

PROTECTING ACCESS TO MATERNITY SERVICES

A.B. 1386 Asm. Jasmeet Bains



SUMMARY

This bill expands the list of basic services a general acute-care hospital must provide to include maternity services. Ensuring all communities have equitable access to safe and effective maternity services before, during and after pregnancy will save lives and improve health outcomes for women, birthing parents, and infants.

BACKGROUND

California established licensing laws for general acute-care hospitals in 1973 to improve the quality of care and protect access to basic services for all communities.¹ As part of this reform, all hospitals are required to provide eight basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services.

Despite nearly 98 percent of all births in California occurring in a hospital, perinatal services are considered only a supplemental service and are not protected under state law.² Maternity services — also known as perinatal services — are health care services provided to women, birthing parents, and their babies during pregnancy, childbirth, and the postpartum period.

Maternity wards at general acute-care hospitals provide comprehensive perinatal services, including prenatal, labor and delivery, postpartum, and neonatal care, with specialized expertise in managing high-risk pregnancies and newborns needing critical attention. State regulations mandate these units to maintain adequate staff, space, equipment, and supplies to handle emergencies, provide life support, and prevent major disabilities for mothers and infants.

Absent clear protection for vital acute-care services, hospitals cherry-pick which services they provide — or do not provide — based on how much profit they can extract for services

and who can pay for them. Too often this means that corporate hospital administrators target higher cost and lower return services — like maternity services — for elimination.

Over the past decade, California has witnessed the closure of more than 50 hospital maternity wards, significantly reducing access to essential perinatal services across both rural and urban areas.³ During the same ten-year period, California's pregnancy-related maternal mortality rate reached a 10-year high and nearly doubled for Medi-Cal patients.⁴ Most of these maternity ward closures have occurred at for-profit hospitals that predominantly serve low-income Black and Latino communities.⁵

PROBLEM

There are no guardrails to ensure all communities have access to the full range of vital maternity services, particularly acute perinatal care needs that can only be safely provided at a hospital. Consequently, maternity wards are being closed to maximize hospital profits, leaving women and newborns without basic, life-saving services.

The alarming trend of maternity ward closures creates a two-tiered system of care that disproportionately affects marginalized communities, and further exacerbates existing racial and ethnic health disparities.⁶ The loss of hospital-based perinatal services forces expectant mothers into dangerous situations, such as traveling long distances or relying on emergency rooms to deliver a baby.

Each maternity ward closure puts greater strain on the remaining maternity services in a community. The influx of new patients following a maternity ward closure can overwhelm remaining maternity and emergency departments, causing delays in care, contributing to poor patient outcomes, and negatively impacting patient and worker health and safety.

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SOLUTION

To protect communities from losing access to essential perinatal services, the proposed legislation reclassifies perinatal services as a basic service that all general acute-care hospitals must provide as a condition of licensure. Specifically, this bill adds “perinatal services” to the list of basic services under hospital licensure requirements in § 1250 of the Health and Safety Code.

Ensuring all communities have access to risk-appropriate maternal care will improve health outcomes for women and infants, address existing disparities, and support a regionalized system of care that prioritizes equitable access to quality care and patient safety.

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ENDNOTES

- 1 See Health and Safety Code § 1250(a).
- 2 California Health Care Foundation (2023), “Maternity Care in California.”
- 3 *CalMatters* (Sept. 2024), “California’s maternity care crisis is worsening as Newsom decides on bills to slow closures.”
- 4 See CDPH (2023), “Pregnancy-Related Mortality in California, 2012-2020.”
- 5 *CalMatters* (Jun. 2024), “Money-making L.A. hospitals quit delivering babies. Inside the fight to keep one labor ward open.”
- 6 McGregor et al. (2021), “Obstetrical unit closures and racial and ethnic differences in severe maternal morbidity in the state of New Jersey.” *Amer J Obs Gyn MFM*, 3(6), at 100480.