

**Public Health  
Department**  
Alameda County Health



## Promoting Maternal, Paternal, Child, and Adolescent Health in Alameda County

*MPCAH Programs and Data Report, 2025*

*Maternal Health Awareness Day*

January 23, 2026

# Introduction

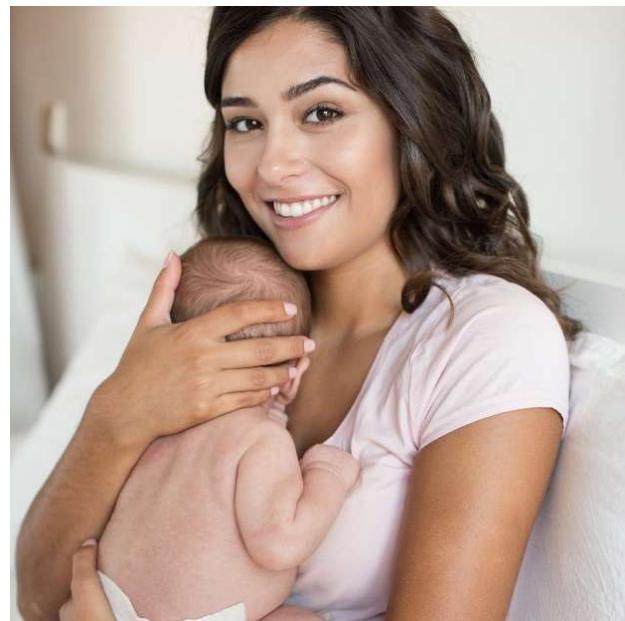
The Alameda County Public Health Department (ACPHD) is privileged to support maternal, paternal, child, and adolescent health in Alameda County and to celebrate national Maternal Health Awareness Day on January 23, 2026. This report describes Alameda County's approach to supporting maternal and infant health and highlights key data on maternal and infant health indicators.

The Family Health Services (FHS) Division's Maternal, Paternal, Child, and Adolescent Health (MPCAH) unit leads with a recognition that where people live, give birth, and raise families shapes health outcomes as profoundly as clinical care. Persistent inequities in maternal health stem from structural racism, historical disinvestment, and unequal access to care.

Through sustained collaboration with community members, MPCAH delivers culturally responsive, place-based services that address social determinants of health while honoring reproductive choice and autonomy. By removing barriers such as childcare and transportation, elevating authentic family voices, and centering community expertise, MPCAH ensures maternal health strategies reflect community priorities—not imposed solutions.

Maternal Health Awareness Day is an opportunity to affirm that maternal health is not only about pregnancy and birth outcomes, but about equity, dignity, and well-being across the life course. In observance of this day, MPCAH is focusing on four key themes which are detailed in the MPCAH Call to Action section later in the summary:

*Figure 1. Person holding a baby.*



**Theme 1: Advancing Maternal Health Equity & Countering Structural Racism**

**Theme 2: Reproductive Health Access & Choice**

**Theme 3: Maternal Mental & Physical Well-Being Across the Life Course**

**Theme 4: Fathers/Partners and Supportive Networks as Integral to Maternal Health**

Over time, the Alameda County's MPCAH has evolved in response to emerging research, community feedback, and the changing needs of families, while remaining steadfast in its mission to reduce infant mortality and improve maternal well-being. As a regional thought leader in maternal and perinatal health, MPCAH has consistently aligned maternal, child, and family support strategies with the broader social and structural conditions that shape health. This ongoing commitment reflects a clear message for Maternal Health Awareness Day: advancing maternal health requires equity-driven systems, community-led solutions, and sustained investment in the well-being of mothers, fathers, partners, and families across the life course.

*Figure 2. Multigenerational family of eight.*



# Data Highlights

## Alameda County Births and Birth Rates

This summary highlights key information from the 2025 Promoting Maternal, Paternal, Child and Adolescent Health in Alameda County slide set.

