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Addressing Latina Maternal Health Disparities and Obstetric Care Gaps in Texas

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"Empowering Latina Women, Strengthening Communities, and Saving Lives"

Summary

Texas faces a maternal health crisis that disproportionately impacts Latinas/Hispanics, particularly those living in rural and underserved areas. Although Hispanic women represent nearly half of all births in the state, they continue to experience higher uninsured rates, rising maternal mortality, and limited access to prenatal, delivery, and emergency obstetric services.

Texas ranks among the worst states nationally for maternal and obstetric care access and quality. Its performance on the core care components of maternal and obstetric care is significantly challenged—particularly in rural areas where infrastructure (hospitals and specialists' clinics) and access are most constrained. Indeed, Texas is far below national benchmarks, especially on the rural and emergency obstetric care front.

These disparities which disproportionately affect Latinas stem from systemic, geographic, and policy-related barriers that demand urgent and targeted action. Addressing these issues is an equity dividend. Healthier Latina mothers' results in more stable families, a higher labor-force participation by mothers and other childcare givers, and stronger child outcomes. All these factors contribute to a more resilient state economy.

Maternal Health in Texas: Key Facts

- Texas ranks 50th nationwide in women's health and reproductive care—only ahead of Mississippi. (Commonwealth Fund, 2024)
- In the 2024 March of Dimes Report Card, Texas received a grade of *D* for maternal and infant health overall; for example, the preterm birth rate in Texas (11.1 %) is worse than the U.S. rate (10.4 %). March of Dimes
- On prenatal care access: Over 20% of birthing people in Texas received no or inadequate prenatal care, compared with about 14.8% nationally. March of Dimes+2tafp.org+2

- Maternal mortality increased 56% between 2019 and 2022, compared with an 11% national rise. (Texas DSHS, 2024)

- Nearly half (49%) of Texas counties are maternity care deserts, lacking hospitals or clinics that offer obstetric services. (Scholars Strategy Network, 2024)

- Twenty-eight hospital closures since 2010, most in the nation. (Texas Tribute, June 14, 2024, citing TORCH)

Core Components of Maternal and Obstetric Care

According to the World Health Organization (WHO) and the Texas Maternal Mortality and Morbidity Review Committee (MMMRC), high-quality maternal care must ensure a continuum of care before, during, and after pregnancy. This translates to 3 core components of maternal and obstetric care outlined below.

1. Preconception and Prenatal Care
- Health screenings, family planning, and nutritional counseling
- Regular prenatal visits and diagnostic testing for early risk detection
- Education on pregnancy, childbirth, and newborn care
- High-risk pregnancy management and fetal monitoring

2. Labor, Delivery, and Emergency Obstetric Care
- Skilled birth attendance and pain management
- Access to Emergency Obstetric and Newborn Care (EmONC) including antibiotics, transfusions, cesarean, and newborn resuscitation
- Rapid response for complications such as hemorrhage, preeclampsia, or sepsis

3. Postpartum and Ancillary Care
- Postpartum monitoring, lactation support, and mental health screening
- Family planning and social support including transportation and language assistance
- Access to doulas, midwives, and telehealth support. (Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2024)

Texas Core Care Weaknesses

- Pre-conception & Prenatal Care: Texas is under-performing. High rates of inadequate prenatal care signal weak performance in this component.

- EmONC**:** The large share of counties without obstetric services, especially in rural zones, signals serious gaps in this component (delivery access + emergency obstetrics).

- Postpartum & Ancillary Care: While less frequently reported in rankings, the system-wide access challenges (insurance gaps, provider shortages, rural access) also imply postpartum/ancillary care is likewise under-resourced.
- Rural/Geographic Equity: Rural Texas lags substantially. The long travel distances, hospital closures for obstetric units in rural counties, and the large number of maternity care deserts all point to major rural access problems. Texas Tribune

Rural Obstetric Care Crisis

- 47% of rural counties are maternity care deserts; many women travel 30–70 miles for care. (Houston Chronicle, 2024)
- Since 2010, 28 rural hospitals have closed, leaving only 64 that still provide delivery services—the highest closure rate in the nation. (Texas Tribune, 2024)
- 20.4% of Texas women receive inadequate prenatal care, compared to 14.8% nationally, with the greatest deficits in high-vulnerability areas. (Every Texan, 2024)

