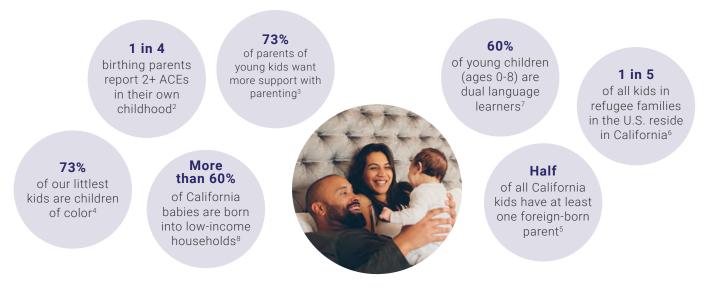
Equity Starts Early

California must Better Support Expectant Parents and Babies



Each year, 500,000 babies are born in California. Our state has more children under 4 years of age than 43 other states have total children 0-18, and more than 16 other states have people.¹

Supporting their healthy development isn't just about getting children the health care, nutritious food, secure relationships, and safe environments they need – it's about making sure their parents have those things, too. Yet, systemic underinvestment in supports for infants and pregnant persons means the majority of babies in California are born into households facing circumstances and challenges that can harm their overall health and well-being. The good news is targeted investments can help prevent and mitigate threats to healthy development.

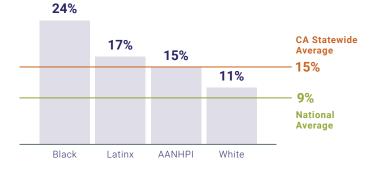


Pregnancy and the early childhood years are a critical time to establish a strong foundation for lifelong health and success for both adults and children, yet data clearly shows that inequitable outcomes are harming California's pregnant people and youngest children.

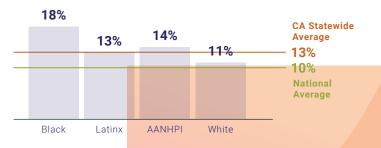
Structural racism and decades of discrimination are resulting in health and well-being disparities for far too many pregnant individuals and infants in California, particularly those in low-income communities and communities of color.

Black people experience much higher rates of prenatal and postpartum depressive symptoms compared to all other racial/ethnic groups in the state⁹ and compared to national rates.¹⁰ These disparities stem from past and present racism and discrimination in the health care system and their day-to-day experiences that results in poor quality of care for Black communities.

Prenatal Depressive Symptoms, by Race/Ethnicity, California and US

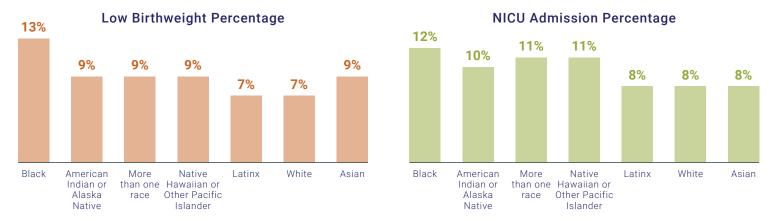


Postpartum Depressive Symptoms, by Race/Ethnicity, California and US





Within Medi-Cal, Black babies are most likely to be born at a low birthweight¹¹ and to be admitted to a NICU¹² compared to babies of other racial/ethnic groups, putting them at greater risk of developing health problems as newborns and long-term or chronic conditions such as diabetes, heart disease, intellectual and developmental disabilities.



Perinatal Characteristics of Pregnant People with Medi-Cal Coverage, California, 2018

The systems meant to provide for the health and well-being of California's youngest children and their families are under-resourced and lack specific strategies to meet the unique needs and cultural, racial and linguistic diversity of this population.

The State has a choice to perpetuate inequities by continuing the status quo, or to advance equity through specialized Medi-Cal policy and investments, expanding voluntary evidence-based home visiting, and strengthening income assistance and paid family leave programs.

Endnotes

- 1 Children Now calculation based upon total number of children 0-4 (Source: U.S. Census Bureau, Population Division. 2019. "Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2018," 2018 Population Estimates. https://factfinder.census.gov/.) and U.S. States Ranked by Population 2021 (Source: U.S. Census 2017 State Estimates as cited inhttps://worldpopulationreview.com/states)
- 2 Zero to three Early Connections Last a Lifetime (2016). National parent survey overview and key insights. Retrieved from http://www.zerotothree.org/resources/1424-national-parent-survey-overview-and-key-insights
- 3 CA Dept. of Public Health. Maternal and Infant Health Assessment (MIHA) Survey Data Snapshot, California by Race/Ethnicity, 2013-2015. Retrieved from: https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/CDPH%20Document%20Library/2013-2015/Snapshot_ByRaceEthnicity_2013-2015.pdf
- 4 Zero to Three (2021), State of Babies Yearbook 2021 retrieved August 2021 from https://stateofbabies.org/state/california/
- 5 Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey summary files and public use microdata (Dec. 2019) as retrieved from KidsData.org August 2021.
- 6 Migration Policy Institute (2016), Young Children of Refugees in the United States: Integration Successes and Challenges. Retrieved from: https://www.migrationpolicy.org/research/young-children-refugees-united-states-integration-successes-and-challenges
- 7 Migration Policy Institute tabulation of data from the U.S. Census Bureau's pooled 2015-2019 American Community Survey as retrieved August 2021 from https://www.migrationpolicy.org/programs/data-hub/charts/us-state-profiles-young-dlls
- 8 CA Dept. of Public Health. Maternal and Infant Health Assessment (MIHA) Survey Data Snapshot, California by Race/Ethnicity, 2013-2015. Retrieved from: https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/CDPH%20Document%20Library/2013-2015/Snapshot_ByRaceEthnicity_2013-2015.pdf
- 9 California Health Care Foundation (2021). 2021 Edition Quality of Care: Maternal Health and Childbirth. Retrieved from: https://www.chcf.org/publication/2021-edition-quality-care-maternal-childbirth/
- 10 Centers for Disease Control and Prevention. PRAMStat System. Available at: Centers for Disease Control and Prevention. PRAMStat System. Available at: https://www.cdc.gov/prams/prams-data/work-directly-PRAMS-data.html.as cited in
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- 11 Centers for Disease Control and Prevention, CDC WONDER Online Databases, "Natality Public-Use Data, 2016-2018," accessed February 11, 2020, and April 29, 2020 as cited in https://www.chcf.org/wp-content/uploads/2020/09/MediCalExplainedMaternityCare.pdf

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