivering a single baby in a head-down position after 37 weeks gestational age. The technical term for this measure is the nulliparous, term, singleton, vertex cesarean birth rate.

Source: *Births: Final Data for [2014–23]* (PDF) (reports and internet tables), National Vital Statistics Reports.

### Maternity Care in California

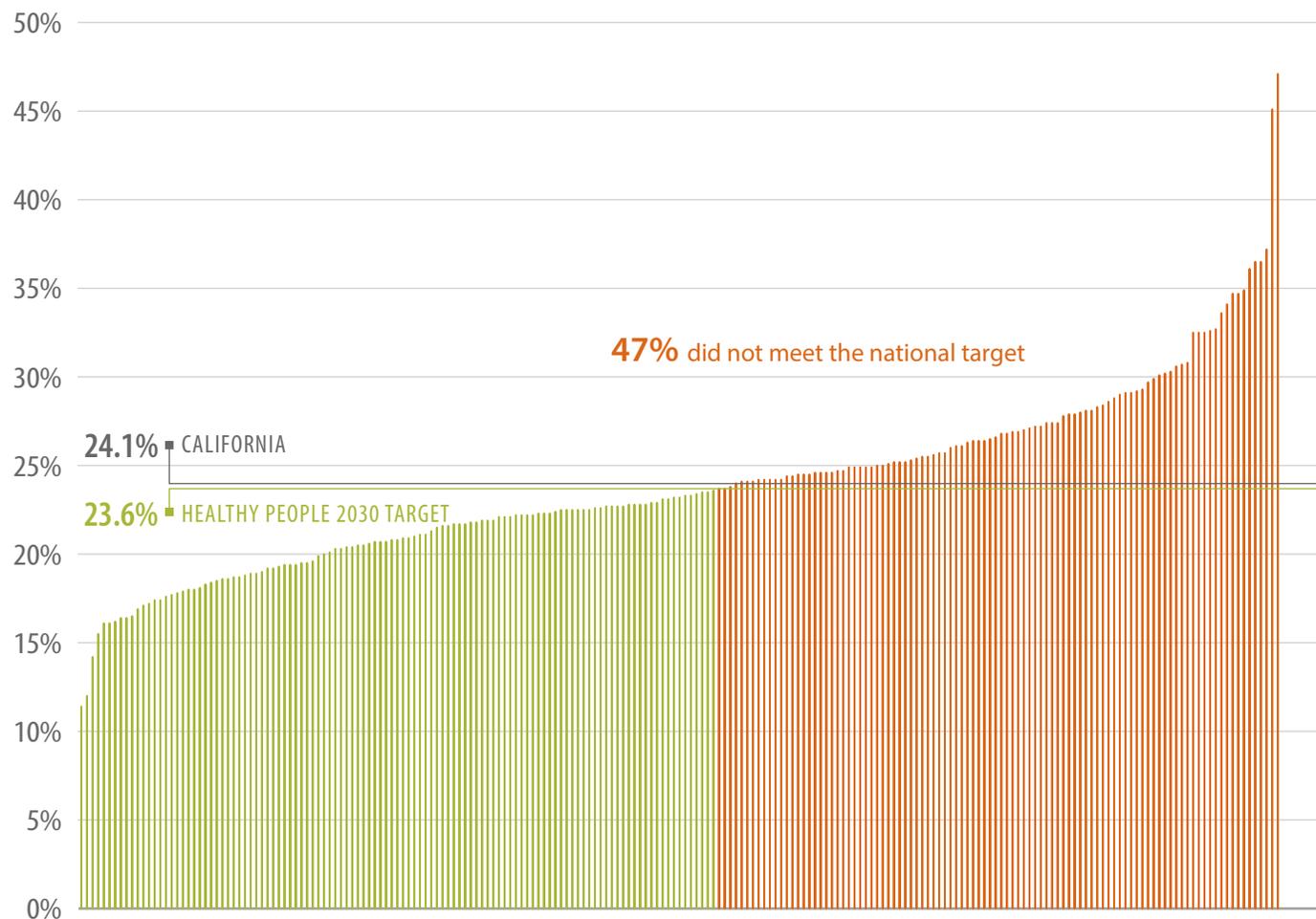
Quality

While California's low-risk cesarean delivery rates were lower than the nation's between 2014 and 2023, they exceeded the federal government's Healthy People 2030 target of 23.6%.<sup>\*</sup> Cesarean deliveries, while sometimes necessary, are associated with higher rates of maternal complications, higher admissions to neonatal intensive care unit, and increased barriers to breastfeeding.<sup>†</sup>

<sup>\*</sup> **Healthy People 2030** sets data-driven national objectives to improve health and well-being over the next decade.

<sup>†</sup> **"Supporting Vaginal Birth,"** California Maternal Quality Care Collaborative.

# Low-Risk Cesarean Delivery Rate, by Hospital California, 2022



## Maternity Care in California

### Quality

In 2022, California hospital rates for low-risk cesarean deliveries ranged from 11% to 47%. Nearly half (47%) of California hospitals had rates exceeding the Healthy People 2030 target of 23.6%.

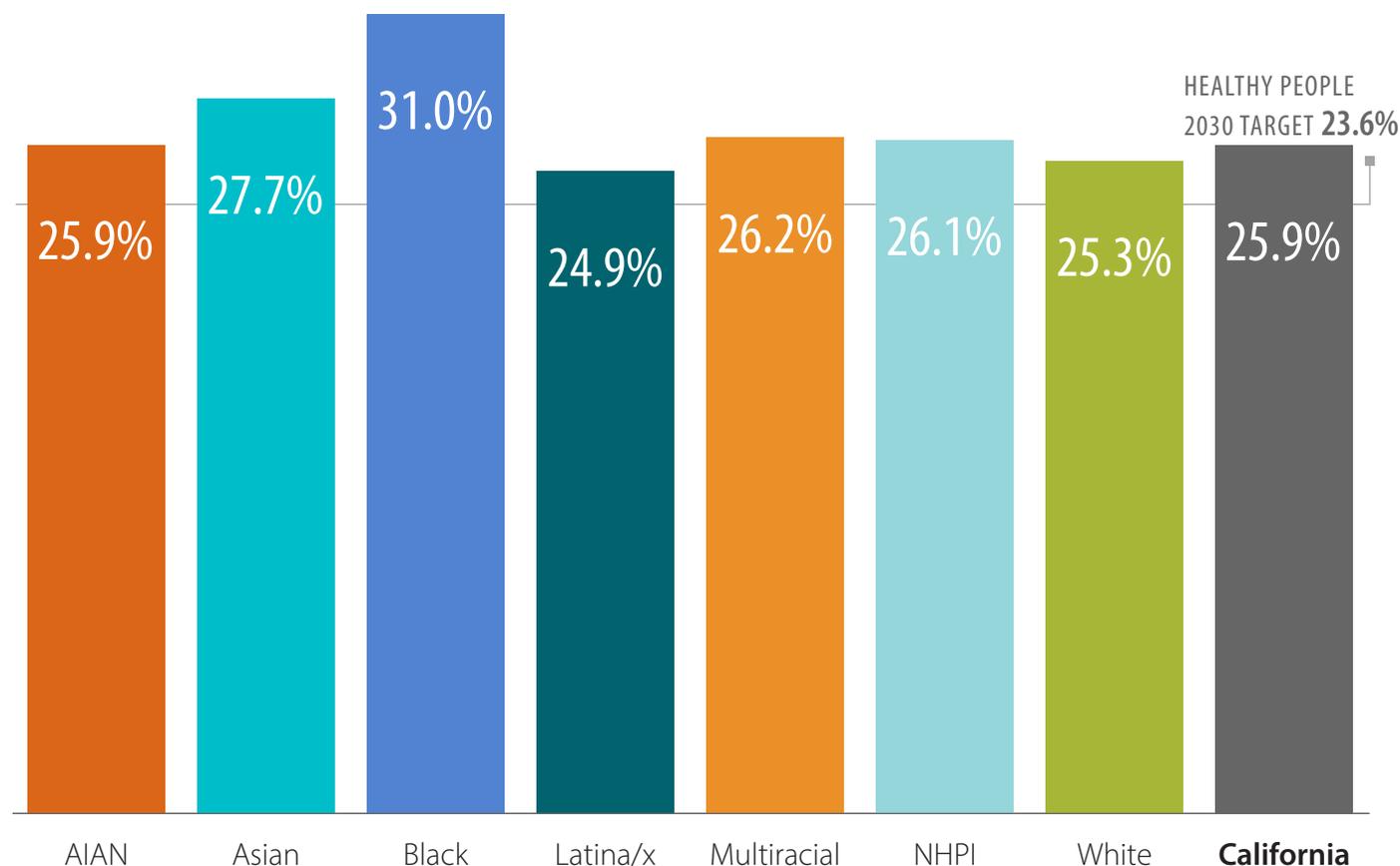
Notes: Each line represents one of California's 213 hospitals that performed deliveries in 2022 and reported a rate to the California Department of Health Care Access and Information. Rates are suppressed where either the numerator or denominator is less than 12. *Low-risk cesarean delivery rate* is the percentage of cesarean deliveries among first-time mothers delivering a single baby in a head-down position after 37 weeks gestational age. The technical term for this measure is the nulliparous, term, singleton, vertex cesarean birth rate. [Healthy People 2030](#) sets data-driven national objectives to improve the health and well-being of Americans across the next decade.

Source: Custom data request, California Maternal Quality Care Collaborative, received August 8, 2025.

# Low-Risk Cesarean Delivery Rate, by Race/Ethnicity

## California, 2023

PERCENTAGE OF LIVE BIRTHS



Notes: *Low-risk cesarean delivery rate* is the percentage of cesarean deliveries among first-time mothers delivering a single baby in a head-down position after 37 weeks gestational age. The technical term for this measure is the nulliparous, term, singleton, vertex cesarean birth rate. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*. *Healthy People 2030* sets data-driven national objectives to improve the health and well-being of Americans across the next decade. Source: "Delivery Methods," California Department of Public Health, last updated June 10, 2025.

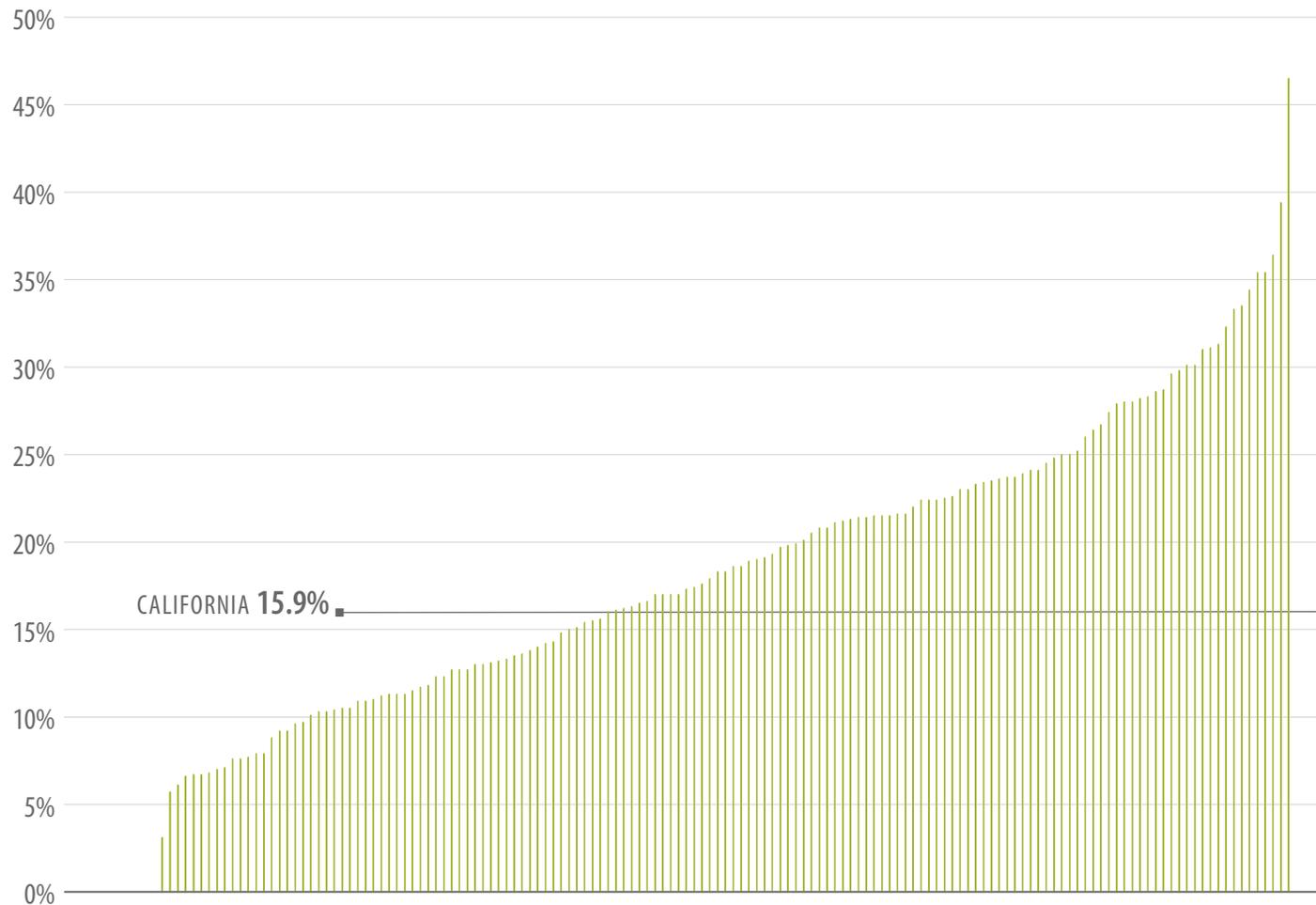
### Maternity Care in California

Quality

Low-risk cesarean delivery rates varied by race/ethnicity. While all groups were above the national target, Black mothers had the highest rate (31%) in 2023, five percentage points higher than the California average. Higher cesarean rates for Black women cannot be explained by age, income, educational level, or health insurance status.\*

\* "Choose Your Hospital," California Maternal Quality Care Collaborative.

# Vaginal Birth After Cesarean Delivery Rate, by Hospital California, 2022



Notes: Each line represents one of California's 157 hospitals that performed deliveries in 2022 and reported a rate to the California Department of Health Care Access and Information. Twelve hospitals had a 0% rate of vaginal birth after a cesarean delivery. Rates are suppressed where either the numerator or denominator is less than 12.

Source: Custom data request, California Maternal Quality Care Collaborative, received August 8, 2025.

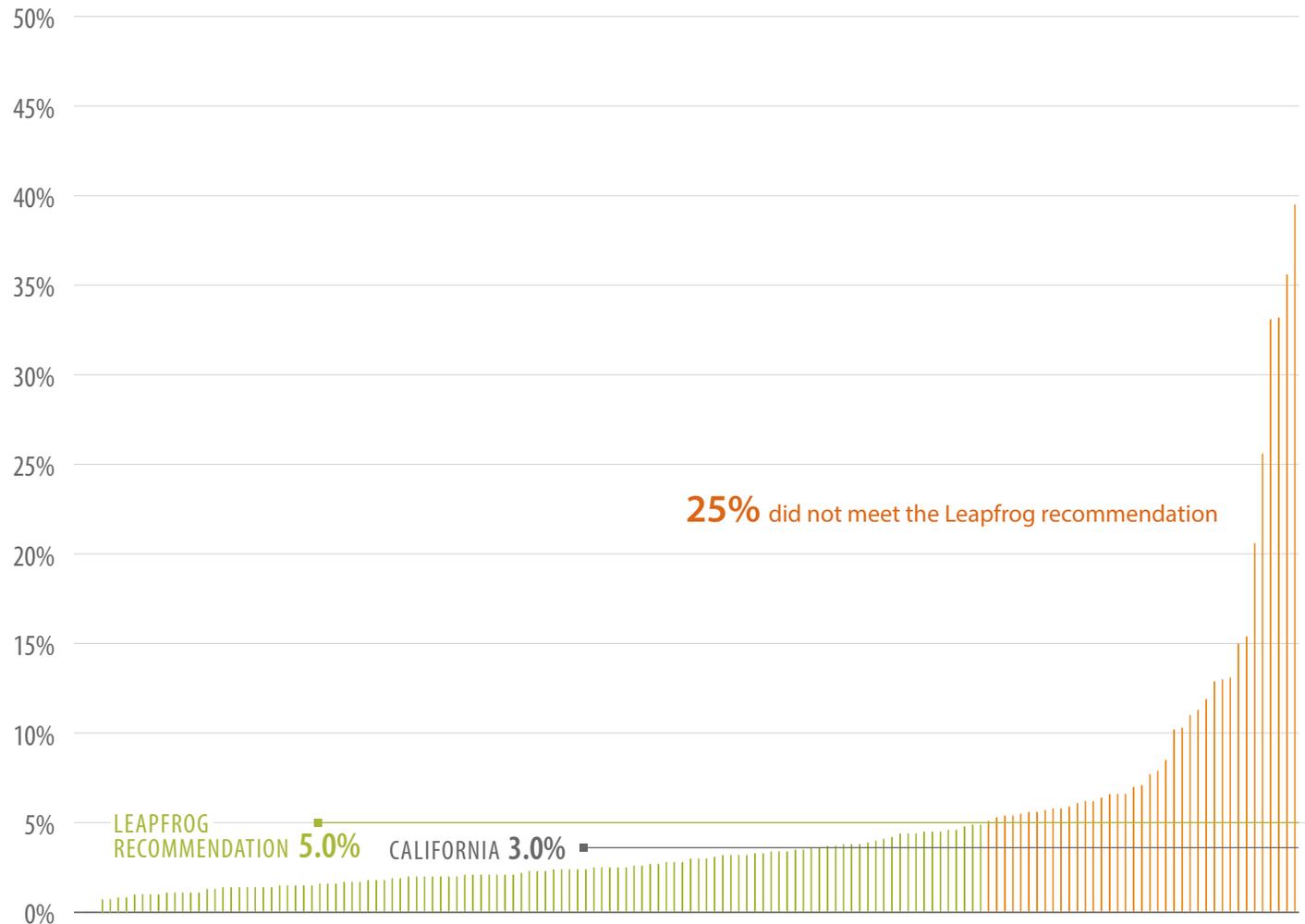
## Maternity Care in California

Quality

For many mothers, vaginal births after cesarean deliveries (VBACs) are safe and often preferable to repeat cesarean deliveries. The risk of serious complications increases with each subsequent cesarean delivery. In California, the VBAC rate increased from 11% in 2014 (not shown) to 16% in 2022. However, large variation in rates across hospitals persists.

\* "Research and Evidence," National Partnership for Women & Families.

# Episiotomy Rate, by Hospital California, 2022



Notes: Each line represents one of California's 151 hospitals that performed deliveries in 2022 and reported a rate to the California Department of Health Care Access and Information. Rates are suppressed where either the numerator or denominator is less than 12.

Source: Custom data request, California Maternal Quality Care Collaborative, received August 8, 2025.

