

Policy At A Glance:

Maternal Healthcare Access and Screening: SB 1300 and AB 1936

Amid rising maternal mortality rates, access to maternity care is threatened by both the increasing closure of maternity wards and insufficient maternal mental health support. This brief provides an overview of the current state of maternity care in California, the California Pregnancy-Associated Mortality Review, and the state's latest legislative efforts to address maternity ward closures and maternal mental health.

Introduction

In the first few months of 2024, four California hospitals closed or announced their plans to close their maternity wards, continuing the unfortunate recent trend of maternity ward closures.¹ Consequently, the total number of hospitals delivering babies in California has decreased from at least 250 in 2012 to 214 in 2024, creating significant barriers to accessing timely and effective maternal healthcare.² In addition, these closures have disproportionately affected low-income and Latino populations across California, particularly in areas where access to maternal healthcare is already limited.¹

Furthermore, screening for perinatal or postpartum depression and other maternal mental health conditions is a growing need and a crucial first step in identifying issues that could negatively impact pregnancy or the post-partum period.³ To address these issues, Governor Newsom signed both Health Facility Closure: Public Notice: Inpatient Psychiatric and Perinatal Services (SB 1300) and Maternal Mental Health Screenings (AB 1936) into law on September 28, 2024.^{4,5}

This brief provides an overview of the current state of maternity care in California, the California Pregnancy-Associated Mortality Review, and the legislative efforts to address maternity ward closures and maternal mental health access across California.

Relevant Dates for SB 1300 and AB 1936

01/25/2024	AB 1936 introduced in the California State Assembly ⁵
02/15/2024	SB 1300 introduced in the California State Senate ⁴
05/09/2024	AB 1936 passed in the California State Assembly ⁵
05/21/2024	SB 1300 passed in the California State Senate ⁴
06/20/2024	AB 1936 passed in the California State Senate ⁵
08/26/2024	SB 1300 passed in the California State Assembly ⁴
09/28/2024	SB 1300 and AB 1936 are signed into law ^{4,5}

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Current State of Maternity Care

The United States consistently ranks poorly among developed nations for maternal and infant health outcomes, with significant disparities based on location, demographics, and income. Research shows that access to prenatal care, family planning services, and other contraceptive resources can reduce infant and maternal mortality.⁶ However, nearly 3.5 million births occur annually, with more than two million women living in maternity care deserts, areas lacking maternity care providers or birthing facilities.⁷ In 2021, California saw nearly 420,000 births, about one in every 10 nationwide, with around 1,200 occurring in these maternity care deserts.^{6,8}

Maternity care deserts are expanding across California as rising costs, low reimbursements, labor shortages, and declining birth rates are driving the decrease in maternity care providers and forcing pregnant individuals, particularly in rural areas, to travel long distances for childbirth.^{1,9} Currently, 12 counties have no hospitals offering maternity, contributing to the maternal mortality rate of 10.5 per 100,000 live births.^{1,10} This rate is influenced by complications such as birth defects, prematurity, low birthweight, maternal complications during pregnancy, Sudden Unexpected Infant Death (SUID), and respiratory distress syndrome.¹⁰

Even in regions with maternal healthcare access, factors such as transportation barriers, systemic racism, poverty, and lack of insurance still threaten the wellbeing of mothers and infants.⁶ The Centers for Disease Control and Prevention (CDC) estimates that 60% of pregnancy-related deaths across the nation are preventable, but insufficient care and failure to identify health risks contribute to hundreds of maternal deaths each year.^{6,11}

California Pregnancy-Associated Mortality Review

The death of a pregnant or recently pregnant person is a rare but tragic event for families, communities, and society. In California, nearly 70 individuals die each year due to pregnancy or childbirth complications, with many of these deaths being preventable. In 2006, the California Department of Public Health's Maternal, Child, and Adolescent Health Division established the California Pregnancy-Associated Mortality Review (CA-PAMR) to review deaths among pregnant or recently pregnant Californians up to one year after pregnancy. The goal of the CA-PAMR is to eliminate preventable pregnancy-related deaths and associated health inequities.¹²



Latest Legislative Action in California

Health Facility Closure: Public Notice: Inpatient Psychiatric and Perinatal Services (SB 1300)

Maternity wards are closing across California at an unprecedented rate, and birth centers, which are equipped to handle low-risk pregnancies, are shutting down rapidly.¹³ Previous law mandated that health facilities must give 90 days of public notice before closing or eliminating a supplemental service and 120 days for closing an acute psychiatric service.⁴ Supplemental services are defined as inpatient or outpatient services not legally required, including labor and delivery services.^{4,14}

Health Facility Closure: Public Notice: Inpatient Psychiatric and Perinatal Services (SB 1300) aims to extend the required notice period for closure or elimination of inpatient psychiatric or perinatal units from 90 days to 120 days. Additionally, SB 1300 would require health facilities to provide public notice before eliminating these services, hold at least one public hearing within 60 days of the notice, and accept public comments. The facility would need to notify and invite the county's board of supervisors to hold a public hearing and report on why it is eliminating services and how its patients may be affected.⁴ By extending the notice period, SB 1300 allows for comprehensive planning, staff transitions, and increased public awareness, while also enhancing transparency and accountability.¹⁵

Maternal Mental Health Screenings (AB 1936)

Research has shown that one in three pregnant individuals experience anxiety or depression during or after pregnancy.³ Screenings for postpartum depression and other maternal health disorders is essential for educating women about risks, signs, and symptoms while aiding in early detection.¹⁶ Previously, state laws required health plans and insurers to implement maternal mental health programs that include at least one screening for mental health disorders during pregnancy or the postpartum period. However, since these conditions can arise at any time, more frequent screenings throughout both periods are essential for early detection and better support.³

The Maternal Mental Health Screenings (AB 1936) amends the law to require that these programs include at least one maternal mental health screening during pregnancy and at least one additional screening within the first six weeks postpartum, along with any further screenings if deemed necessary.¹⁷ Increasing the number of mental health screenings during pregnancy can ensure that women and birthing individuals experiencing maternal mental health issues during the perinatal or postpartum periods are diagnosed and able to seek appropriate treatment.³ By prioritizing maternal mental health screenings, AB 1936 aims to enhance early detection and improve health outcomes for mothers and infants.

Conclusion

Access to maternity healthcare is decreasing across the nation, affecting seven million individuals and nearly 500,000 babies.¹⁸ Furthermore, approximately one in five pregnant individuals suffer from maternal mental health issue in California.¹⁹ Therefore, AB 1936 aims to increase maternal mental health screenings during and after pregnancy to improve outcomes for both the mother and child while SB 1300 aims to improve transparency when a hospital plans to shut down its maternity ward.^{4,5} However, the new law falls short of addressing the root causes behind the closures of maternity care services, leaving the health and wellbeing of mothers and infants across California still at risk. More action is needed to stem the tide of maternity care deserts and ensure that our mothers and babies receive safe and timely care.

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Did you know?

Since 2012, at least 46 California hospitals have shut down or indefinitely suspended labor and delivery services.²



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