



Listening to Mothers in California: Care Team and Place of Birth

Some Women Have Less Choice of Prenatal Care Provider Than Others

Overall, four in five women reported they had a choice of prenatal care provider. However, some subgroups of women were less likely to be able to choose a provider who matched their needs and preferences, and instead had their prenatal care provider assigned to them.

- ▶ Slightly more than one in four women with Medi-Cal coverage had their prenatal care provider assigned to them, compared to only one in eight women with private insurance.
- ▶ Nearly one in four Black or Latina women had their prenatal care provider assigned to them, compared to less than one in eight White women.

California Women Overwhelmingly Use Obstetricians

Obstetricians were by far the most common type of maternity care provider used for both prenatal care and childbirth, with 80% of women using an obstetrician for prenatal care and 73% using one as their birth attendant. An additional 13% of women had a doctor as their birth attendant but were unsure of the specialty.

Midwives are the most commonly used maternity care provider throughout the world, including in nearly all high-income countries with favorable maternal and newborn health outcomes. With a strong focus on relationships, education, and informed choice, midwifery care is often associated with high satisfaction scores. However, only 7% of California women used midwives as their main prenatal care providers and 9% as their birth attendant.¹

Maternity Care Provider Type

Prenatal Care



Birth



- Ob-gyn
- Midwife
- Nurse Practitioner
- Family Physician
- Physician Assistant
- Doctor, not sure what type

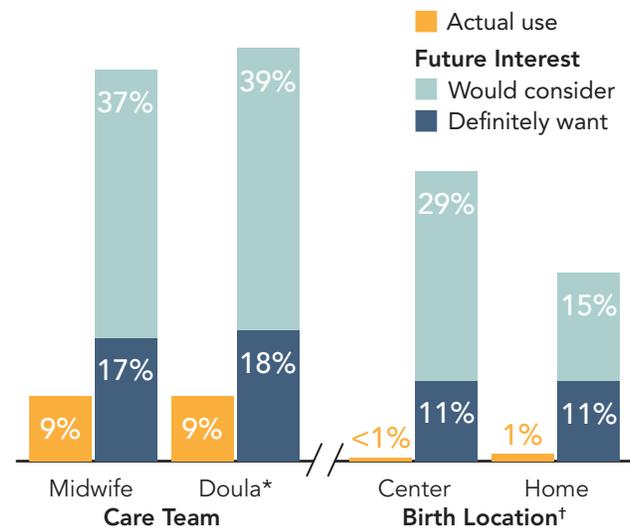
Notes: Ob-gyn is obstetrician-gynecologist. Segments do not sum to 100% due to rounding.

1. As the survey was limited to hospital births, nearly all midwives were certified nurse-midwives.

Significant Interest in Other Care Team Members and Locations for Future Birth

Respondents' interest in several types of care arrangements for a possible future birth far exceeded actual use in 2016. Less than 1 in 10 survey participants used either midwives or labor doulas* — nonclinical health workers who offer continuous physical, emotional, and informational support to women around the time of birth — for their recent births. However, in both cases, over 1 in 6 women would definitely want midwives or labor doulas for a future birth. In addition, more than 1 in 3 would consider using these care team members.

While all survey respondents and about 99% of California women had a hospital birth in 2016, a substantial portion expressed interest in using a birth center or their home for a future birth.



* Analyses limited to women who spoke English at home due to evidence that some speakers of other languages lacked understanding of this role.

† Birth certificate data for actual use.

Use of Other Care Team Members and Places of Birth Can Lead to Fewer Interventions

Increasing access to these care team members and places for future births offers potential benefits to both women and the California health care system, through the opportunity to reduce unnecessary (and often costly) medical interventions, including some cesarean births.

- ▶ Women who use midwives have fewer cesarean births and other medical interventions during childbirth, higher rates of breastfeeding, and newborn outcomes better than or similar to those of women who use obstetricians.
- ▶ Women with labor doula support have fewer cesarean births, use less pain medication, and have greater satisfaction than women without labor doula support.
- ▶ Planned births in birth centers are associated with more spontaneous vaginal births, fewer cesarean births and other childbirth interventions, and no difference in serious adverse outcomes in babies (such as early newborn death and newborn intensive care unit admission) compared with hospital births.
- ▶ Planned home births are associated with fewer interventions, better or similar rates of maternal and newborn morbidity, and no difference in perinatal death compared with hospital birth.

TAKEAWAY Many California women express interest in using midwives and labor doulas in future births, as well as giving birth in birth centers and at home. Increasing knowledge about and access to these resources could help improve maternity care experiences and outcomes.

Listening to Mothers in California is the first fielding of the national *Listening to Mothers* survey at a state level and in Spanish. The survey, which included California women who gave birth to a single infant in a hospital in 2016, aims to support stakeholders in improving the experience and outcomes of pregnancy and childbirth by reporting women's experiences and preferences on many topics, including care providers and place of birth.

The National Partnership for Women & Families led the survey 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 administered the survey. The California Health Care Foundation and the Yellow Chair Foundation funded the project. For more survey results, methodology details, and other resources, visit www.chcf.org/listening-to-mothers-ca and www.nationalpartnership.org/lmca.



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