## Maternity Care in California

Quality

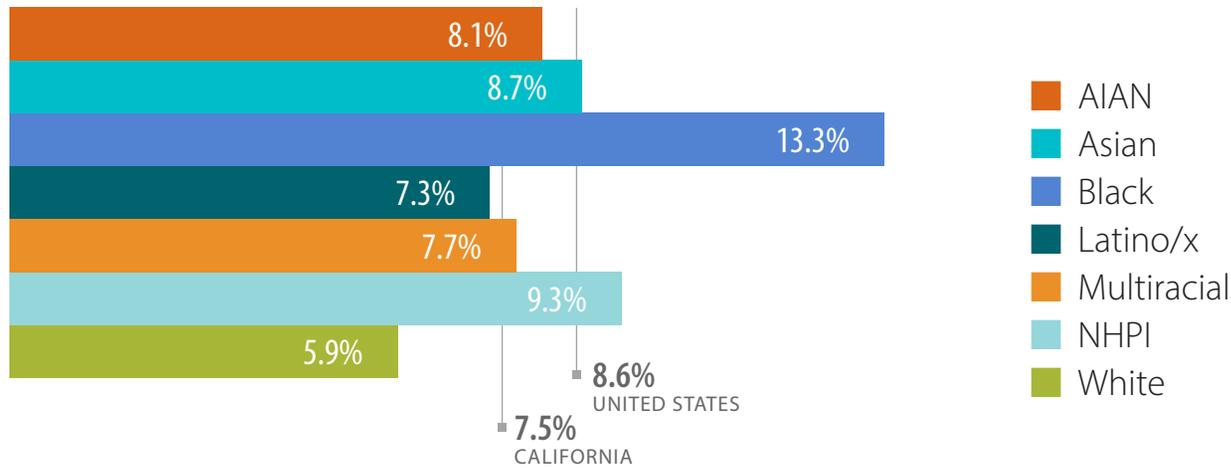
Since 2014, California hospitals have reduced the use of episiotomies, in which a surgical cut is made in the vaginal opening to make more space for birth, from 11.7% (not shown) to 3.0%. The American Congress of Obstetricians and Gynecologists recommends limiting the use of episiotomies. Thirty-eight California hospitals had rates higher than the Leapfrog recommendation of 5%.\*

\* *State of Maternity Care in U.S. Hospitals: The Leapfrog Group 2025 Report on Trends* (PDF), Leapfrog Group, March 2025.

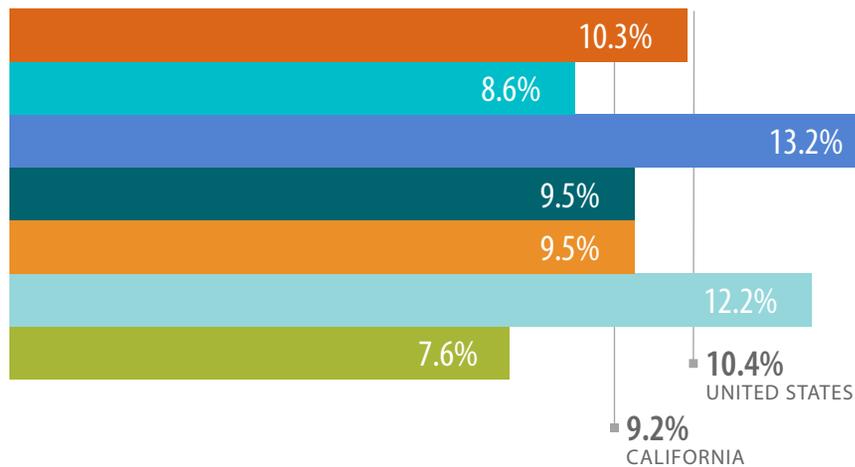
# Low-Birthweight and Preterm Birth Rates, by Race/Ethnicity

## California, 2023

Low-Birthweight Births



Preterm Birth Rates



Notes: *Low-birthweight birth* is an infant born weighing less than 2,500 grams or 5 pounds, 8 ounces. *Preterm birth* is a birth delivered at less than 37 completed weeks of gestation. Data include births with gestational age of 17 to 47 weeks. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Sources use *Hispanic*.

Sources: "Preterm Birth," California Department of Public Health (CDPH), last updated June 10, 2025; and "Low Birthweight," CDPH, last updated June 10, 2025.

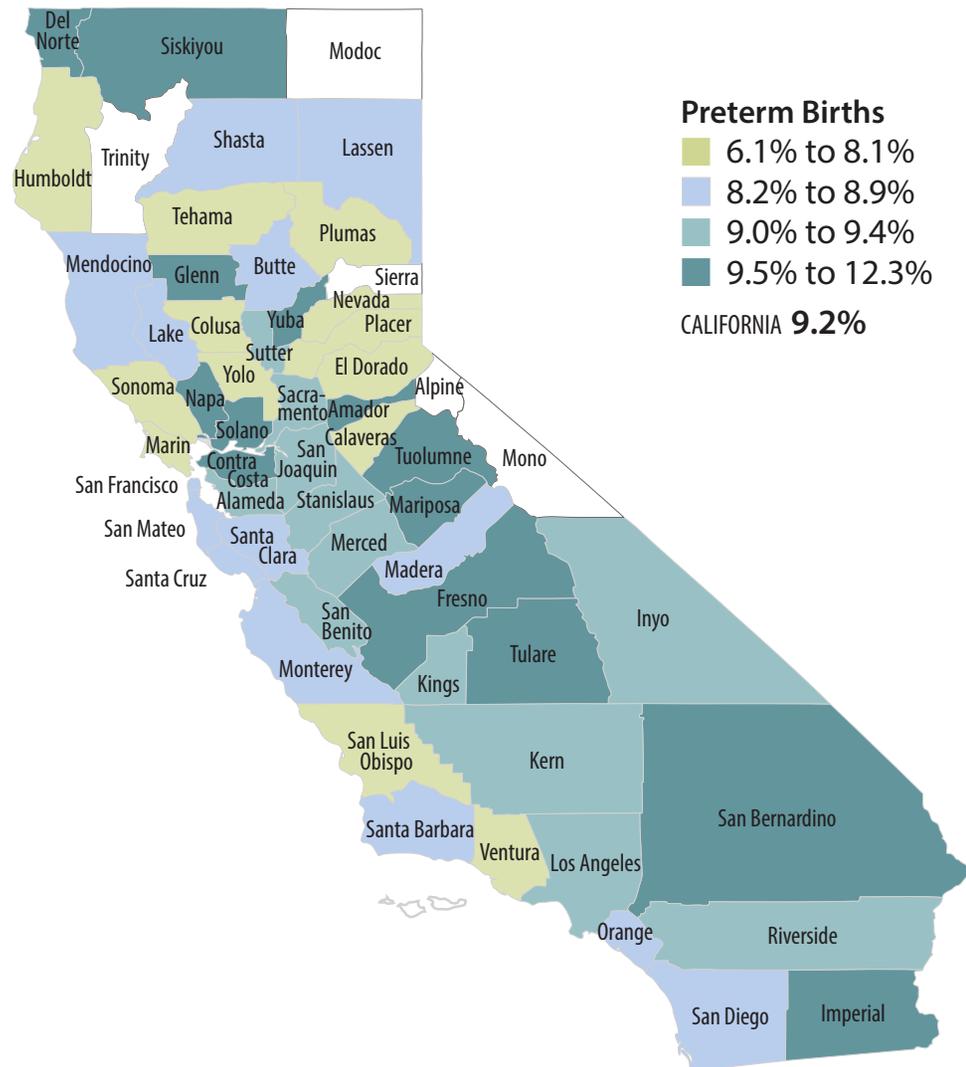
### Maternity Care in California

#### Quality

Low-birthweight and preterm babies are at increased risk for long-term health problems. California's low-birthweight and preterm birth rates varied by race/ethnicity. Black infants had the highest low-birthweight rate. Only Asian and White infants had preterm birth rates below the Healthy People 2030 target of 9.4%.\*

# Preterm Birth Rates, by County

## California, 2023



### Maternity Care in California

#### Quality

Preterm birth is a leading contributor to infant death and can cause lifelong health problems in surviving infants including breathing and vision problems, cerebral palsy, and intellectual delays.\* Preterm birth rates varied widely across California counties, from a low of 6.1% in Calaveras County to a high of 12.3% in Amador and Siskiyou Counties.

Notes: *Preterm birth* is a birth delivered at less than 37 completed weeks of gestation. Data include births with gestational age of 17 to 47 weeks. Rates are suppressed for counties with fewer than 10 preterm births.

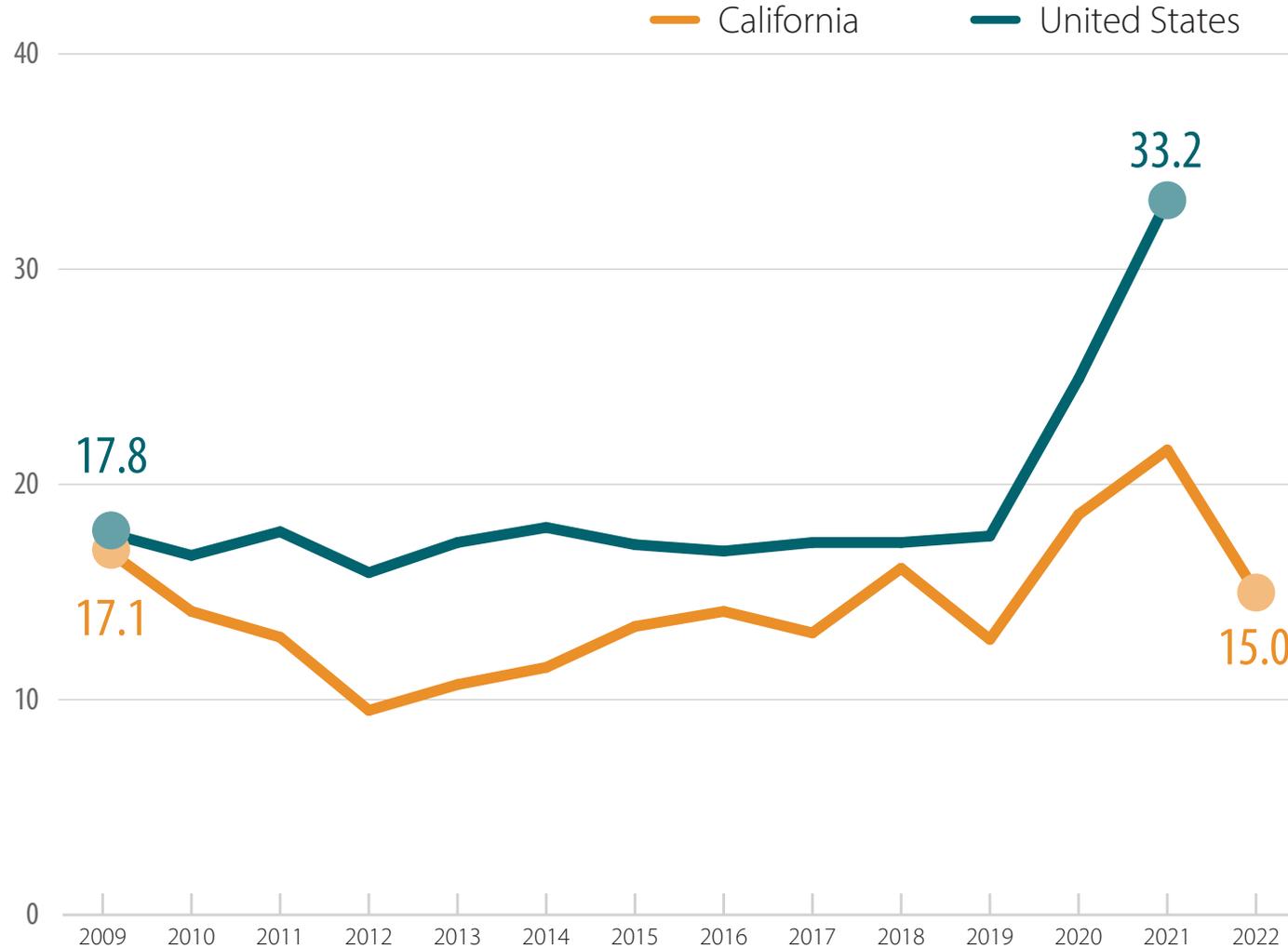
Source: "Preterm Birth," California Department of Public Health, last updated June 10, 2025.

\* "Preterm Birth," US Centers for Disease Control and Prevention, November 8, 2024.

# Pregnancy-Related Mortality Rate

## California vs. United States, 2009 to 2022

PREGNANCY-RELATED DEATHS PER 100,000 LIVE BIRTHS



Notes: *Pregnancy-related mortality* is a death while pregnant or within one year of the end of pregnancy — regardless of the outcome, duration, or site of the pregnancy — from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (including suicide, homicide, or drug overdose).

Source: "Pregnancy-Related Mortality," California Department of Public Health, last updated June 10, 2025.

### Maternity Care in California

Quality

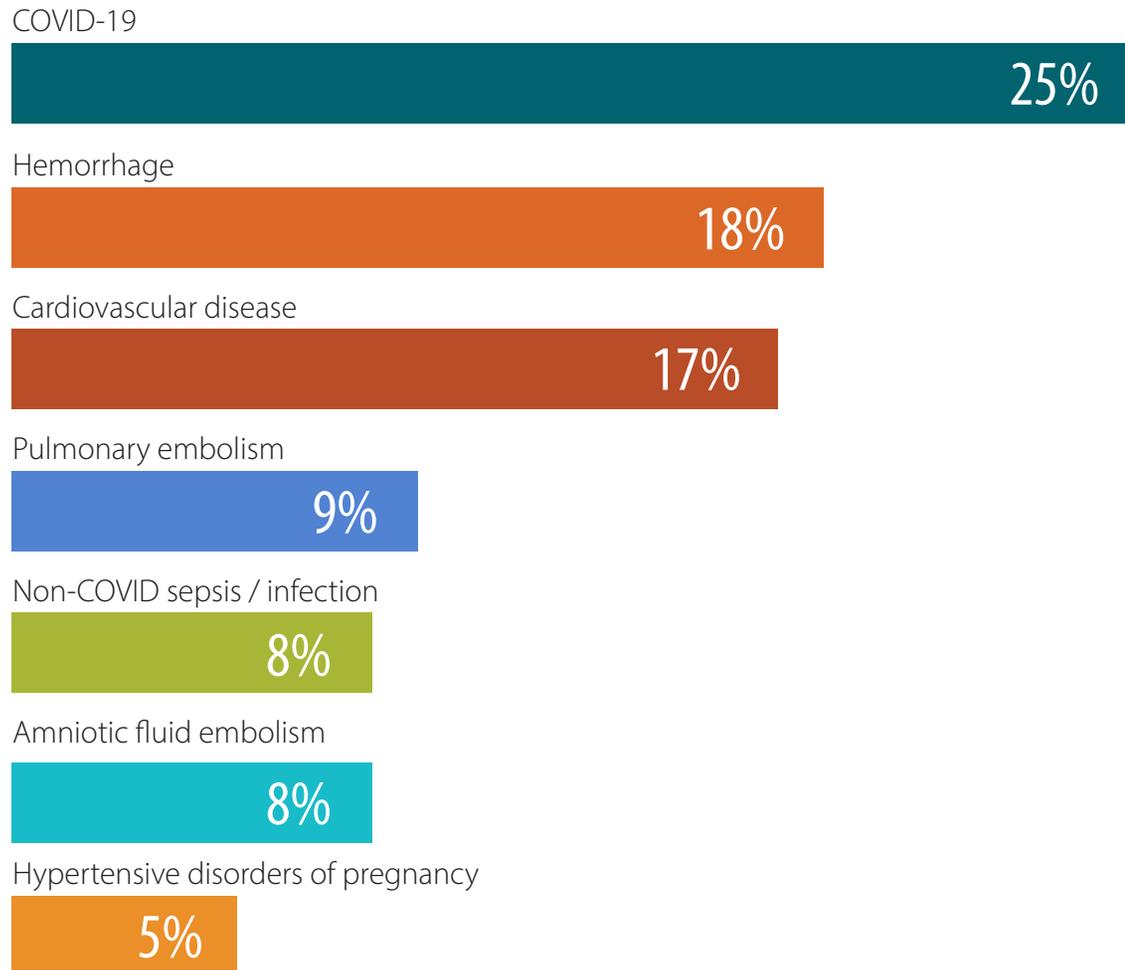
California's pregnancy-related mortality ratio (PRMR) has fluctuated since 2009. The state's rate increased by 69% between 2019 and 2021, largely due to deaths from COVID-19. The PRMR would have been 15.0 in 2020 and 12.6 in 2021 excluding COVID-19 deaths.\* According to the US Centers for Disease Control and Prevention, more than four in five pregnancy-related deaths are preventable.<sup>†</sup>

\* *CA-PMSS Data Slides: 2009–2021*, California Department of Public Health, last updated March 18, 2025.

<sup>†</sup> "Preventing Pregnancy-Related Deaths," US Centers for Disease Control and Prevention, September 25, 2024.

# Pregnancy-Related Mortality, by Cause

## California, 2020 to 2022



### Maternity Care in California

#### Quality

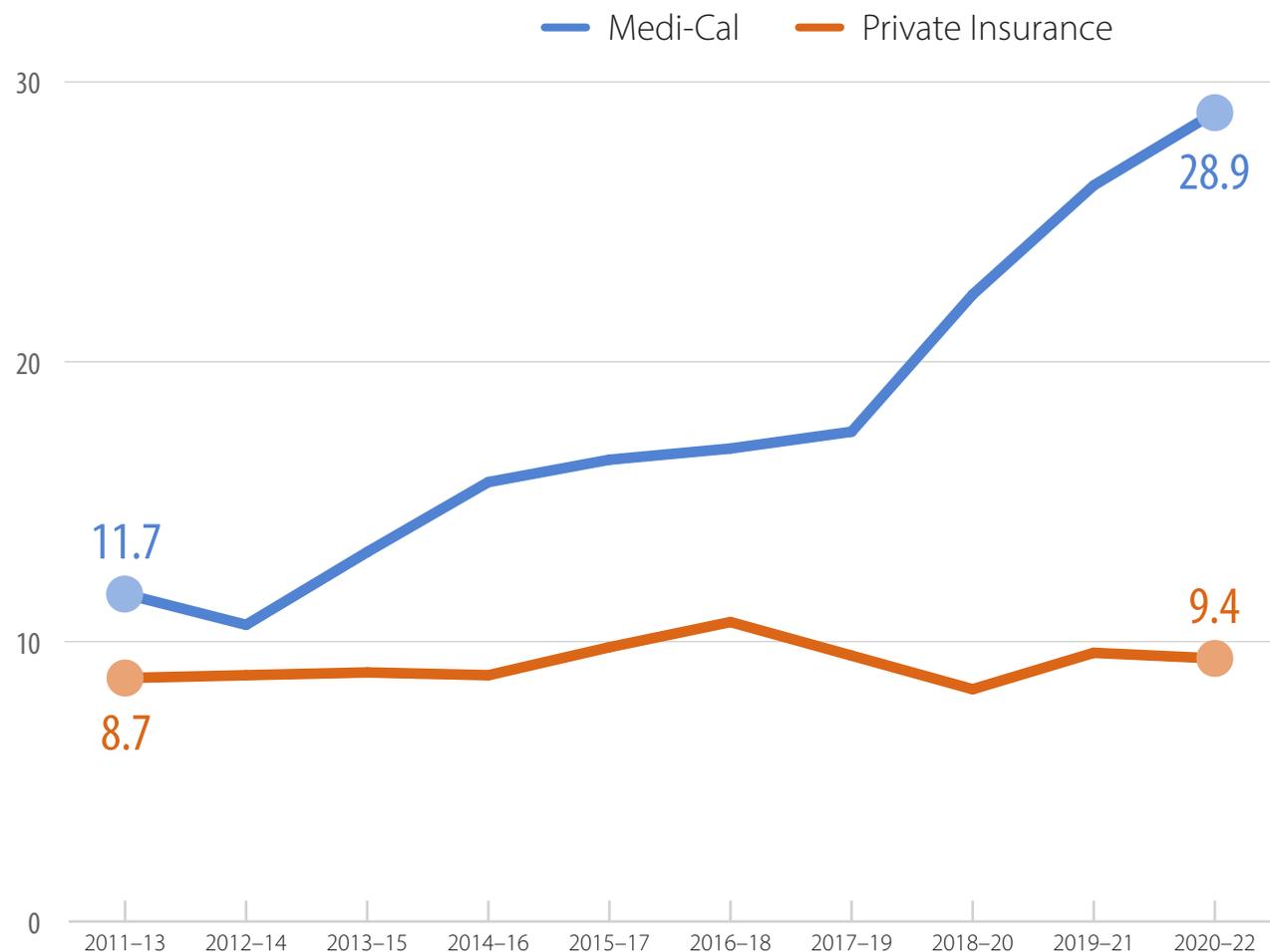
COVID-19 was the cause for one in four pregnancy-related deaths between 2020 and 2022.