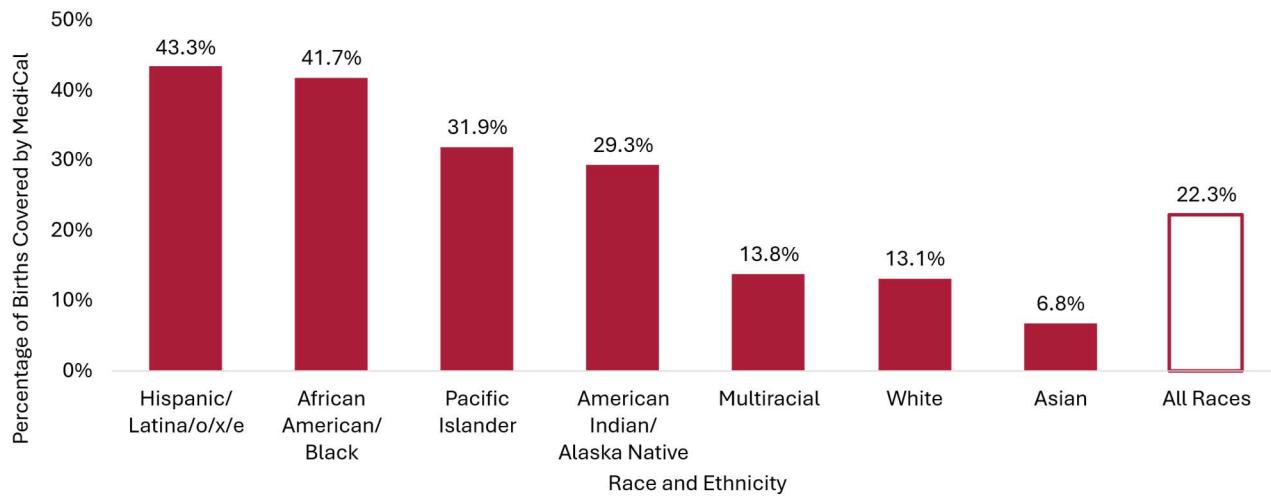
Approximately 16,000 babies are born each year in Alameda County, one of the largest and most diverse counties in the country. The greatest number of births are among Asian, Hispanic/Latina/x, and White persons. The birth rate in Alameda County declined 25% in the past 15 years, from 12.8 per 1,000 people in 2010 to 9.5 births per 1,000 people in 2024.

Pregnancy and childhood are shaped by the structural context in Alameda County, which has a high cost of living relative to the United States and substantial inequities that may grow over generations. More than one third (33.6%) of African American/Black children under age 6 in Alameda County live in poverty, a poverty rate 13.4 times higher than for White children (2.5%). Inequities in poverty and economic security affect food and housing security in pregnancy and childhood, as well as where children and their families live, learn, and play.

Figure 3. Person holding a baby.



Figure 4. Alameda County Births Covered by Medi-Cal, by Race and Ethnicity (2022-2024).

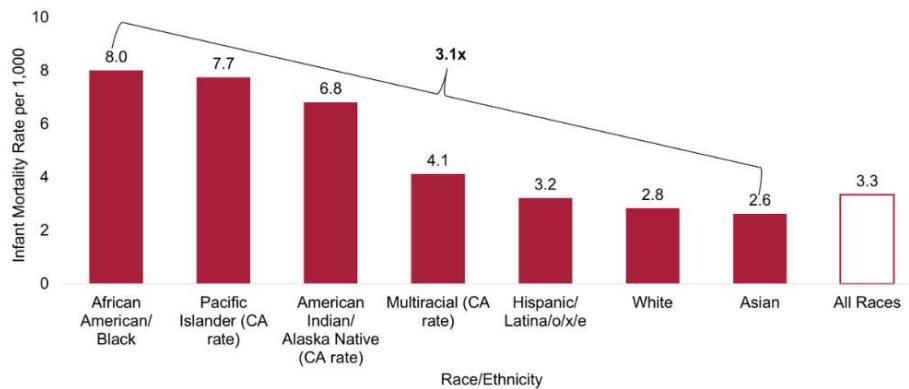


More than 1 in 5 births (22.3%) in Alameda County were covered by Medi-Cal, highlighting the importance of Medi-Cal in our community, particularly for Hispanic/Latina/x, African American/Black, Pacific Islander and American Indian/Alaska Native people, who had the highest percentages of Medi-Cal- covered births (Figure 4). Medi-Cal provides comprehensive coverage for pregnant people and children. Recent policy changes may reduce Medi-Cal coverage and access to health care.

## Alameda County Infant, Fetal, and Maternal Deaths

Infant deaths are an important marker of the health of a society. Communities affected by structural inequities and underfunding experienced worse outcomes of infant mortality. In Alameda County, Pacific Islander, African American/Black, and American Indian/Alaska Native populations have the highest infant mortality rates. African American/Black infants had the highest mortality rate of 8 deaths per 1,000 live births (Figure 5). This mortality rate was 3.1 times higher than the infant mortality rate for the Asian population, which had the lowest mortality rate (Figure 5).