Latina Maternal, Obstetric and Reproductive Health Disparities and Inequities

- Hispanic women make up 42.7% of women of reproductive age (15–44) and account for 48.7% of all live births in Texas. (March of Dimes, 2023)
- Uninsurance and Economic Barriers
  - 26% of Hispanic women in Texas lack health insurance—more than twice the rate for non-Hispanic white women. (Every Texan, 2024)
  - Latinas comprise 63% of Texas's uninsured population, driven by non-expansion of Medicaid, low-wage employment, and immigration-related ineligibility. (Texas 2036, 2024)
- Language and Cultural Barriers
  - Limited bilingual staff and culturally unresponsive care cause communication gaps and delays in treatment. (Texas DSHS, 2024)
- Restrictive Reproductive Laws
  - Following Texas's six-week abortion ban, Hispanic women accounted for 84% of additional births in 2022. (University of Houston, 2023)
- Infection-Related Mortality
  - Infection and sepsis have become leading causes of preventable maternal deaths among Hispanic women. (Texas Health Services, 2024)

- Pregnancy-related mortality among Hispanic women rose from 13.4 to 22.2 deaths per 100,000 live births between 2019 and 2020, reversing prior progress. (Table 1: Texas DSHS, 2024)

Table 1: Race and Ethnic Comparative Trends in Maternal Mortality (2013–2020)

Demographic Group	2013 PRMR	2019 PRMR	2020 PRMR	Trend
Non-Hispanic White Women	20.3	18.8	16.1	↓ Improving
Hispanic Women	13.4	13.4	22.2	↑ Worsening
Black Women	27.9	27.9	39.0	↑ Severe Increase

PRMR = Pregnancy Related Mortality Ratio | *(Source: Texas DSHS; Texas Tribune, 2024)*

Policy Recommendations and Actions

1. **Close coverage gaps:** Adopt full Medicaid expansion; ensure effective implementation of the recently legislative approved 12-month continuous coverage postpartum through the first year of an infant's life for the birthing parent.
2. **Presumptive eligibility at first touch:** Allow same-day Medicaid/CHIP-Perinatal enrollment at clinics, EDs, FQHCs, and hospitals; reimburse enrollment navigators.
3. **Pay for language access:** Mandate and reimburse qualified medical interpreter services and bilingual care; require language-access plans for all Medicaid MCOs and hospital systems.
4. **Stabilize rural OB care:** Create a Rural Obstetric Access Fund to support OB units, call coverage, tele-OB, and obstetric transfer agreements; subsidize malpractice premiums and on-call stipends.
5. **EmONC readiness statewide:** Require every hospital with an ED to meet obstetric readiness standards (AIM bundles; hemorrhage, HTN, sepsis kits) with annual drills and public reporting.
6. **Doulas & midwives:** Cover community doulas and midwives in Medicaid at living-wage rates; build bilingual workforce pipelines; integrate with hospitals and FQHCs.
7. **Postpartum mental health:** Universal perinatal depression/anxiety screening (prenatal, 6-week, 3-month, 12-month) with fast referral pathways and tele-psychiatry in rural areas.
8. **Immediate postpartum contraception (IPPC):** Reimburse inpatient LARC placement separately from the DRG; ensure no-cost contraception (including OTC) for Medicaid and CHIP-Perinatal.

9. **Transport & regionalization:** Fund 24/7 obstetric transport protocols (EMS training, tele-consult, helicopter/ground MOUs) tied to maternal level-of-care designations.

10. **Culturally Competent and Data-Informed Practices**:
    - Expand bilingual provider training and interpreter services
    - Fund Promotora-base programs (community health workers) to bridge linguistic, cultural, and service access gaps
    - Support doula, midwife, and community-based perinatal programs
    - Standardize maternal mortality case reviews and public data transparency

11. **Equity accountability:** Publish a maternal equity dashboard (race/ethnicity + language + geography) and tie Medicaid plan bonuses to reducing disparities in severe maternal morbidity (SMM), sepsis, and hemorrhage.

Conclusion

Latinas form the backbone of Texas's maternal and family health landscape, representing nearly half of all births. Yet, they continue to face disproportionate barriers to care that place mothers and infants at unnecessary risk. Addressing this crisis requires coordinated policy, healthcare, and community action—ensuring that every woman, regardless of race and ethnicity, income, or geography, can experience a healthy pregnancy and birth.

Investing in equitable maternal and obstetric care is both a **public-health imperative** and an **economic strategy**. Healthier Latina mothers mean more stable families, higher labor-force participation, stronger child outcomes, and a more resilient state economy. These gains are *"equity dividends," - which means* turning health equity into measurable economic mobility and prosperity for all Texans.

Sources

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