Notes: *Pregnancy-related mortality* is a death while pregnant or within one year of the end of pregnancy — regardless of the outcome, duration, or site of the pregnancy — from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (including suicide, homicide, or drug overdose).

Source: *Enhancing Postpartum Care For California's Birthing Population Through "The Postpartum Pathway": A Concept Paper* (PDF), California Department of Health Care Services, July 2025.

# Pregnancy-Related Mortality, Medi-Cal vs. Private Insurance California, 2011 to 2022

PREGNANCY-RELATED DEATHS PER 100,000 LIVE BIRTHS



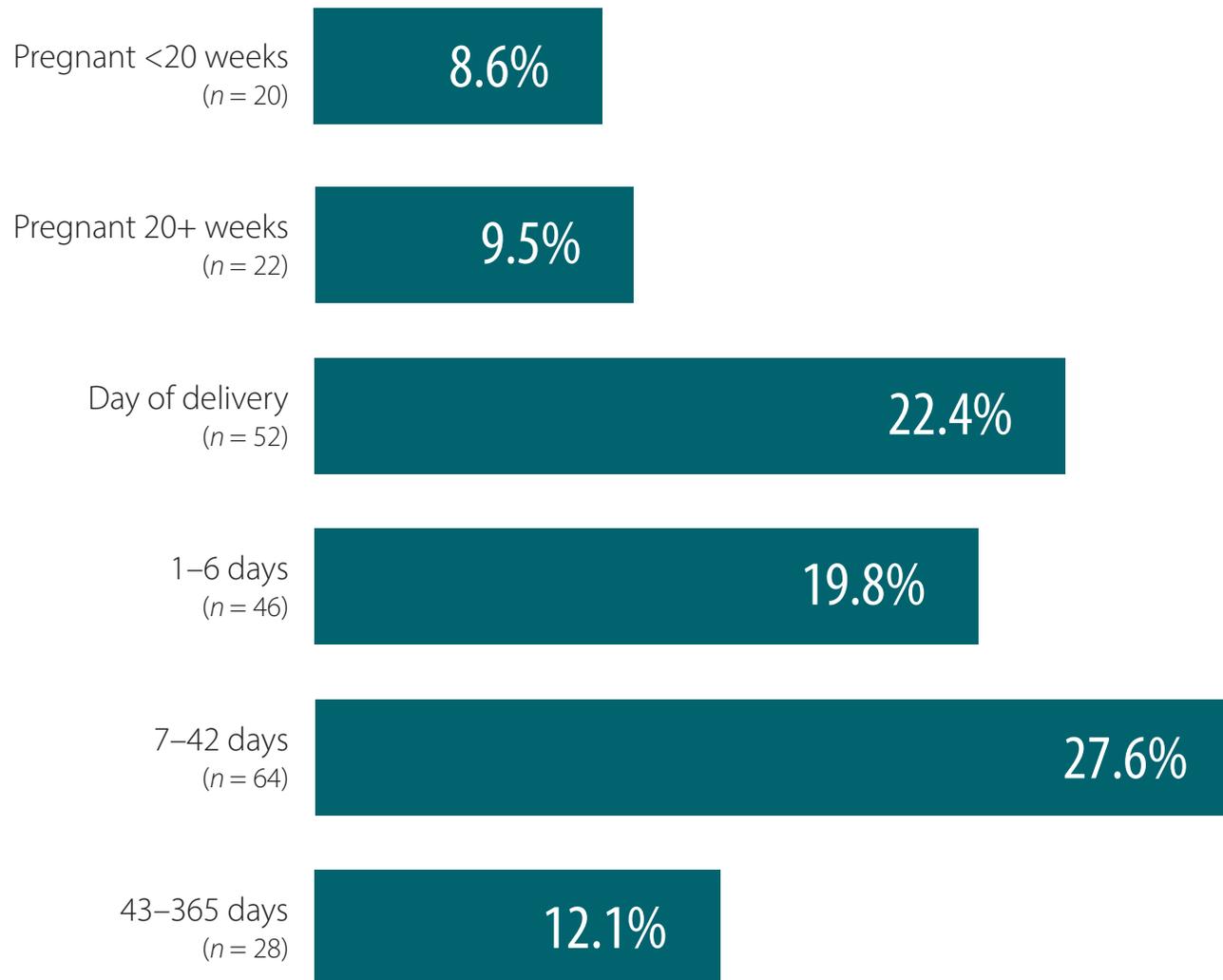
From 2011 to 2022, the pregnancy-related mortality rate (PRMR) for mothers with Medi-Cal coverage more than doubled. In the 2020 to 2022 period, the PRMR for those with Medi-Cal coverage was three times higher than the rate for those with private coverage.

Notes: *Pregnancy-related mortality* is a death while pregnant or within one year of the end of pregnancy — regardless of the outcome, duration, or site of the pregnancy — from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (including suicide, homicide, or drug overdose). Three-year moving average was used.

Source: "Pregnancy-Related Mortality," California Department of Public Health, last updated June 10, 2025.

# Pregnancy-Related Mortality, by Timing to Death

## California, 2020 to 2022



Notes: *Pregnancy-related mortality* is a death while pregnant or within one year of the end of pregnancy — regardless of the outcome, duration, or site of the pregnancy — from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (including suicide, homicide, or drug overdose).

Source: "Pregnancy-Related Mortality," California Department of Public Health, last updated June 10, 2025.

### Maternity Care in California

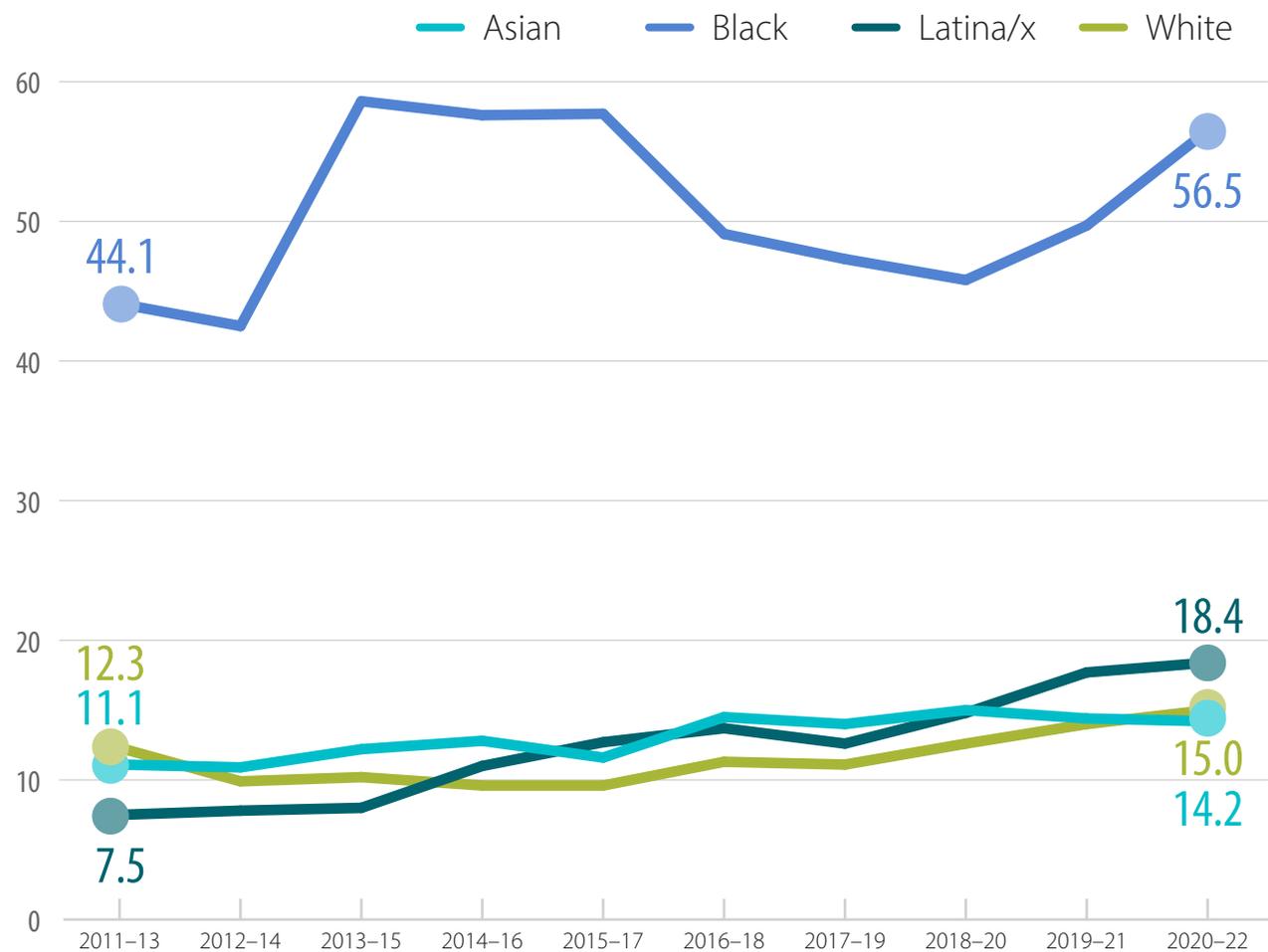
#### Quality

In the 2020 to 2022 period, there were 232 pregnancy-related deaths. Six in 10 of those deaths occurred between one and 365 days after delivery. Slightly more than one in five deaths (22%) were on the day of delivery, and 18% were during pregnancy.

# Pregnancy-Related Mortality, by Race/Ethnicity

## California, 2011 to 2022

PREGNANCY-RELATED DEATHS PER 100,000 LIVE BIRTHS



Notes: *Pregnancy-related mortality* is a death while pregnant or within one year of the end of pregnancy — regardless of the outcome, duration, or site of the pregnancy — from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (including suicide, homicide, or drug overdose). Three-year moving average was used. Source uses *Hispanic*.

Source: "Pregnancy-Related Mortality," California Department of Public Health, last updated June 10, 2025.

### Maternity Care in California

Quality

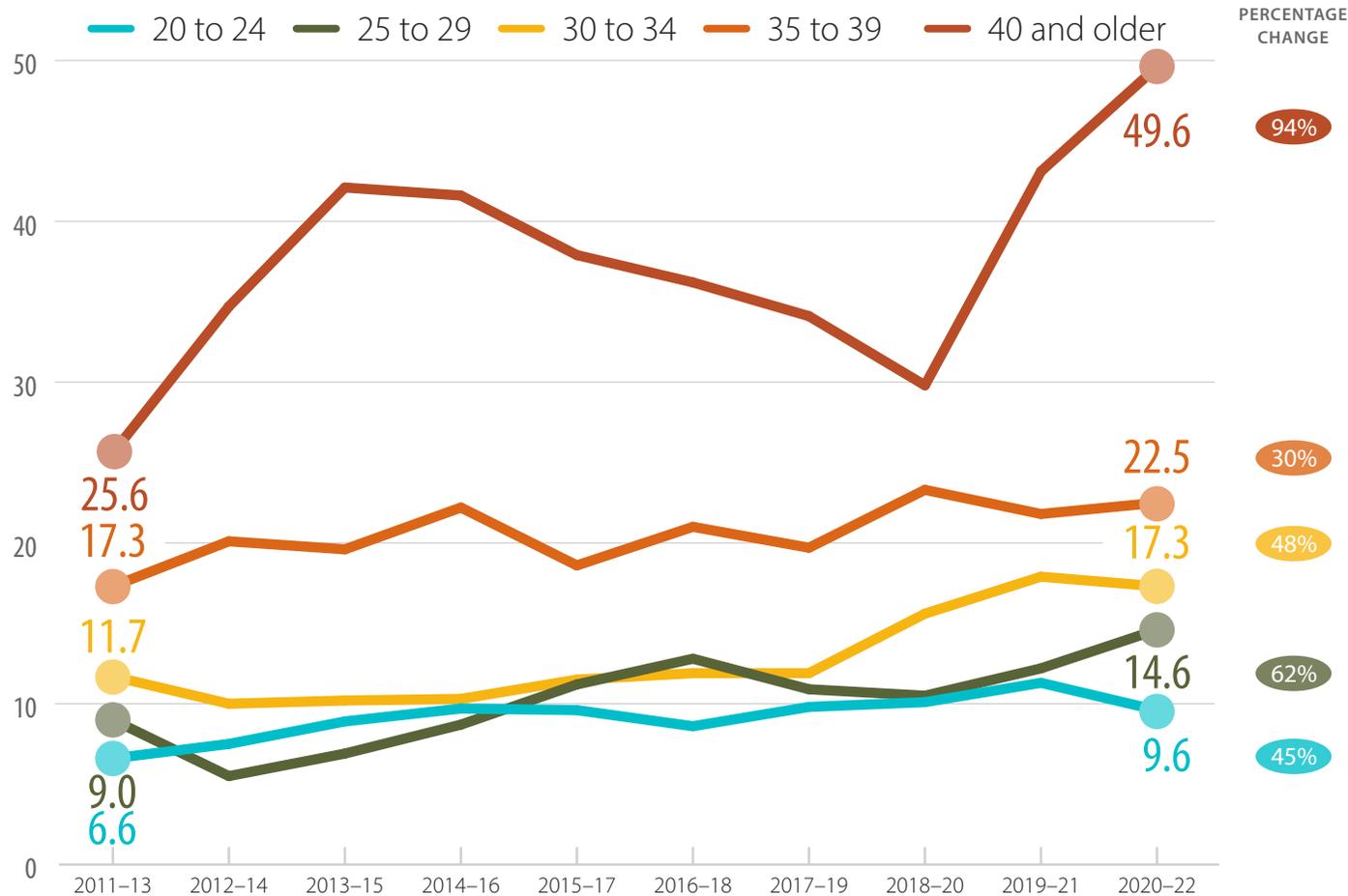
From 2020 to 2022, the pregnancy-related mortality rate for Black mothers was three to four times higher than those of other races/ethnicities. This variation cannot be explained by factors such as age, income, education, and health insurance coverage. Research shows that implicit bias and racism are key causes of disparate outcomes for Black mothers.\*

\* "Birth Equity," California Health Care Foundation.

# Pregnancy-Related Mortality, by Age

## California, 2011 to 2022

PREGNANCY-RELATED DEATHS PER 100,000 LIVE BIRTHS



Notes: *Pregnancy-related mortality* is a death while pregnant or within one year of the end of pregnancy — regardless of the outcome, duration, or site of the pregnancy — from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (including suicide, homicide, or drug overdose). Three-year moving average was used.

Source: "Pregnancy-Related Mortality," California Department of Public Health, last updated June 10, 2025.

### Maternity Care in California

Quality

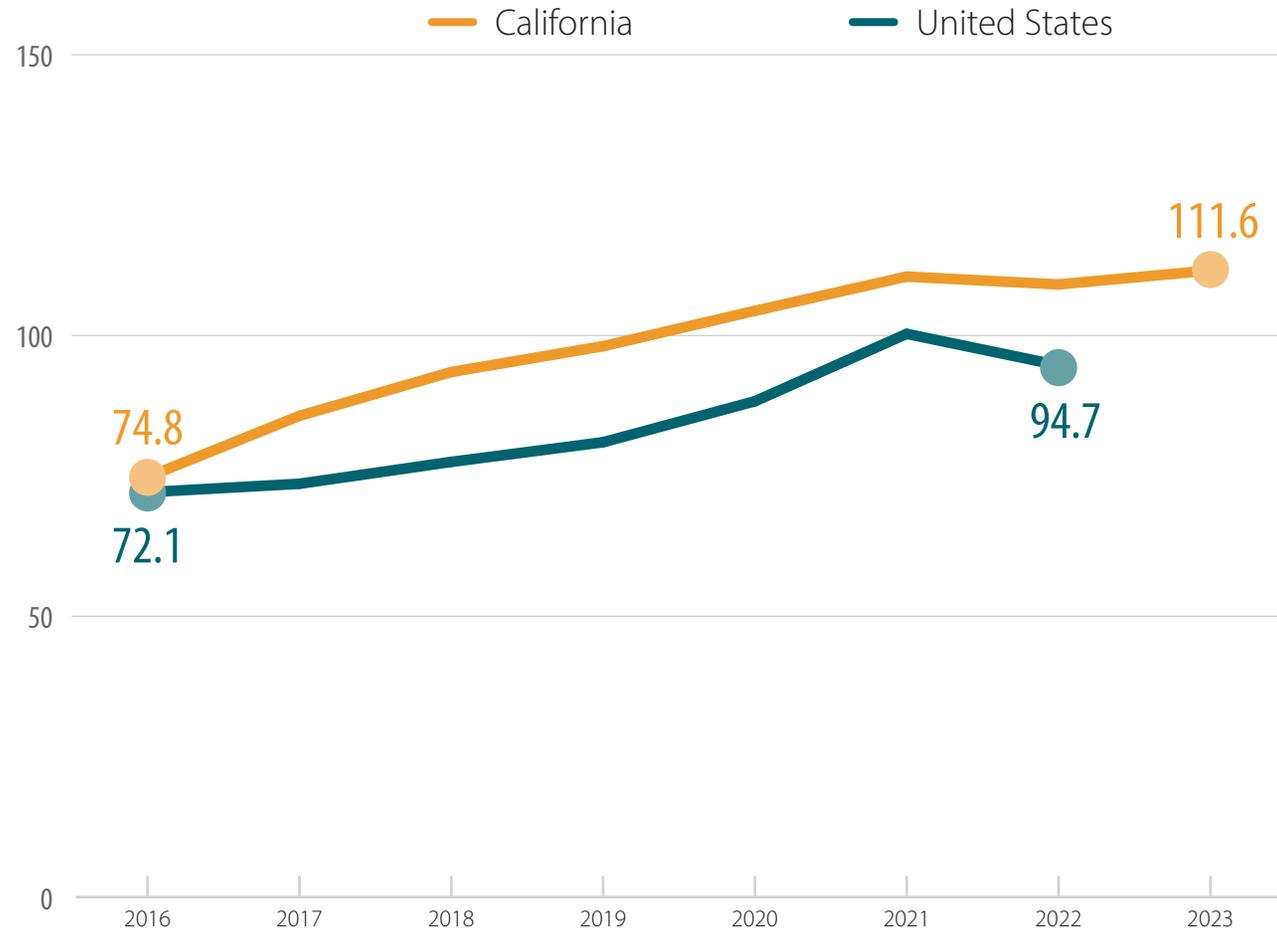
From 2011 to 2022, the trend in pregnancy-related mortality rates fluctuated for all age groups in California. Many age groups experienced an increase in mortality rates between 2018 and 2022, likely due to deaths caused by COVID-19.\*

\* "Maternal Mortality in the United States, 2025," The Commonwealth Fund, July 29, 2025.