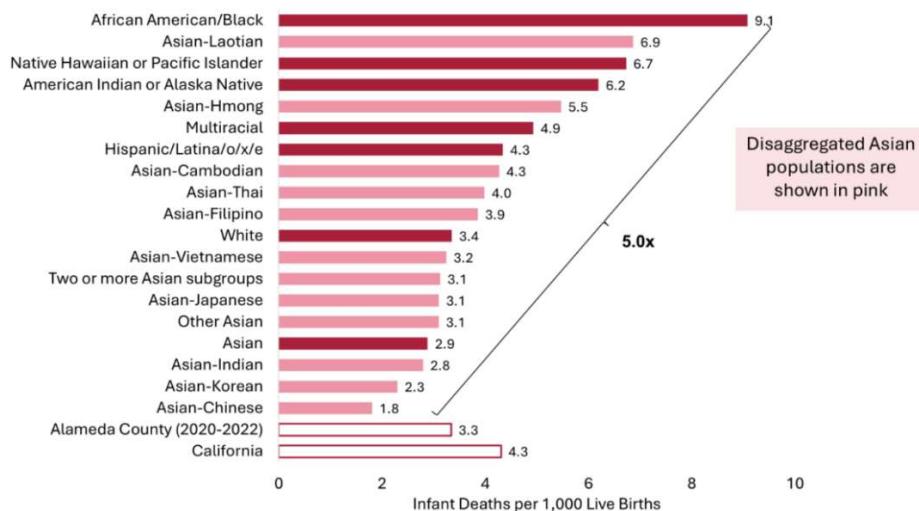
*Figure 5. Alameda County Infant Mortality, by Race and Ethnicity (2020-2022).*



Source: CAPE, with data from CDPH Infant Mortality Dashboard 2020-2022.

Statewide data with additional detail on race and ethnicity show that African American/Black people also have the highest rates of infant mortality in the state, followed by Asian-Laotian, Pacific Islander, and American Indian/Alaska Native populations.

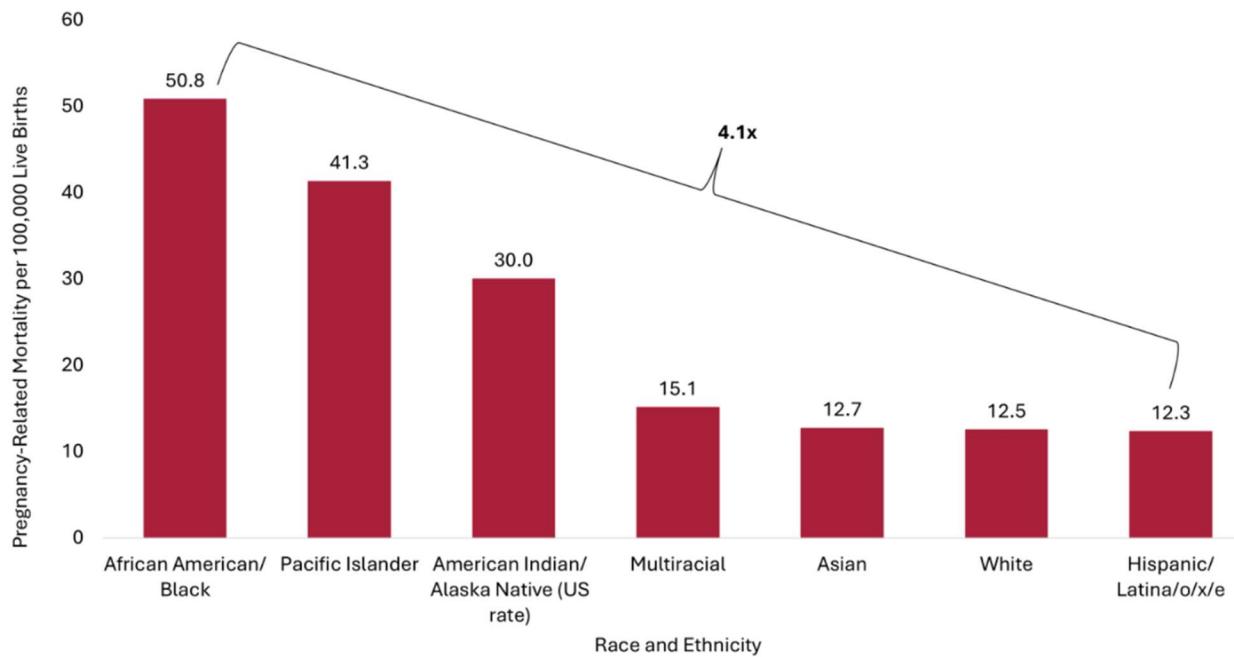
*Figure 6. California Infant Mortality, by Detailed Race and Ethnicity (2013-2022).*