# Severe Maternal Morbidity

## California vs. United States, 2016 to 2023

RATE PER 10,000 DELIVERY HOSPITALIZATIONS



Notes: *Severe maternal morbidity* (SMM) includes unexpected and potentially life-threatening complications from labor and delivery that result in significant short- or long-term health consequences. SMM includes 20 indicators that represent either serious complications of pregnancy or delivery, such as sepsis or acute renal failure, or procedures used to manage serious conditions, such as ventilation or hysterectomy. SMM excludes blood transfusions.

Source: "Severe Maternal Morbidity," California Department of Public Health, last updated June 10, 2025.

### Maternity Care in California

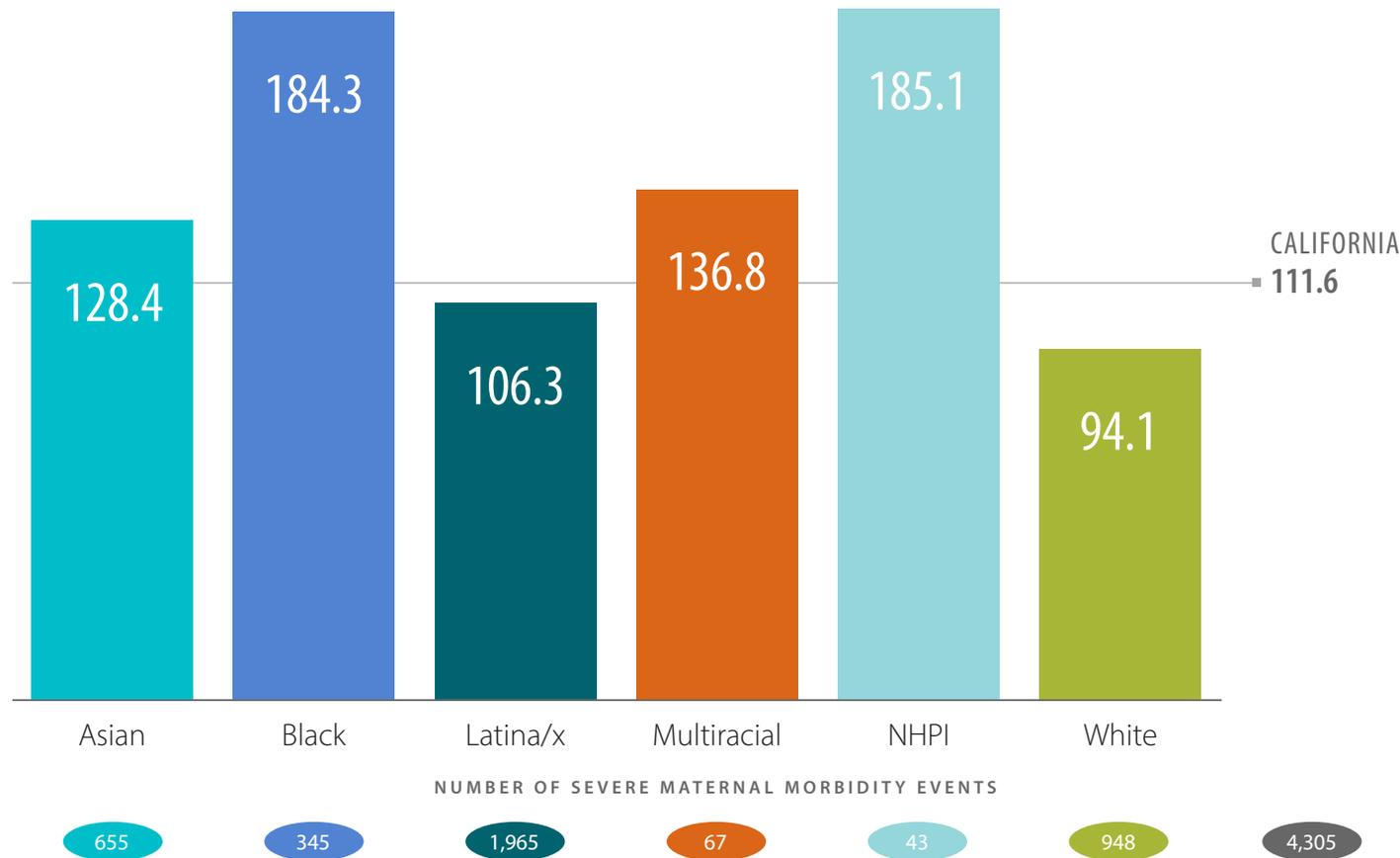
Quality

From 2016 to 2023, the rate of severe maternal morbidity (SMM) increased by nearly 50% in California, likely due to changes in the health of the birthing population. SMM includes unexpected outcomes and complications from labor and delivery that can result in significant health consequences. Identifying SMM events is important for directing efforts to improve the quality of maternity care.

# Severe Maternal Morbidity, by Race/Ethnicity

## California, 2023

RATE PER 10,000 DELIVERY HOSPITALIZATIONS



Notes: *Severe maternal morbidity* (SMM) includes unexpected and potentially life-threatening complications from labor and delivery that result in significant short- or long-term health consequences. SMM includes 20 indicators that represent either serious complications of pregnancy or delivery, such as sepsis or acute renal failure, or procedures used to manage serious conditions, such as ventilation or hysterectomy. SMM excludes blood transfusions. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*, *Multi-race*, and *Pacific Islander*.

Source: "Severe Maternal Morbidity," California Department of Public Health, last updated June 10, 2025.

### Maternity Care in California

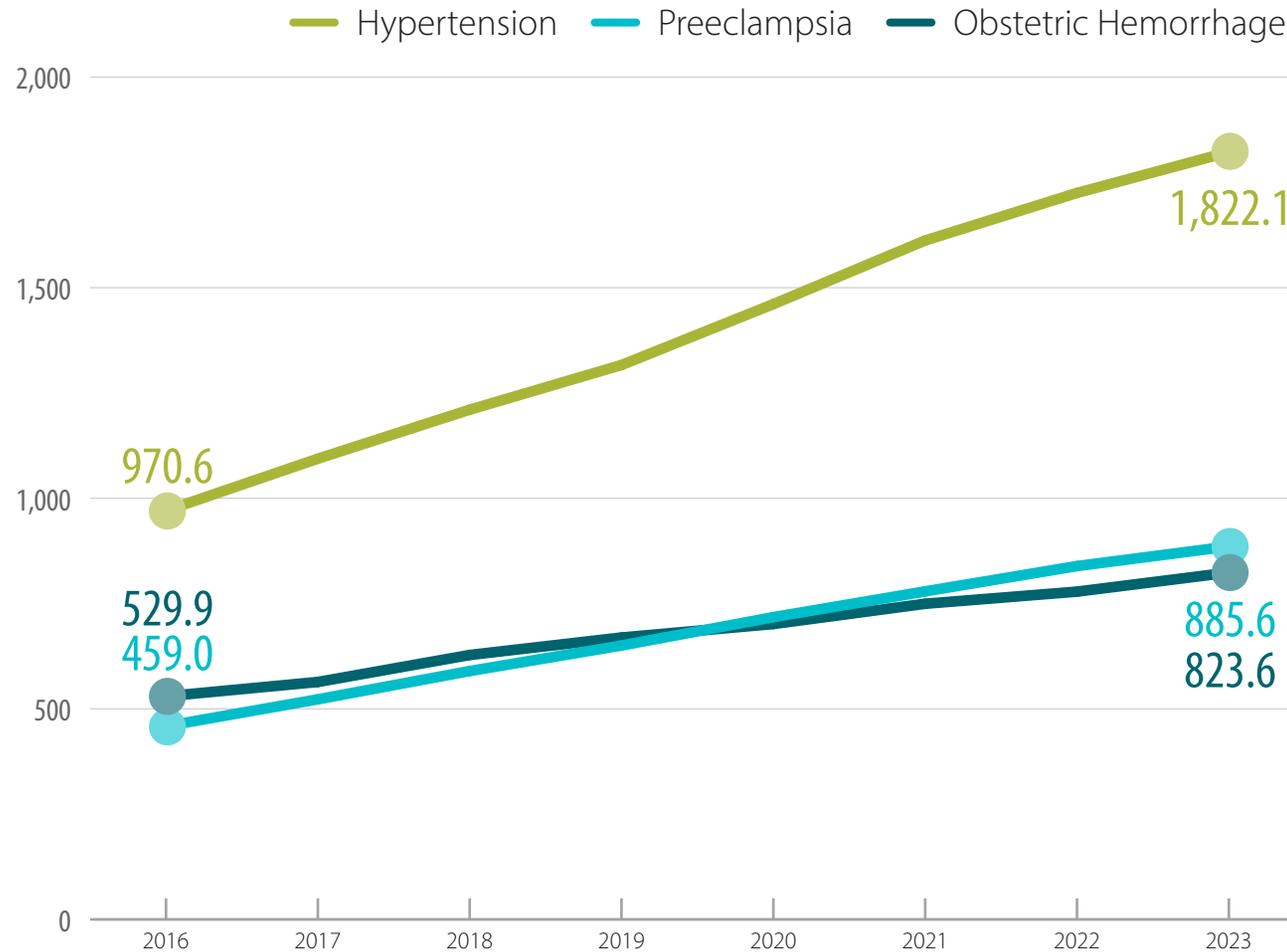
Quality

In California, rates of severe maternal morbidity (SMM) varied by race/ethnicity. Black and Native Hawaiian and Pacific Islander mothers had the highest SMM rates in 2023. Maternal age and chronic conditions such as obesity, diabetes, and hypertension are associated with increased risk of SMM.

# Select Maternal Complications

## California, 2016 to 2023

RATE PER 10,000 DELIVERY HOSPITALIZATIONS



Source: "Selected Maternal Complications," California Department of Public Health, last updated June 10, 2025.

### Maternity Care in California

Quality

The California Dignity in Pregnancy and Childbirth Act required the state to track and publish data on selected maternal complications. From 2016 to 2023, rates for three leading causes of pregnancy-related mortality\* — hypertension, preeclampsia, and obstetric hemorrhage — increased substantially. Rates of preeclampsia and hypertension nearly doubled over this time period.

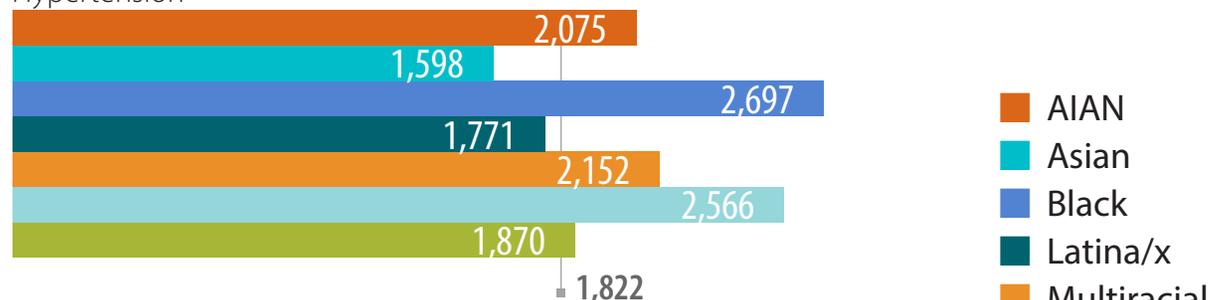
\* "Pregnancy-Related Mortality — 2019–2021," California Department of Public Health, last updated March 14, 2025.

# Select Maternal Complications, by Race/Ethnicity

## California, 2023

RATE PER 10,000 DELIVERY HOSPITALIZATIONS

### Hypertension



### Preeclampsia



### Obstetric Hemorrhage



Notes: AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander. Source uses Hispanic, Multi-race, and Pacific Islander.  
 Source: "Selected Maternal Complications," California Department of Public Health, last updated June 10, 2025.

## Maternity Care in California

Quality

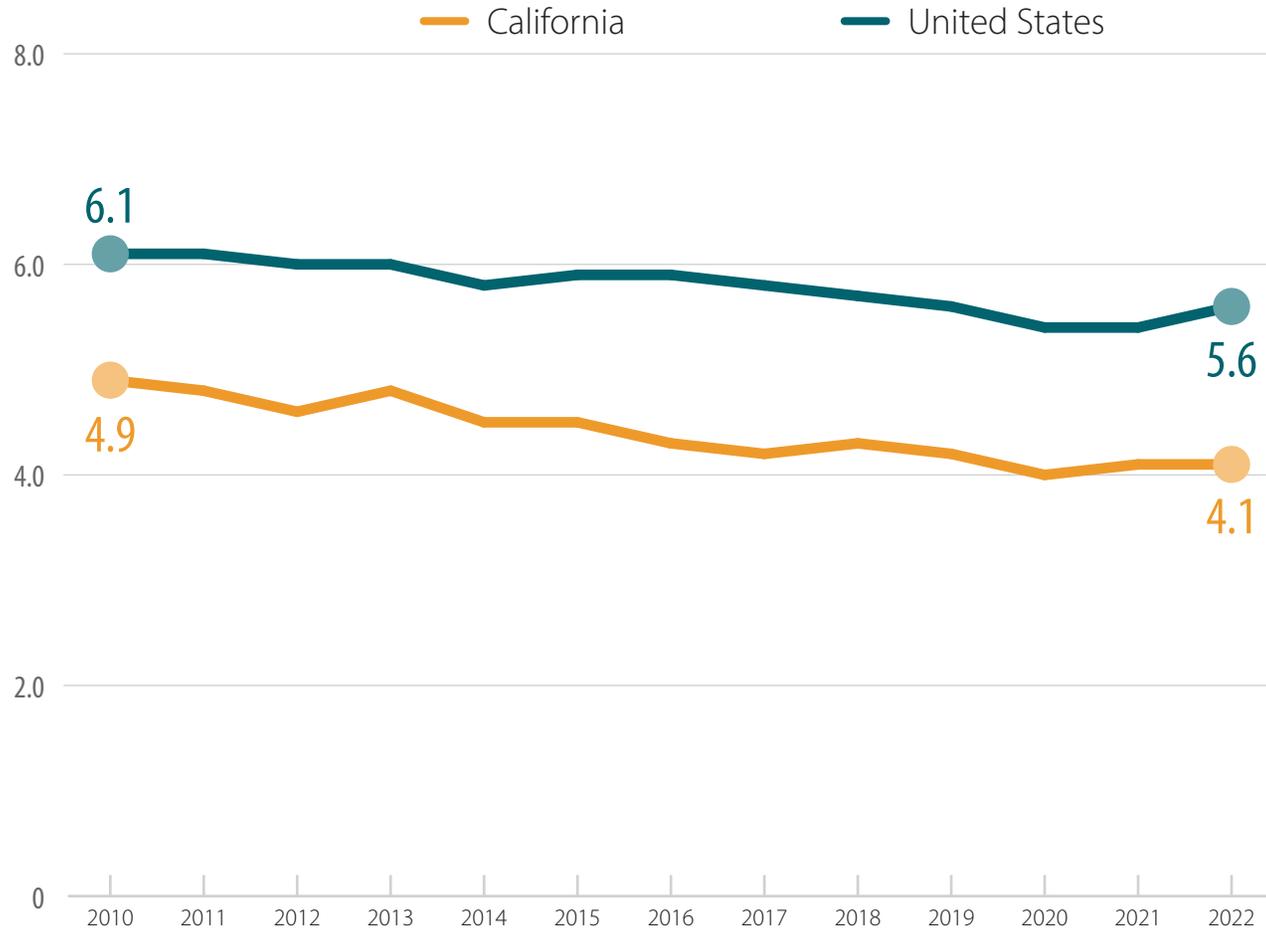
In 2023, rates across three leading causes of pregnancy-related mortality (hypertension, preeclampsia, and obstetric hemorrhage)\* varied by race and ethnicity.

\* "Pregnancy-Related Mortality — 2019–2021," California Department of Public Health, last updated March 14, 2025.

# Infant Mortality

## California vs. United States, 2010 to 2022

INFANT DEATHS PER 1,000 LIVE BIRTHS



Note: *Infant mortality* is deaths among infants under one year of age.

Source: "Infant Mortality," California Department of Public Health, last updated July 31, 2025.

### Maternity Care in California

Quality

In 2022, California's infant mortality rate, 4.1, was one of the lowest in the country\* and lower than the Healthy People 2030 target of 5.0.† The infant mortality rate declined in both California and the US, 16% and 9%, respectively, between 2010 and 2022.

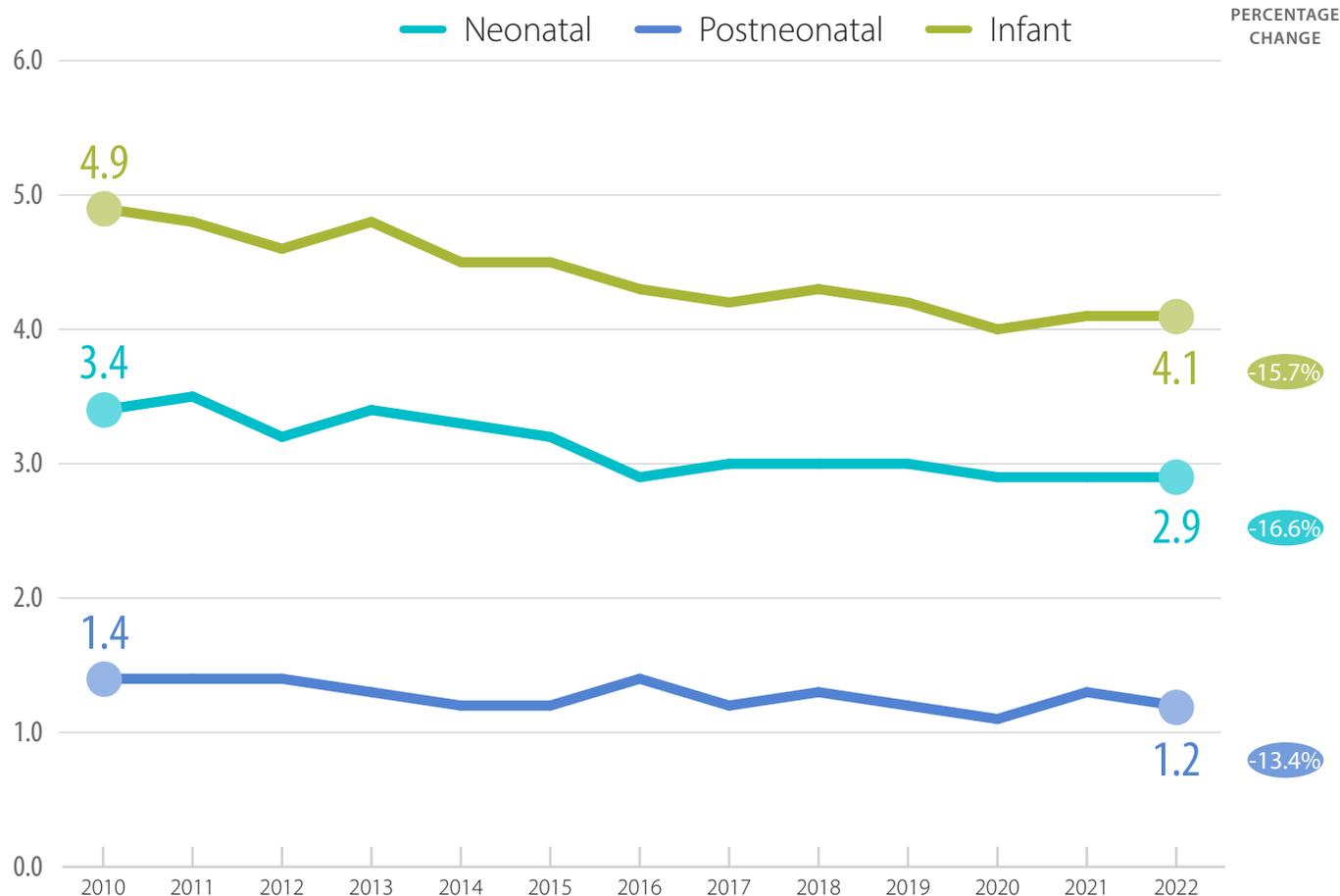
\* "Infant Mortality," National Center for Health Statistics, August 19, 2025.

† **Healthy People 2030** sets data-driven national objectives to improve the health and well-being of Americans across the next decade.

# Infant, Neonatal, and Postneonatal Mortality

## California, 2010 to 2022

INFANT DEATHS PER 1,000 LIVE BIRTHS



### Maternity Care in California

Quality

From 2010 to 2022, California's infant mortality rate declined 16%. Over this period, the neonatal mortality rate, which is deaths less than 28 days from birth, declined 17%, while deaths from 28 days until one year (postneonatal deaths) declined 13%. Seventy percent of infant deaths occurred within 27 days after birth (not shown).

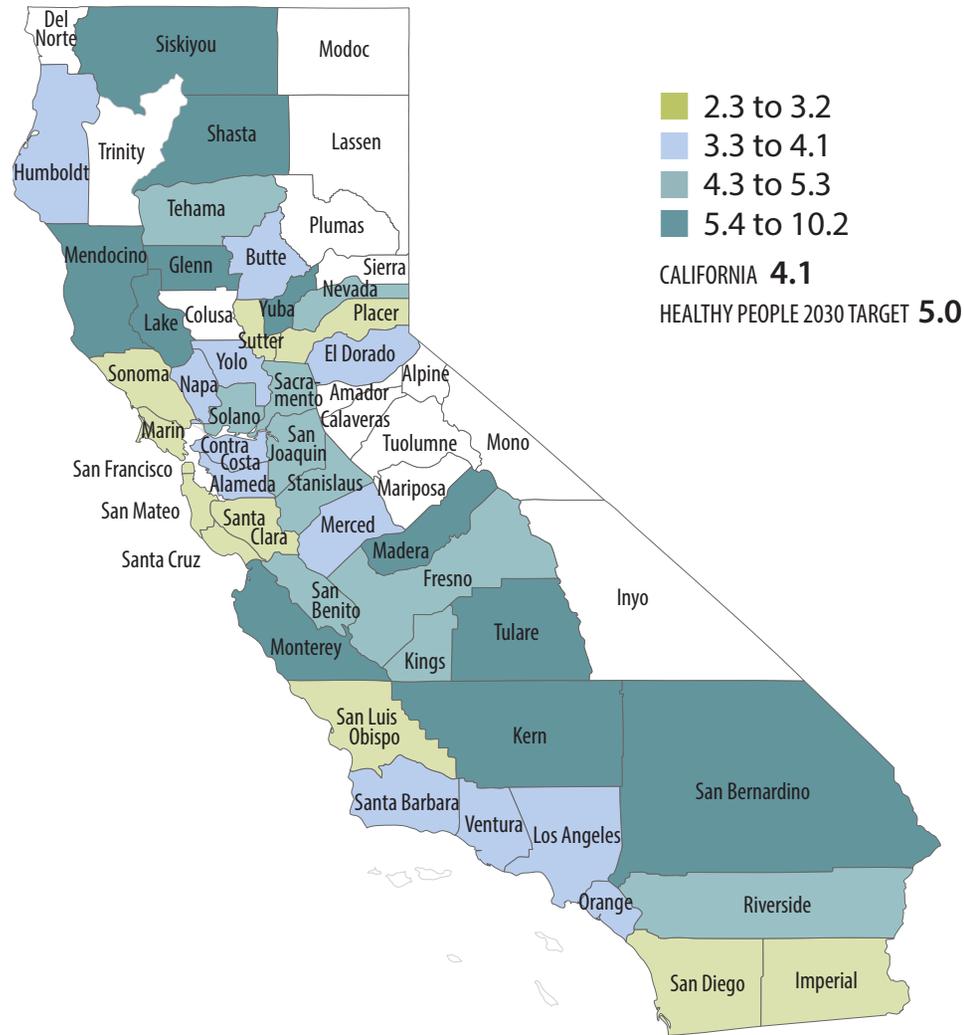
Notes: *Infant mortality* is deaths among infants under one year of age. *Neonatal mortality* is deaths less than 28 days from birth. *Postneonatal mortality* is deaths 28 days to one year.

Source: "Infant Mortality," California Department of Public Health, last updated July 31, 2025.

# Infant Mortality, by County

## California, 2020 to 2022

INFANT DEATHS PER 1,000 LIVE BIRTHS



Notes: *Infant mortality* is deaths among infants under one year of age. Rates suppressed for counties with fewer than 10 deaths.  
Source: "Infant Mortality," California Department of Public Health, last updated July 31, 2025.

### Maternity Care in California

Quality

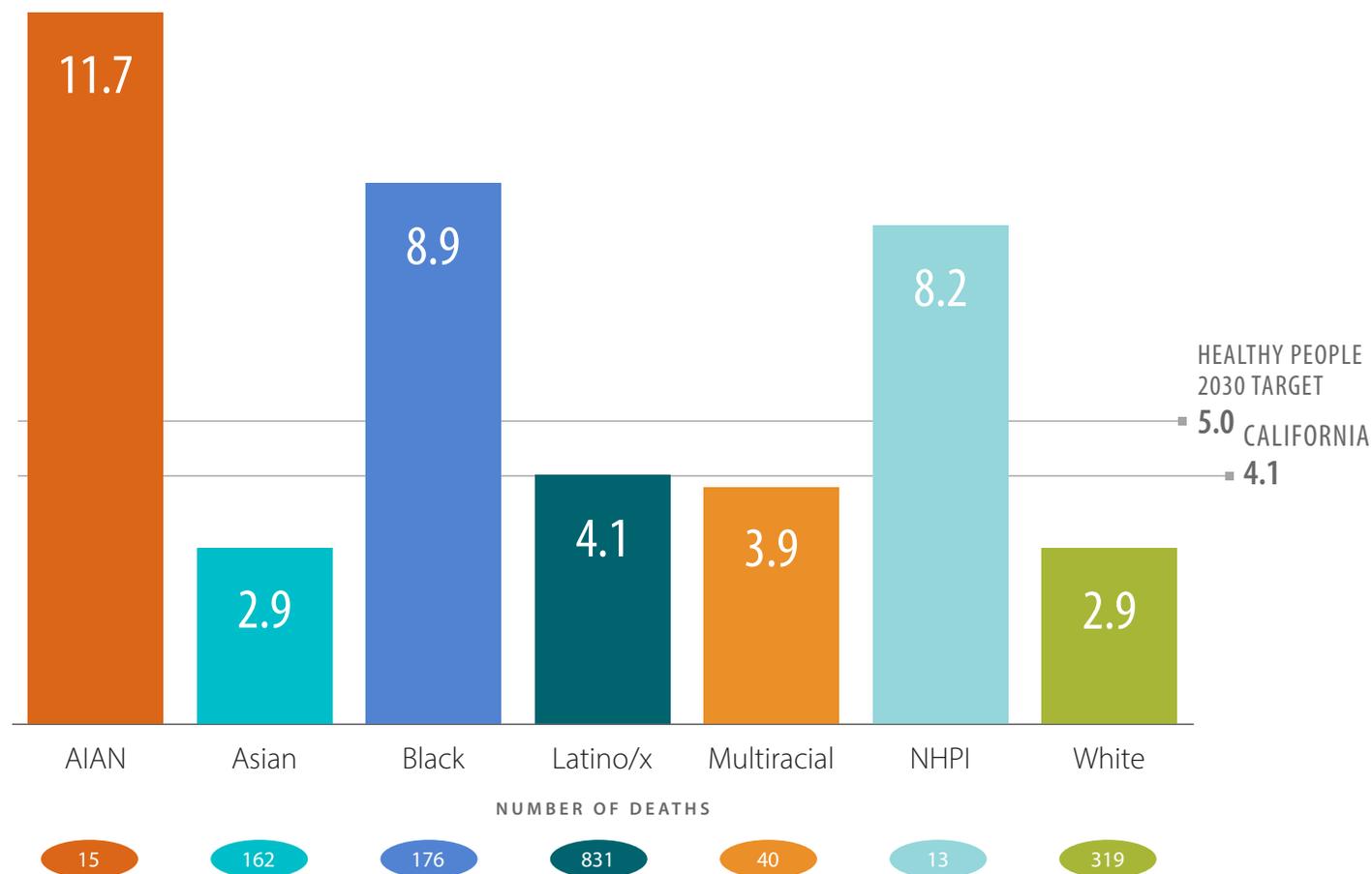
In 2020 to 2022, California's infant mortality rate varied across the state, from a low of 2.3 infant deaths per 1,000 live births in Marin and San Francisco Counties to a high of 10.2 in Glenn County. Research has found that the mother's sociodemographic and economic factors impact infant mortality.\*

\* Anura W. G. Ratnasiri et al., "Maternal and Infant Predictors of Infant Mortality in California, 2007–2015," *PLOS One*, August 6, 2020.

# Infant Mortality, by Race/Ethnicity

## California, 2022

INFANT DEATHS PER 1,000 LIVE BIRTHS



Notes: *Infant mortality* is deaths among infants under one year of age. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*. Source: "Infant Mortality," California Department of Public Health, last updated July 31, 2025.

### Maternity Care in California

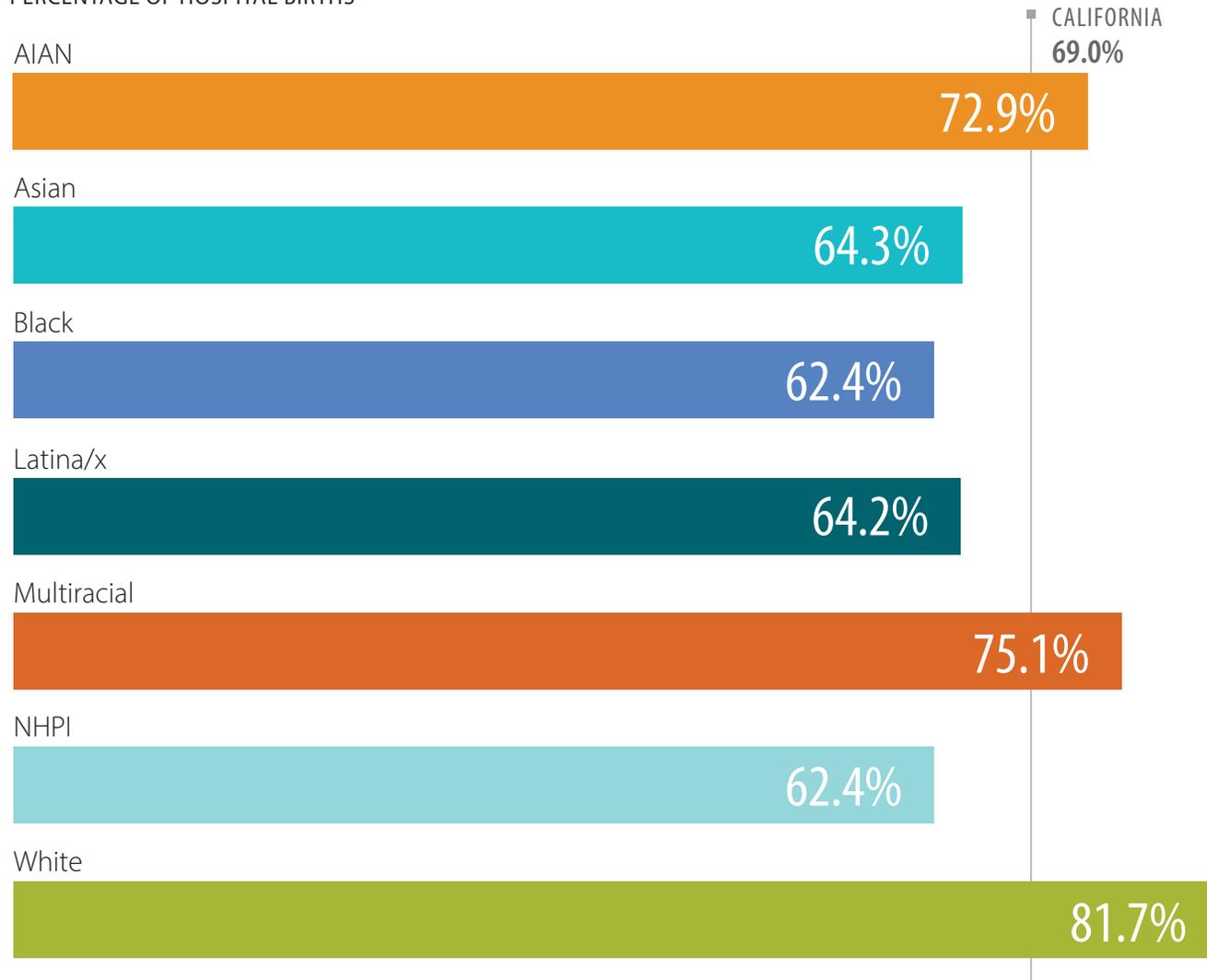
Quality

Significant racial and ethnic disparities persist in California's infant mortality rate. American Indian and Alaska Native infants had the highest rates (11.7), while Black (8.9) and Native Hawaiian and Pacific Islander (8.2) infants also had rates twice the overall California rate (4.1). Many factors drive disparities in infant mortality rates, including racism and discrimination, social and economic inequities, and other barriers to care in the health care system.\*

\* Latoya Hill et al., *Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them*, KFF, last updated November 4, 2024.

# Exclusive In-Hospital Breastfeeding, by Race/Ethnicity California, 2024

PERCENTAGE OF HOSPITAL BIRTHS



Notes: *Exclusive in-hospital breastfeeding* is receiving only human breastmilk from birth to time of newborn specimen (blood) collection, usually within 24 to 48 hours of birth. Excludes data for infants in neonatal intensive care unit at time of specimen collection. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Data source uses *Hispanic, Multi-race, and Pacific Islander*.

Source: "Breastfeeding Initiation," California Department of Public Health, last updated December 26, 2025.

## Maternity Care in California

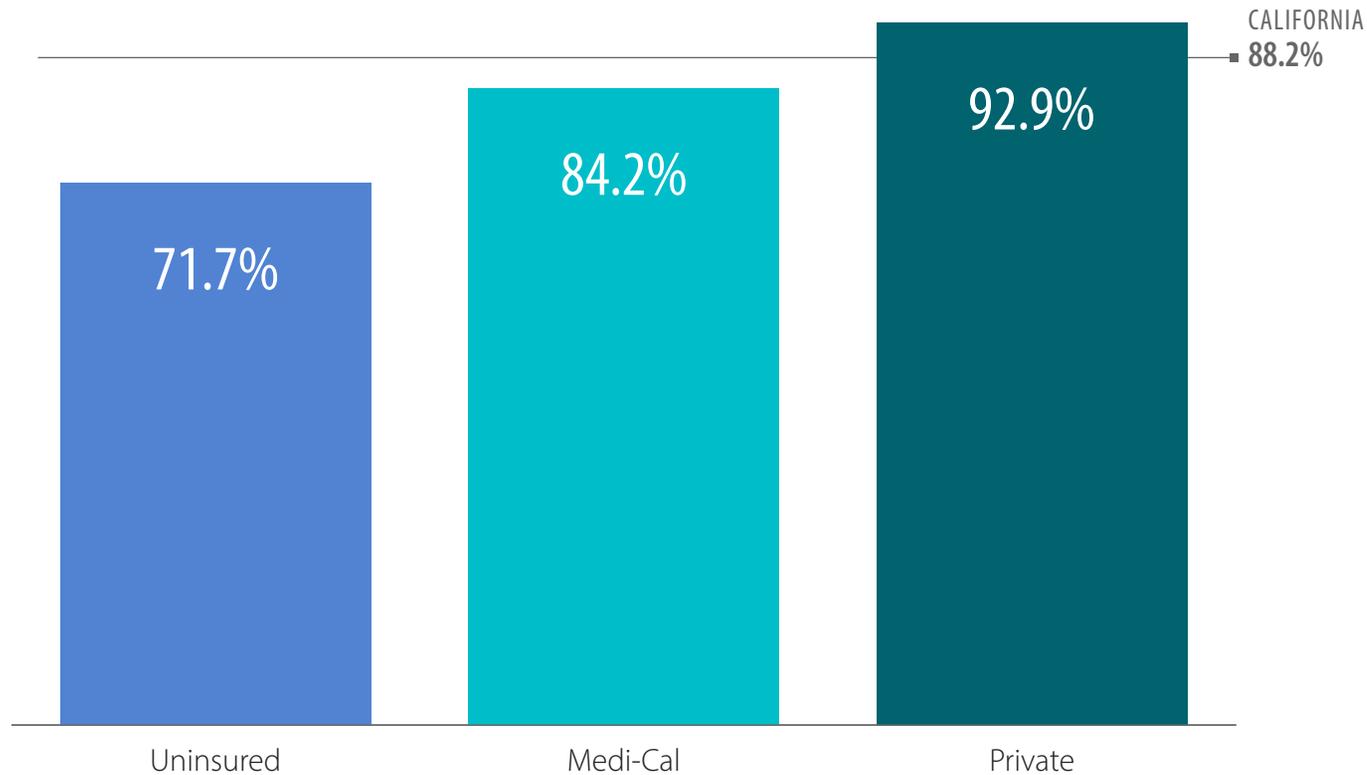
Quality

Breastfeeding can reduce infants' risks of disease and infection, reduce recovery time, and lower risks of ovarian and breast cancer. About seven in 10 California newborns were fed exclusively breastmilk during their hospitalizations. Breastfeeding rates varied among racial and ethnic groups, with a high of 82% of White infants to a low of 62% of Black and Native Hawaiian and Pacific Islander infants.

# Postpartum Care, by Health Insurance

## California, 2020 to 2022

HAD A POSTPARTUM MEDICAL VISIT



Notes: *Health insurance* is self-reported insurance for prenatal care from the annual Maternal and Infant Health Assessment survey. Data from 2020 to 2022 were combined, resulting in a statewide sample size of 18,349. Respondents were asked, "Since your most recent birth, have you had a postpartum checkup for yourself (the medical checkup a person has about 4 to 6 weeks after giving birth)?"

Source: "MIHA Data Snapshots Dashboard," California Department of Public Health, last updated September 23, 2025.