Source: CDPH Center for Family Health/Maternal, Child and Adolescent Health Division/Epidemiology, Surveillance, and Federal Reporting Section, 2013-2022.

Sudden Infant Death Syndrome (SIDS) is a leading preventable cause of infant mortality. Structural inequities, such as disparities in paid parental leave and caregiving support, contribute to racial and ethnic differences in SIDS deaths. Placing babies on their backs to sleep, using a crib free of pillows and soft items, and avoiding bed-sharing—especially if a parent or guardian recently used alcohol or other substances—can help reduce risk. Breastfeeding, when supported and possible, also offers protection. Supporting pregnant people, fathers, and other caregivers with resources, time, and compassion is essential to reducing SIDS and promoting infant well-being.

*Figure 7. California Pregnancy-Related Mortality, by Race and Ethnicity (2009-2022).*



Source: CDPH Center for Family Health/Maternal, Child and Adolescent Health Division/Epidemiology, Surveillance, and Federal Reporting Section, 2013-2022, and CDC MMWR <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

\*American Indian/Alaska Native data are 2007-2016 national estimates due to the small number of deaths in CA.

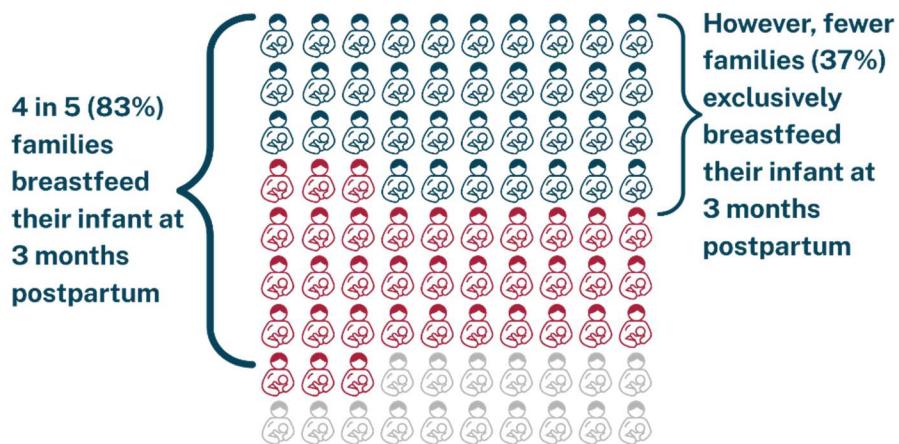
Maternal deaths during pregnancy, childbirth and postpartum are tragic and rare events. While there are too few maternal deaths to report maternal mortality by race and ethnicity in Alameda County, California data indicate African American/Black people have the highest rate of maternal mortality, 4.1 times higher than Hispanic/Latina/x people, who had the lowest rate of maternal mortality (Figure 7). Pacific Islander people also have elevated rates of maternal mortality in California (Figure 7).

## Alameda County Infant Indicators

Reducing rates of low birthweight and preterm birth, as well as promoting safe sleep and breastfeeding practices, are critical for newborn health. These factors are linked to serious complications such as jaundice, infections, and breathing difficulties in infants. They also have long-term consequences, including learning disabilities in childhood and increased risk of high blood pressure and type 2 diabetes in adulthood. Recent findings about low birthweight, preterm births, breastfeeding, and safe sleep practices in Alameda County include:

- In 2022-2024, African American/Black women and birthing people (10.3%) were 2.3 times as likely to have a low birthweight birth as their white counterparts (4.5%).
- African American/Black birthing persons born in the United States (11.6%) were more likely to have low birth weight births compared to African American/Black birthing persons born outside of the United States (5.3%).
- Preterm births (before 37 weeks gestation) were highest among American Indian/Alaska Native populations at 11.0%, nearly double the rate among White women and birthing persons (6.0%).