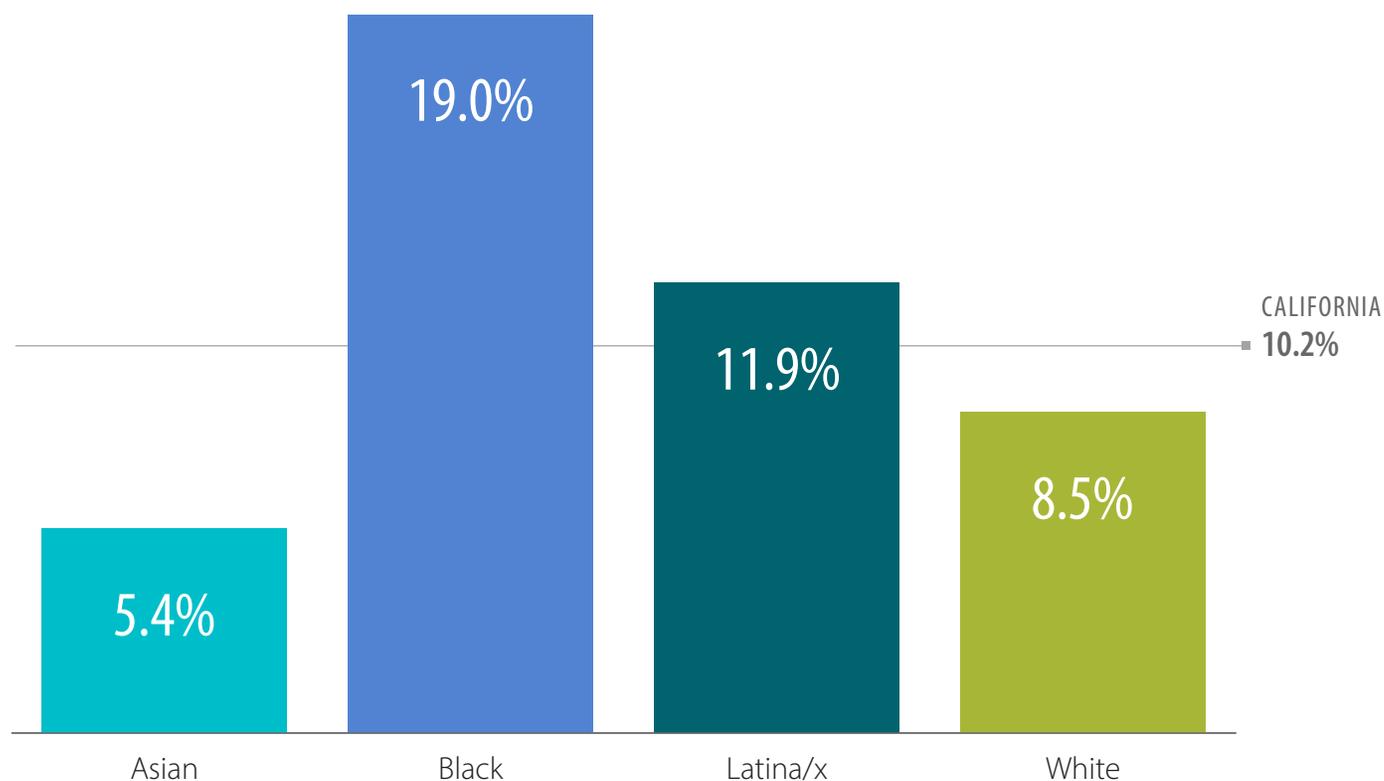
### Maternity Care in California

Quality

Adequate postpartum care can help reduce maternal mortality and morbidity by addressing postpartum complications, managing chronic conditions, and assessing risk for perinatal mood and anxiety disorders.\* In 2020 to 2022 surveys of California mothers, 88% of respondents reported they had a postpartum medical visit. Mothers who were uninsured or had Medi-Cal coverage were less likely to report a postpartum visit than those with private insurance.

\* *Enhancing Postpartum Care for California's Birthing Population Through "The Postpartum Pathway": A Concept Paper* (PDF), California Department of Health Care Services, July 2025.

# Mothers Who Rarely or Never Felt Heard During Delivery, by Race/Ethnicity, California, 2021 to 2022



## Maternity Care in California

### Quality

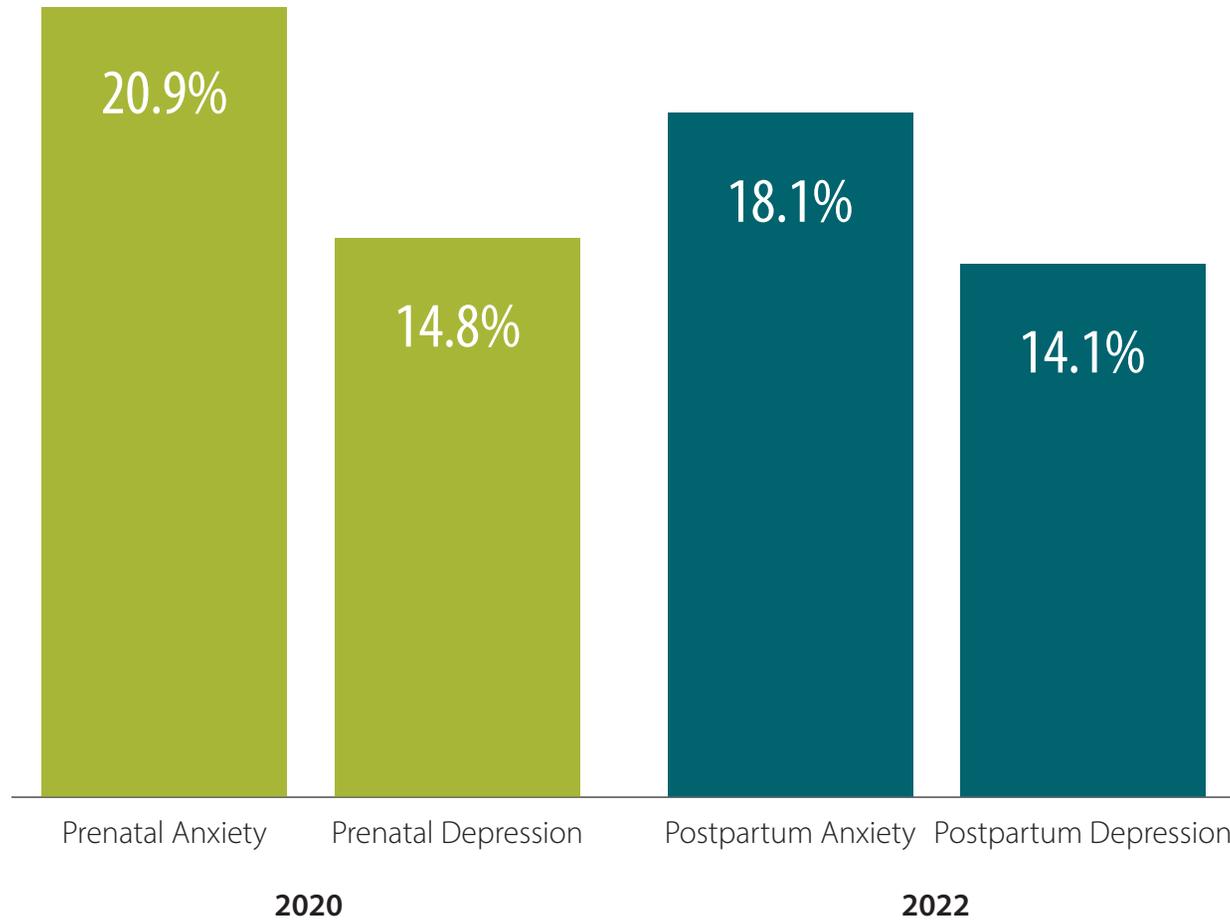
About one in five Black mothers reported that they rarely or never felt heard or listened to by providers during delivery. Mothers who felt heard were more likely to report having a postpartum medical visit and less likely to report experiencing postpartum anxiety or depressive symptoms (not shown).

Notes: Data are from the annual Maternal and Infant Health Assessment survey. Respondents were asked, "During your most recent delivery, did you feel heard and listened to by your doctors, nurses, and midwives?" Source uses *Latine*.

Source: Katherine Heck et al., *Findings from the 2021-2022 California Maternal and Infant Health Assessment (MIHA): Feeling Heard and Listened To by Providers During Delivery* (PDF), UCSF Center for Health Equity, 2024.

# Anxiety or Depression Symptoms, Prenatal or Postpartum California, 2020 to 2022

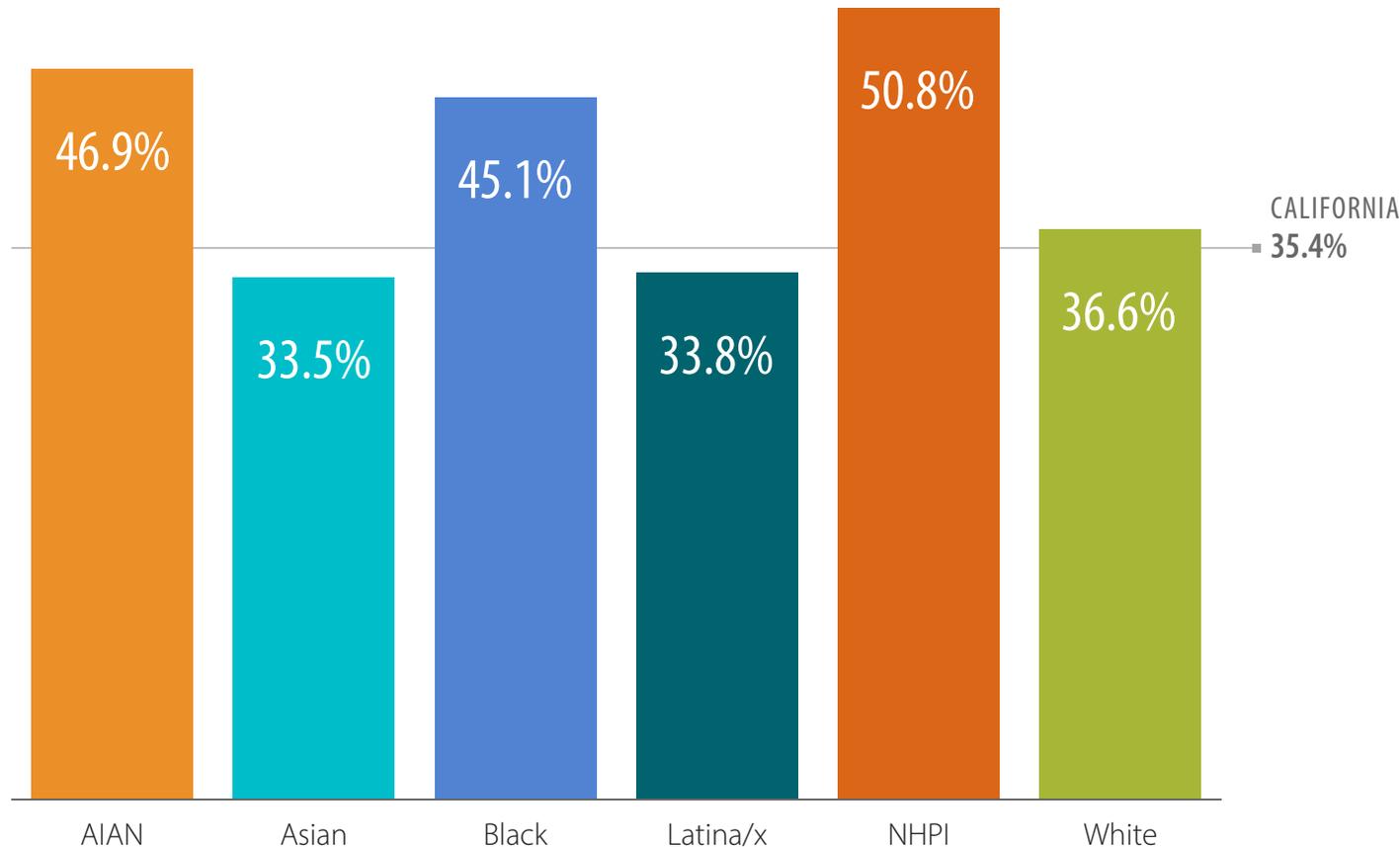
Many mothers in California experience mental health conditions while pregnant or after giving birth, which can negatively impact the mother and the child. More respondents reported symptoms of anxiety than depression during their recent pregnancy or postpartum.



Notes: Data are from the annual Maternal and Infant Health Assessment survey. Data from 2020 to 2022 were combined, resulting in a statewide sample size of 18,349. *Anxiety symptoms* are defined as during pregnancy (prenatal) or since most recent birth (postpartum), always or often: felt nervous, anxious, or on edge, or was not able to stop or control worrying. *Depression symptoms* are defined as prenatal or postpartum, always or often: (1) felt down, depressed, or hopeless or (2) had little interest or pleasure in doing things usually enjoyed.

Source: "MIHA Data Snapshots Dashboard," California Department of Public Health, last updated September 23, 2025.

# Anxiety or Depression Symptoms, Prenatal or Postpartum, by Race/Ethnicity, California, 2020 to 2022



## Maternity Care in California

### Mental Health and Substance Use

More than one in three California mothers reported experiencing anxiety or depression during or after pregnancy. The prevalence of anxiety and depression symptoms varied by race/ethnicity. Native Hawaiian and Pacific Islander (51%), American Indian and Alaska Native (47%), and Black respondents (45%) reported the highest prevalence of prenatal or postpartum anxiety or depression.

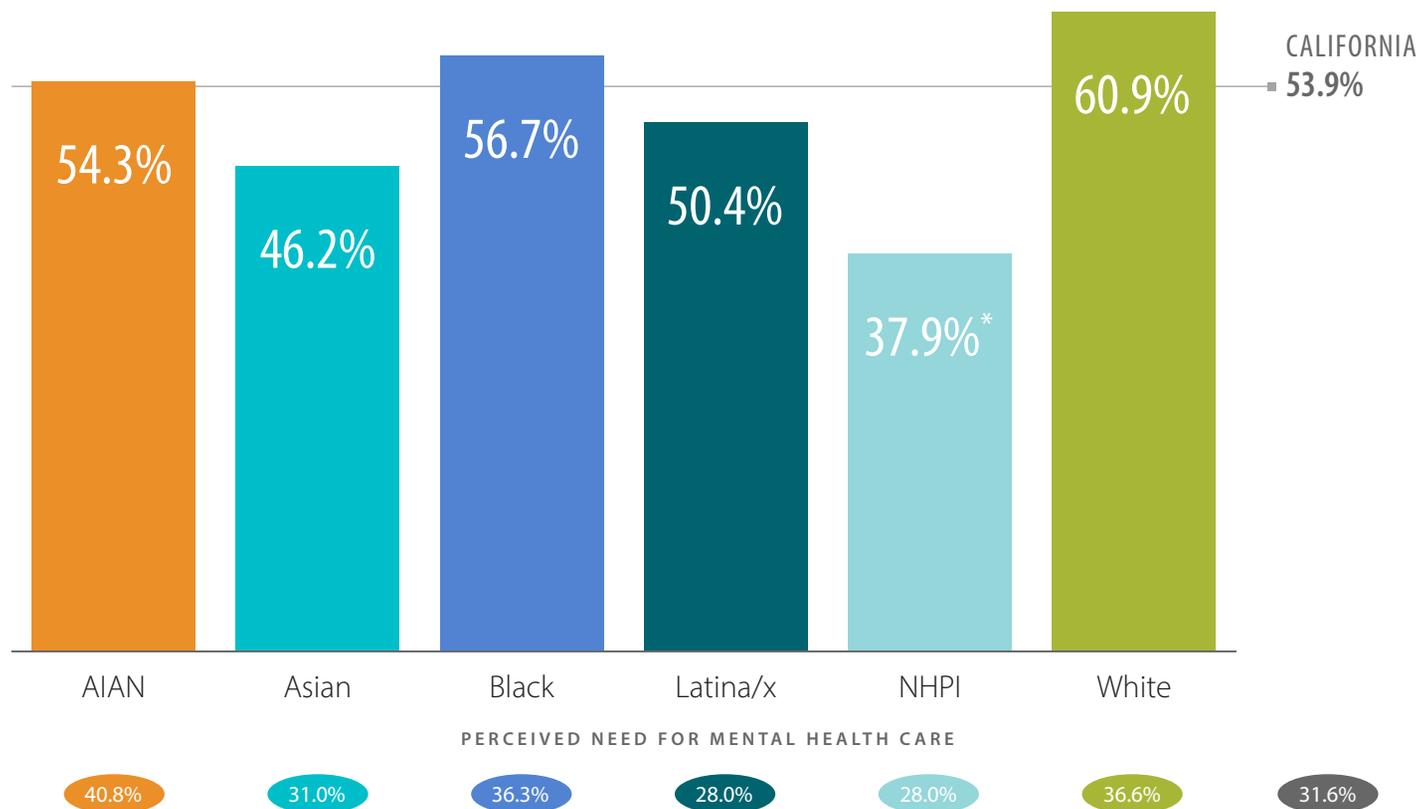
Notes: Data are from the annual Maternal and Infant Health Assessment survey. Data from 2020 to 2022 were combined, resulting in a statewide sample size of 18,349. *Anxiety or depression symptoms* are defined as during pregnancy (prenatal) or since most recent birth (postpartum) always or often: felt down, depressed, or hopeless; had little interest or pleasure in doing things usually enjoyed; felt nervous, anxious, or on edge; or was not able to stop or control worrying. AIAN is American Indian and Alaska Native. NHPI is Native Hawaiian and Pacific Islander. Source uses *Hispanic* and *Pacific Islander*. See Appendix B for detailed data.

Source: "MIHA Data Snapshots Dashboard," California Department of Public Health, last updated September 23, 2025.

# Maternal Mental Health Care, by Race/Ethnicity

## California, 2020 to 2022

RECEIVED MENTAL HEALTH CARE, AMONG THOSE WITH PERCEIVED NEED



\* Estimate should be interpreted with caution due to low statistical reliability.

Notes: *Mental health care* is prenatal or postpartum. Data are from the annual Maternal and Infant Health Assessment survey. Data from 2020 to 2022 were combined, resulting in a statewide sample size of 18,349. *Perceived need for mental health care* is defined as: During pregnancy or since most recent birth, the mother felt they needed help for emotional well-being or mental health concerns. *Received mental health care* is defined as: Among those who felt they needed help for mental health concerns, saw a provider for mental health counseling or treatment. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic* and *Pacific Islander*. See Appendix C for detailed data.

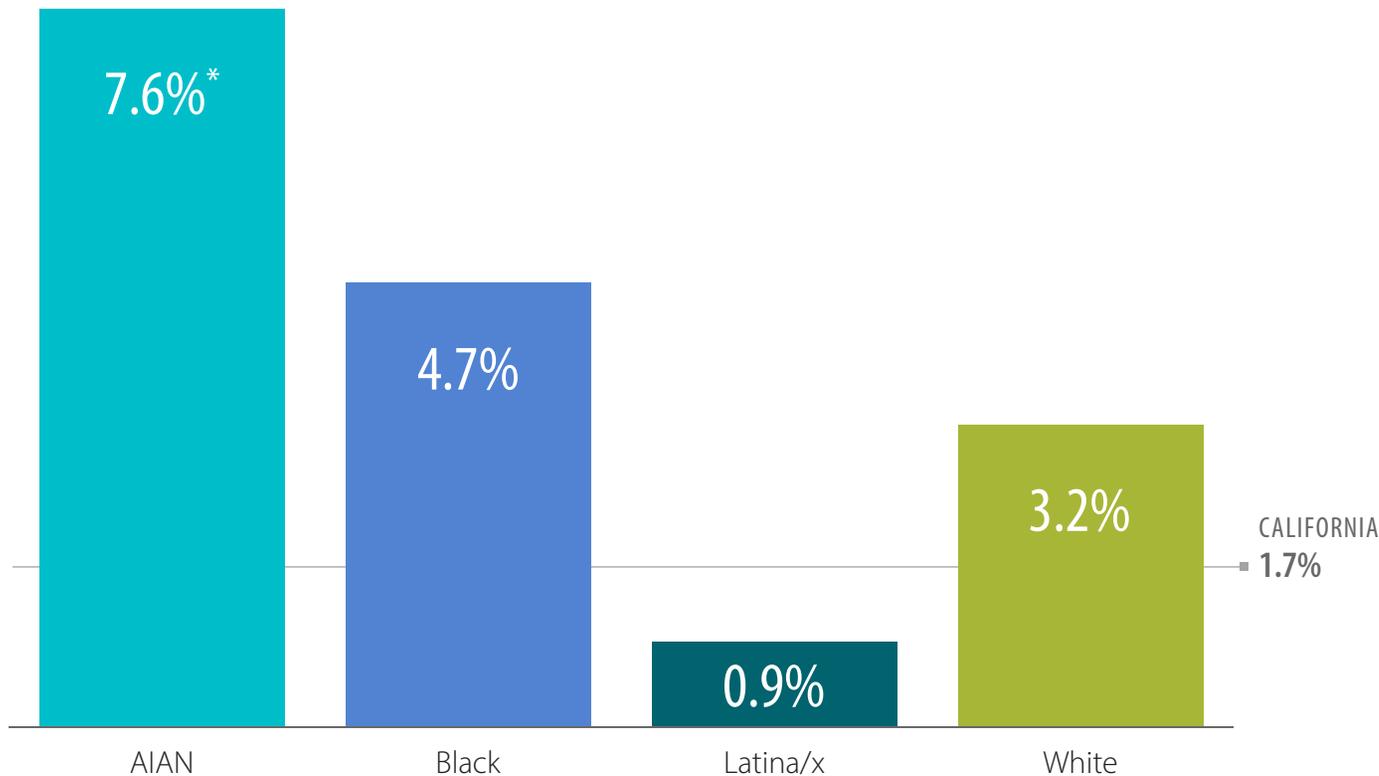
Source: "MIHA Data Snapshots Dashboard," California Department of Public Health, last updated September 23, 2025.

### Maternity Care in California

Mental Health and Substance Use

Only 54% of California mothers who reported a perceived need for mental health care received any mental health services. The receipt of mental health care varied by race/ethnicity.

# Cigarette Smoking During Last 3 Months of Pregnancy, by Race/Ethnicity, California, 2020 to 2022



\* Estimate should be interpreted with caution due to low statistical reliability.

Notes: Data are from the annual Maternal and Infant Health Assessment survey. Data from 2020 to 2022 were combined, resulting in a statewide sample size of 18,349. AIAN is American Indian and Alaska Native. Data for other races/ethnicities are not shown because the relative standard error is greater than 50% or could not be calculated, or fewer than five participants reported. Source uses *Hispanic*.

Source: "Prenatal Substance Use," California Department of Public Health, last updated September 4, 2025.

## Maternity Care in California

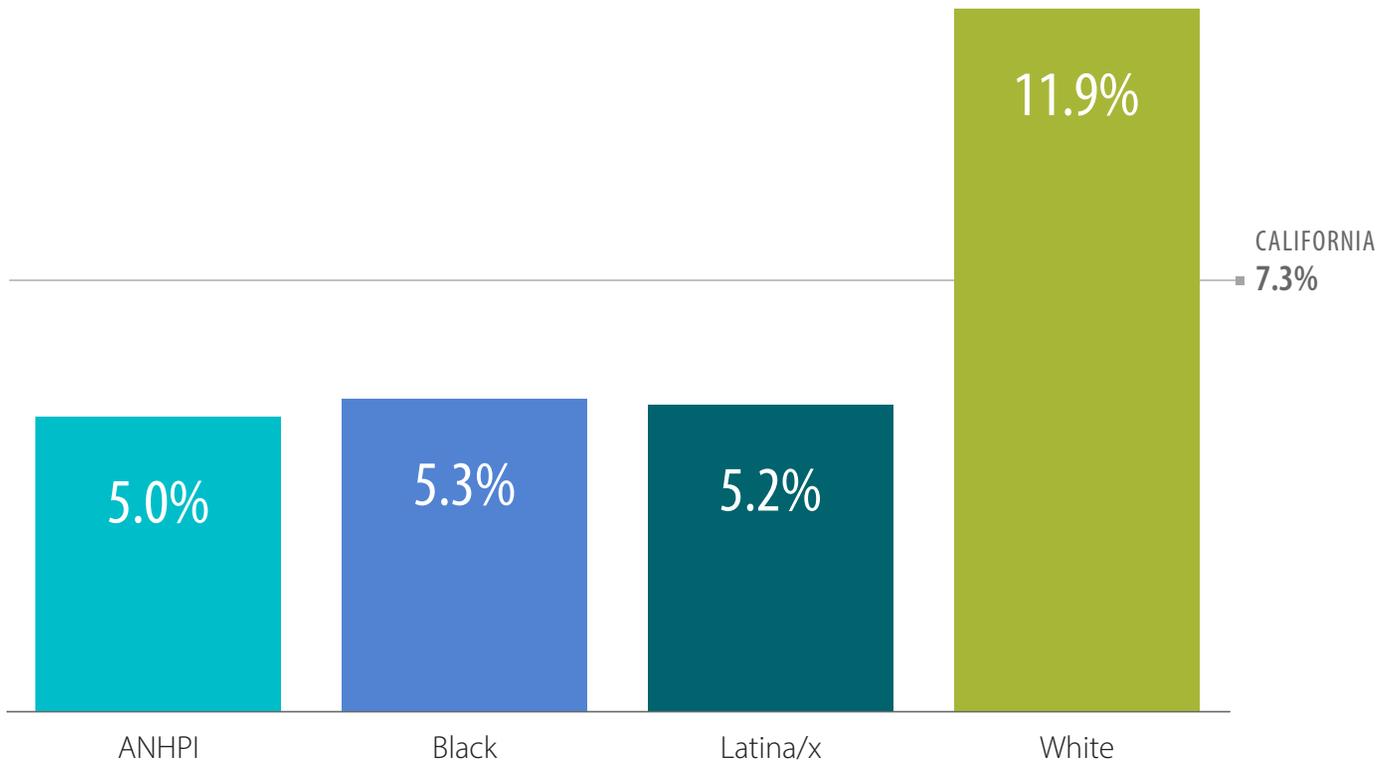
Mental Health and Substance Use

Smoking during pregnancy increases the risk of preterm birth, low birthweight birth, birth defects of the mouth and lip, and sudden infant death syndrome.<sup>†</sup> Rates of smoking during the last three months of pregnancy varied across race/ethnicity.

<sup>†</sup> "Substance Use During Pregnancy: Tobacco," US Centers for Disease Control and Prevention (CDC), May 15, 2024.

# Alcohol Use During Last 3 Months of Pregnancy

## by Race/Ethnicity, California, 2020 to 2022



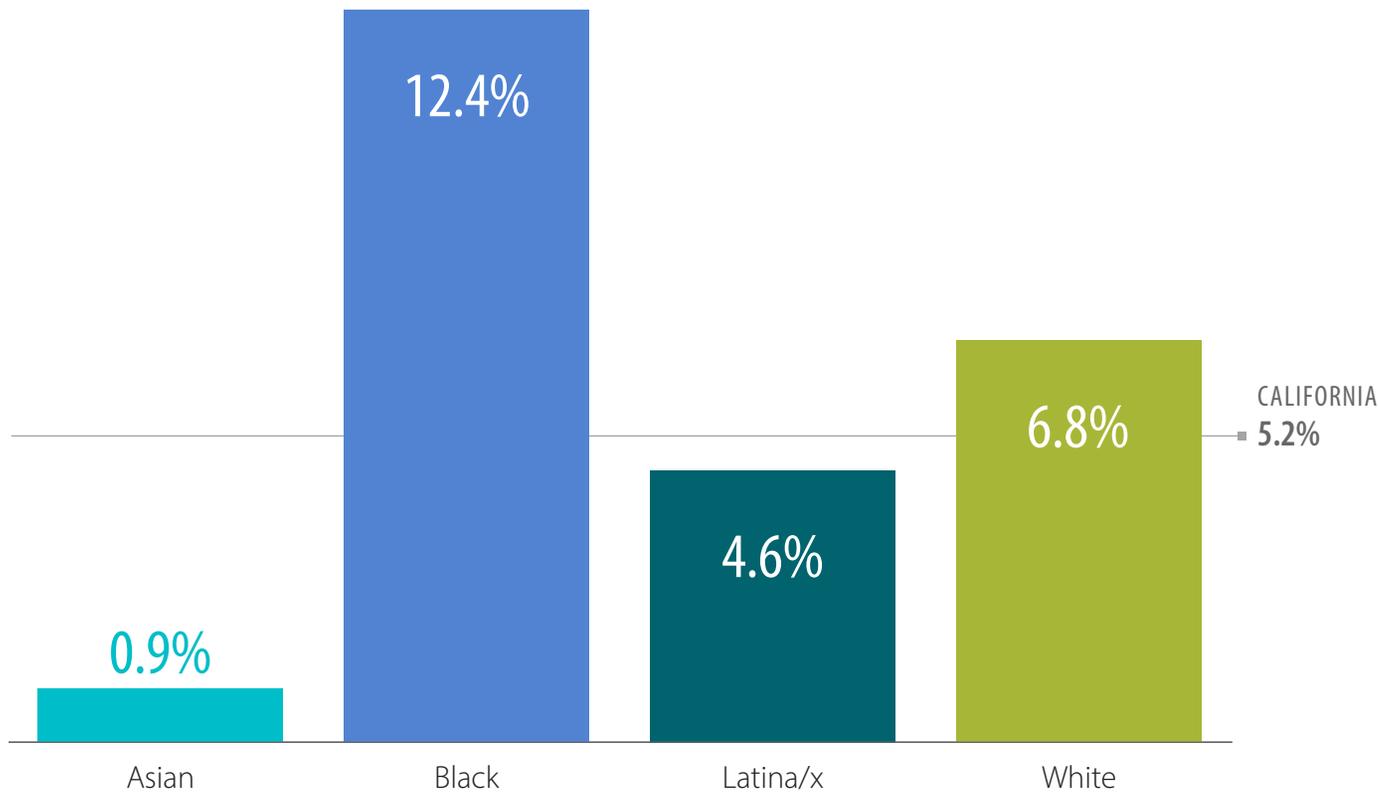
Drinking alcohol during pregnancy can cause miscarriage, stillbirth, preterm birth, fetal alcohol spectrum disorders, and physical, behavioral, and neurodevelopmental delays in infants.\* Twelve percent of White mothers reported drinking alcohol during the last three months of pregnancy, higher than mothers of other races and ethnicities.

Notes: Data are from the annual Maternal and Infant Health Assessment survey. Data from 2020 to 2022 were combined, resulting in a statewide sample size of 18,349. ANHPI is Asian, Native Hawaiian, and Pacific Islander. Source uses *Hispanic*.

Source: "Prenatal Substance Use," California Department of Public Health, last updated September 4, 2025.

# Cannabis Use During Pregnancy, by Race/Ethnicity

California, 2020 to 2022



Notes: Data are from the annual Maternal and Infant Health Assessment survey. Data from 2020 to 2022 were combined, resulting in a statewide sample size of 18,349. Data for other races/ethnicities are not shown because the relative standard error is greater than 50% or could not be calculated, or fewer than five participants reported. Source uses *Hispanic*.

Source: "Prenatal Substance Use," California Department of Public Health, last updated September 4, 2025.

## Maternity Care in California

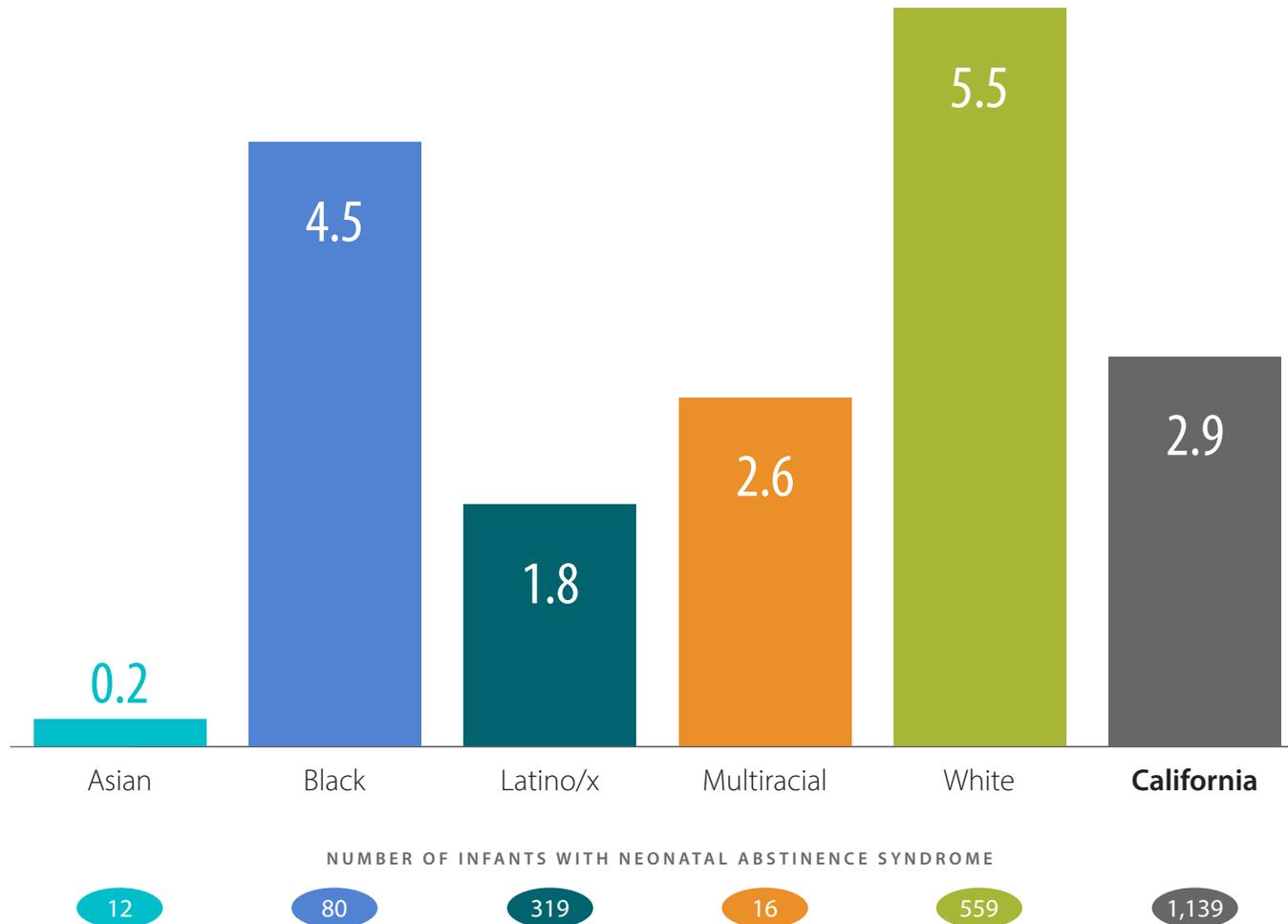
Mental Health and Substance Use

Cannabis use during pregnancy is associated with spontaneous preterm birth, low birthweight, and developmental delay.\* About 5% of California mothers overall reported cannabis use during pregnancy. The highest reported use was among Black mothers (12%).

\* "Cannabis Use During Pregnancy and Lactation," Clinical Consensus 10, American College of Obstetricians & Gynecologists, October 2025.

# Infants Born with Neonatal Abstinence Syndrome by Race/Ethnicity, California, 2023

RATE PER 1,000 DELIVERIES



Notes: *Neonatal abstinence syndrome* (NAS) is a drug withdrawal syndrome that most commonly occurs in newborns due to maternal use of opiates such as heroin, methadone, and prescription pain medications. NAS cases were identified using ICD-10-CM diagnosis code P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction). Coding practices for an NAS diagnosis may vary by hospital. Source uses *Hispanic* and *Multi-race*.

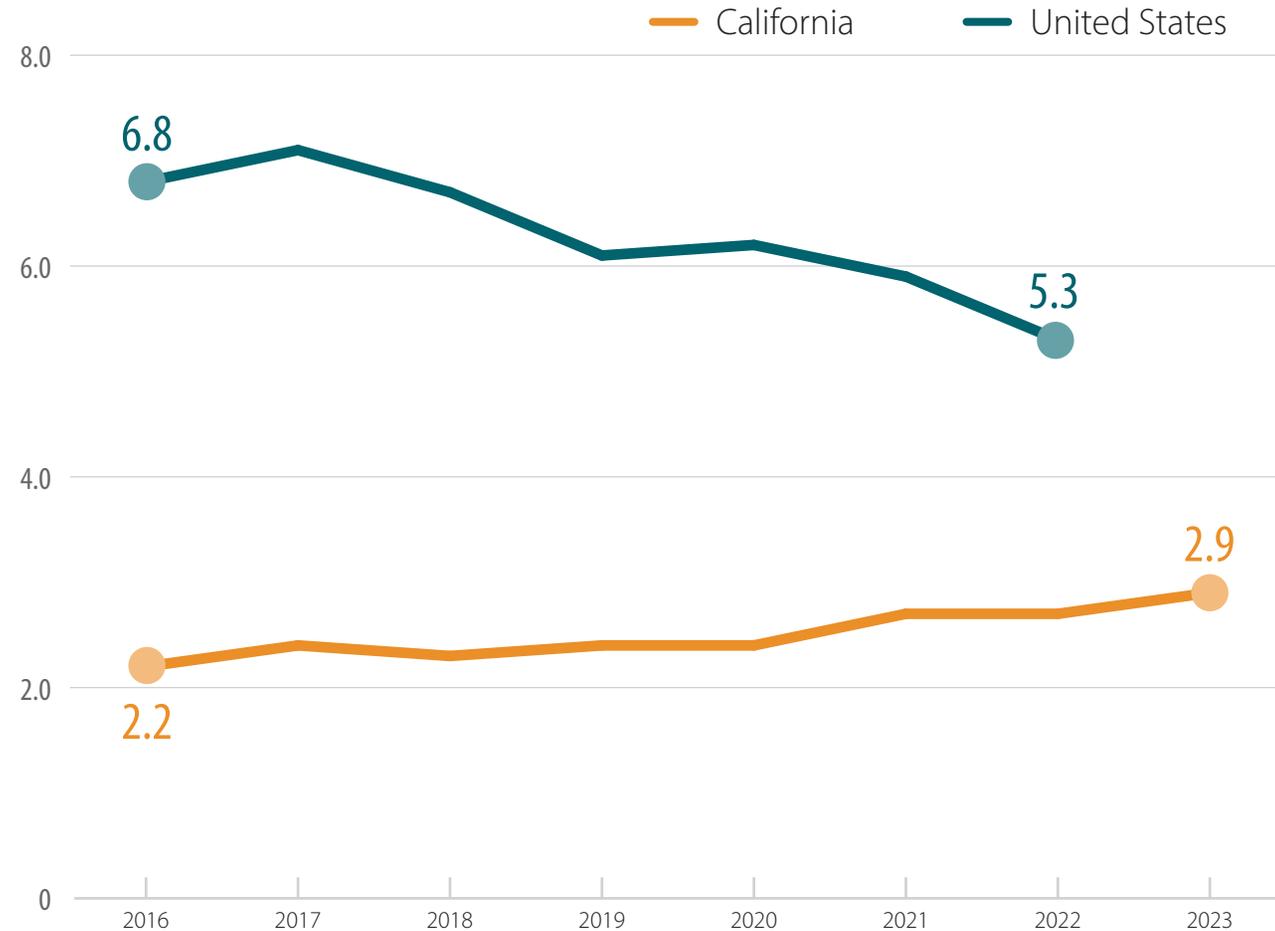
Source: "Neonatal Abstinence Syndrome," California Department of Public Health, last updated June 10, 2025.

Neonatal abstinence syndrome (NAS) is a condition that results from a baby's exposure to drugs, most often opioids, in the womb. Symptoms of NAS include seizures, poor weight gain, and other complications. Newborns with NAS have prolonged hospital stays with higher medical costs. NAS rates varied by race/ethnicity — White infants (5.5) and Black infants (4.5) had the highest rates in 2023.

# Infants Born with Neonatal Abstinence Syndrome

## California vs. United States, 2016 to 2023

RATE PER 1,000 BIRTH HOSPITALIZATIONS



Notes: *Neonatal abstinence syndrome* (NAS) is a drug withdrawal syndrome that most commonly occurs in newborns due to maternal use of opiates such as heroin, methadone, and prescription pain medications. NAS cases were identified using ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in newborn) and ICD-10-CM diagnosis code P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction). US estimates use the available state data from Healthcare Cost and Utilization Project State Inpatient Databases and are not nationally weighted; therefore, US estimates may not be comparable across years due to the different states included in any given year.

Source: "Neonatal Abstinence Syndrome," California Department of Public Health, last updated June 10, 2025.

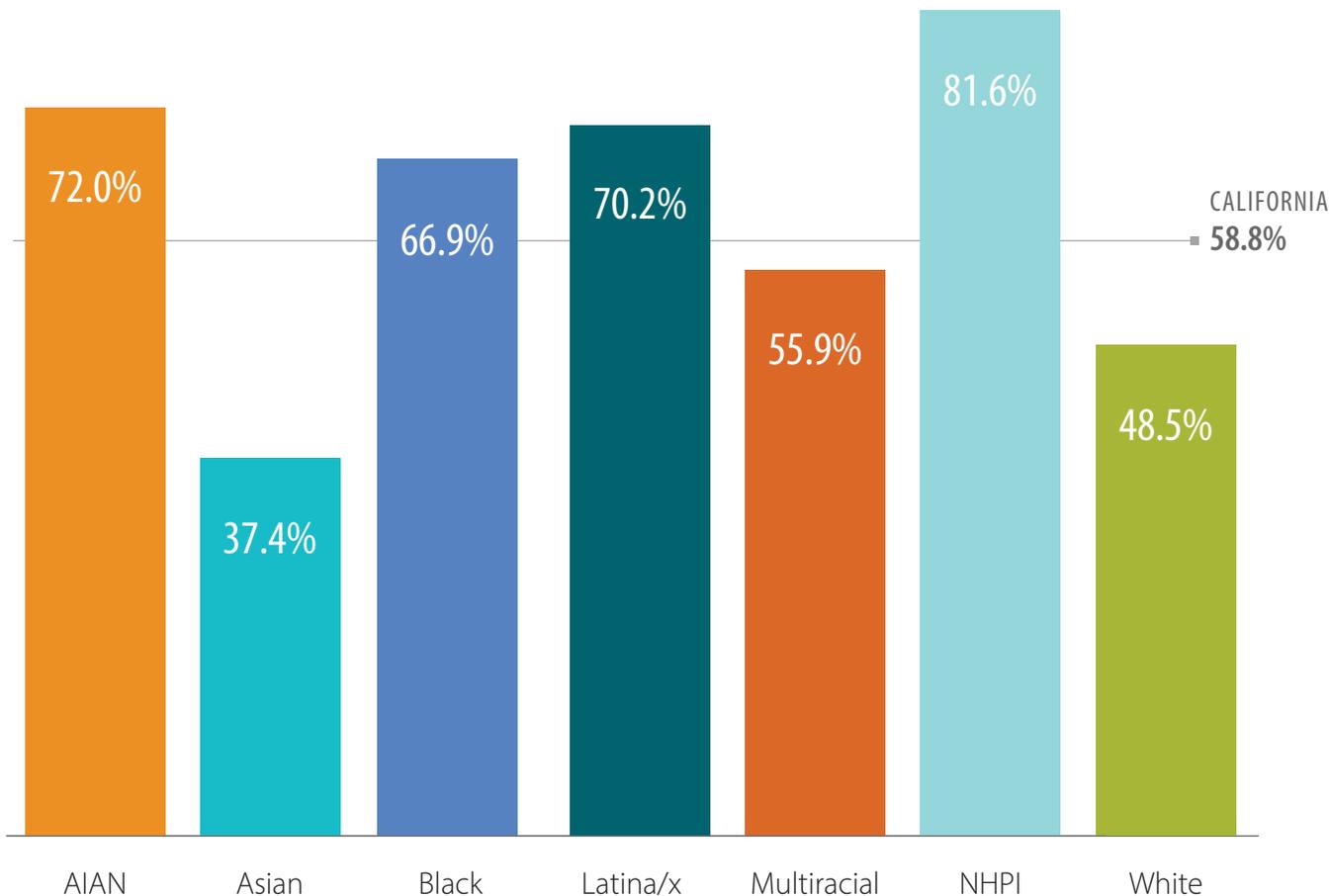
### Maternity Care in California

Mental Health and Substance Use

California's rate of neonatal abstinence syndrome increased from 2016 to 2023 but was below the national average through 2022 (latest data available).

# Prepregnancy Overweight and Obese, by Race/Ethnicity

## California, 2023



### Maternity Care in California

#### Risk Factors

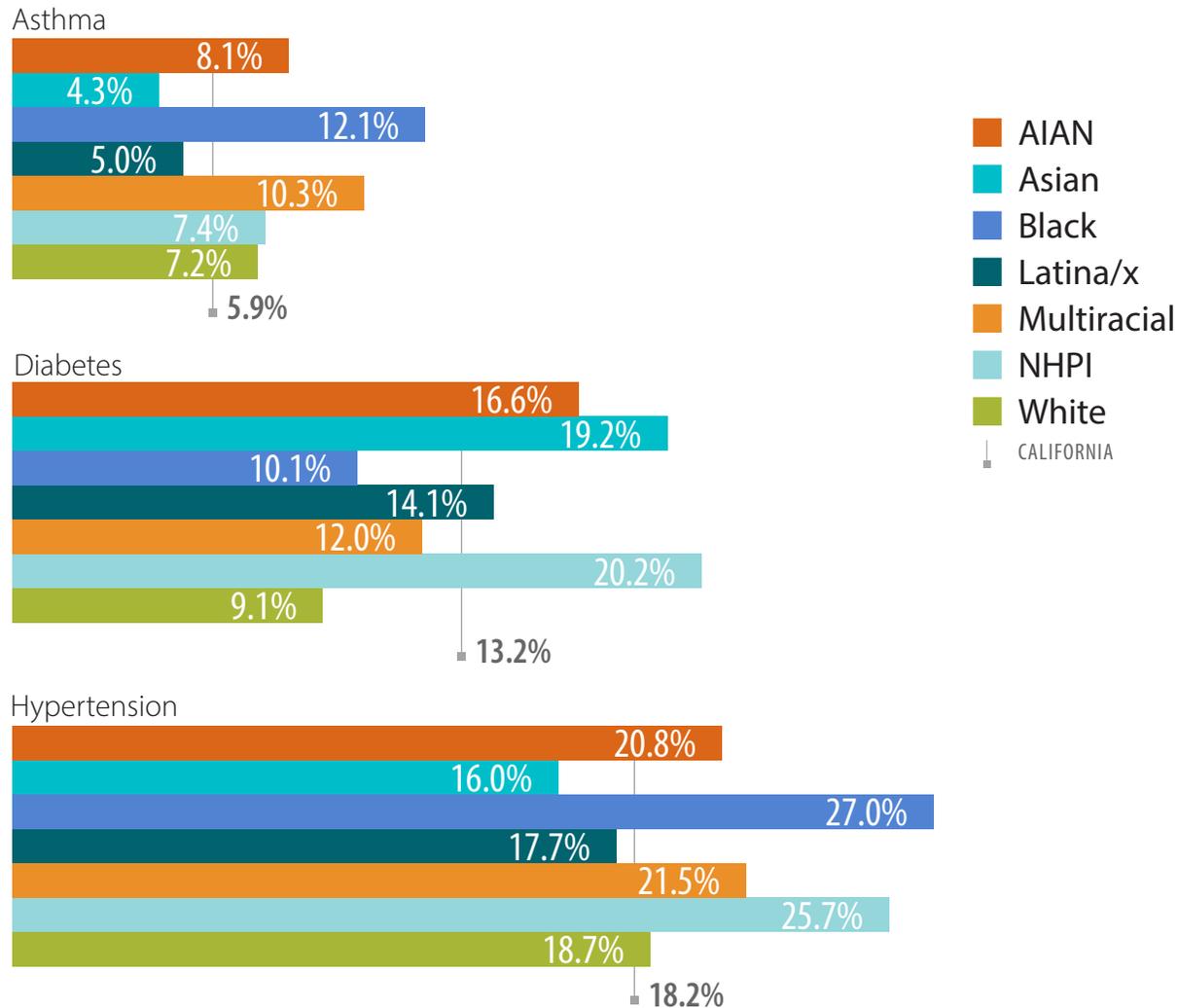
In 2023, about six in 10 California women and eight in 10 Native Hawaiian and Pacific Islander women were overweight or obese before pregnancy. Being overweight or obese increases the risk of pregnancy complications such as gestational diabetes, hypertension, and cesarean delivery.

Notes: *Prepregnancy weight* is based on body mass index (BMI), which is calculated from self-reported weight and height. Prepregnancy weight is classified as underweight (BMI <18.5), normal weight (BMI 18.5–24.99), overweight (BMI 25–29.99), or obese (BMI 30+). *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*.

Source: "Prepregnancy Weight," California Department of Public Health, last updated June 10, 2025.

# Maternal Health Conditions at Delivery, by Race/Ethnicity

## California, 2023



Notes: *Diabetes* includes prepregnancy diabetes and gestational diabetes. *Hypertension* includes chronic hypertension, pregnancy-associated hypertension, and unspecified maternal hypertension. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic*, *Multi-race*, and *Pacific Islander*.

Source: "Maternal Health Conditions at Delivery," California Department of Public Health, last updated June 10, 2025.

### Maternity Care in California

#### Risk Factors

Medical conditions, such as hypertension and diabetes, during pregnancy are associated with complications and poor birth outcomes, including preeclampsia and preterm and low birthweight births. In 2023, 18% of California mothers had high blood pressure, 13% had diabetes, and 6% had asthma at delivery. Rates varied by race/ethnicity.

## Maternity Care in California

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### ABOUT THIS SERIES

The California Health Care Almanac is an online clearinghouse for data and analysis examining the state's health care system. It focuses on issues of quality, affordability, insurance coverage and the uninsured, and the financial health of the system with the goal of supporting thoughtful planning and effective decisionmaking. Learn more at [www.chcf.org/almanac](http://www.chcf.org/almanac).

### AUTHOR

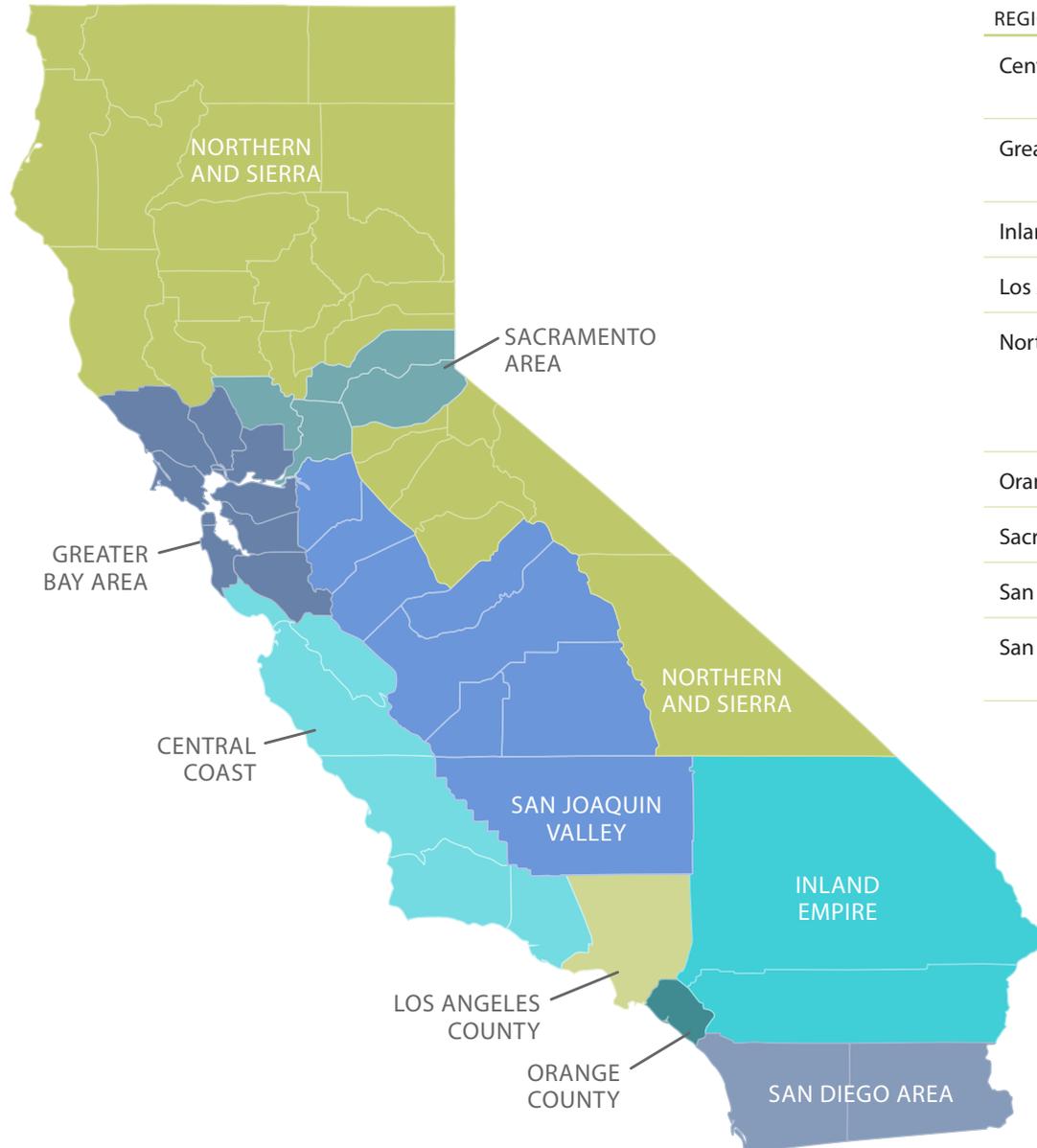
Jen Joynt, Independent Health Care Consultant

### FOR MORE INFORMATION



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# Appendix A. California Counties Included in Regions



REGION	COUNTIES
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Inland Empire	Riverside, San Bernardino
Los Angeles County	Los Angeles
Northern and Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange County	Orange
Sacramento Area	El Dorado, Placer, Sacramento, Yolo
San Diego Area	Imperial, San Diego
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

## Appendix B. Births by Region and Race/Ethnicity of Mother, California, 2021 to 2023

TOTAL BIRTHS BY RACE/ETHNICITY											
REGION	AIAN	ASIAN	BLACK	LATINA/X	MULTIRACIAL	NHPI	WHITE	OTHER	UNKNOWN	MISSING	CALIFORNIA
Central Coast	93	2,853	675	46,344	1,538	89	21,743	11	2,099	66	<b>75,511</b>
Greater Bay Area	302	62,006	10,861	68,319	6,904	1,444	59,945	409	12,317	43	<b>222,550</b>
Inland Empire	471	9,995	9,948	98,465	3,638	536	30,759	114	6,092	0	<b>160,018</b>
Los Angeles County	342	33,792	19,246	156,006	4,966	544	58,549	424	7,964	0	<b>281,833</b>
Northern and Sierra	1,097	2,108	463	11,635	1,854	78	23,570	0	851	158	<b>41,814</b>
Orange County	75	19,021	1,227	38,078	1,929	216	26,914	45	3,934	0	<b>91,439</b>
Sacramento Area	240	11,490	5,251	20,589	3,580	747	31,323	115	2,332	4	<b>75,671</b>
San Diego Area	360	10,328	4,546	51,211	3,075	373	34,075	44	14,463	1	<b>118,476</b>
San Joaquin Valley	668	14,344	6,538	102,525	3,338	519	40,720	146	3,957	30	<b>172,785</b>
Missing	53	17	37	5	12	59	0	91	28	0	<b>302</b>
<b>California</b>	<b>3,701</b>	<b>165,954</b>	<b>58,792</b>	<b>593,177</b>	<b>30,834</b>	<b>4,605</b>	<b>327,598</b>	<b>1,399</b>	<b>54,037</b>	<b>302</b>	<b>1,240,097</b>

Notes: Source uses *Hispanic*. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Birth totals are suppressed when there are fewer than 10 births in a category. *Missing* was calculated by the author. See Appendix A for a map of counties in each region.

Source: "Births," California Department of Public Health, last updated June 10, 2025.

## Appendix C. Anxiety or Depression Symptoms, Prenatal or Postpartum, by Race/Ethnicity, California, 2020 to 2022

	PERCENTAGE OF BIRTHS BY RACE/ETHNICITY						
	AIAN	ASIAN	BLACK	LATINA/X	NHPI	WHITE	CALIFORNIA
Prenatal anxiety symptoms	29%	16%	29%	20%	36%	23%	<b>21%</b>
Prenatal depression symptoms	12%*	15%	23%	15%	24%	13%	<b>15%</b>
Postpartum anxiety symptoms	30%	17%	21%	16%	17%	21%	<b>18%</b>
Postpartum depression symptoms	27%	16%	18%	13%	12%*	14%	<b>14%</b>

\* Estimate should be interpreted with caution due to low statistical reliability.

Notes: Data are from the annual Maternal and Infant Health Assessment survey. Data from 2020 to 2022 were combined, resulting in a statewide sample size of 18,349. *Anxiety symptoms* are defined as during pregnancy (prenatal) or since most recent birth (postpartum), always or often: felt nervous, anxious, or on edge, or was not able to stop or control worrying. *Depression symptoms* are defined as prenatal or postpartum, always or often: felt down, depressed, or hopeless, or had little interest or pleasure in doing things usually enjoyed. *AIAN* is American Indian and Alaska Native. *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic* and *Pacific Islander*.

Source: "MIHA Data Snapshots Dashboard," California Department of Public Health, last updated September 23, 2025.