*Figure 8. Breastfeeding facts.*



- Figure 8 shows a pictogram displaying that 83% of women/birthing people breast feed at least once at 3 months postpartum, and 37% only breast feed consistently at 3 months postpartum.
- Our programs share education on safe sleep practices to reduce SIDS deaths in the county. Overall, about 90% of Alameda County families place their infants on their back to sleep, but there is variation by race and ethnicity.
- There is also variation in the safe sleep practice of having infants never or rarely share a bed with a family member.

*Figure 9. Crib icon.*



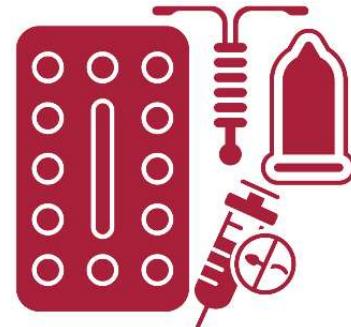
Due to structural racism and differences in socioeconomic position, some women and people giving birth have less time and resources to spend on lactation supports, supplies, and infant care education. For example, policies that do not guarantee paid family leave limit a parent's time with baby and may complicate breastfeeding practices if the mother/birthing person does not have favorable pumping accommodation at work.

County programs have identified workplace factors like supportive breastfeeding environments, health education to promote breastfeeding, advocacy for pumping at work, and the ability to maintain proper storage of pumped milk at work as being essential to continued and exclusive breastfeeding practices.

## Alameda County Pregnancy and Delivery Indicators

Reproductive health access and family health planning services provide critical care in Alameda County. Investing in family planning prevents unintended pregnancies, Human Immunodeficiency Virus (HIV) and other sexually transmitted infections (STIs), cervical cancer, infertility, and preterm and low-birth weight births. Recent findings include:

- In California, 3.9% of women 18-44 years had an unintended pregnancy in the past 12 months.
- In Alameda County, the overall teen birth rate is declining, but Hispanic/Latina/x teens have the highest teen birth rate.
- Among women over the age of 18 in Alameda County, the main birth control methods to prevent pregnancies in the past 12 months are birth control pills (31.5%), IUD (25.9%), condoms (25.5%), and implant (7.1%).



*Figure 10. Birth control method icons.*

MPCAH supports individuals in making informed decisions about their bodies, pregnancies, and families, while addressing structural barriers that limit access to care. Services are designed to reach pregnant and postpartum people regardless of race/ethnicity, income or city of residence, reinforcing the principle that quality maternal care is a right, not a privilege.

Chronic stress, discrimination, trauma, and socioeconomic inequities are among the many factors that influence mental health and cardiovascular trajectories throughout one's life. Maternal mental, physical and social well-being are addressed before, during, and after pregnancy, with particular attention to toxic stress, trauma, and perinatal mood disorders. In Alameda County, recent findings include:



Gestational diabetes may increase the risk of pregnancy complications, type 2 diabetes, and other adverse maternal and infant outcomes.

- Roughly 1 in 5 (22.1%) Pacific Islander mothers and birthing persons were diagnosed with gestational diabetes at delivery.



Pregnancy-associated hypertension is also associated with the development of complications and cardiovascular risk factors.

- African American/Black (20.7%) and Pacific Islander (19.4%) mothers and birthing persons were among the most affected.



Severe Maternal Morbidity (SMM) is potentially life-threatening, serious conditions and major causes of maternal death.

- African American/Black (2,224.1 per 10,000 delivery hospitalizations) and Pacific Islander (215.7 per 10,000 delivery hospitalizations) women are most affected by SMM.



Mental Health is another key area of focus.

- African American/Black people had the highest percentage of prenatal depressive symptoms (29.3%). This is 2.7 times higher than White people (11.0%), who had the lowest rate of prenatal depressive symptoms.
- American Indian/Alaska Native people in California had the highest rate of postpartum depressive symptoms (24.6%). This is 2.9 times higher than White people (8.6%), who had the lowest rate of postpartum depressive symptoms.

Maternal health during pregnancy also shapes fetal development and early childhood environments.

Prenatal care is a key touchpoint that can lead to better long-term health outcomes and reduce risks for complications such as preeclampsia, preterm birth, birth defects and low birthweight. Among Alameda County birthing persons in 2022-2024, 88% accessed early prenatal care and 63% had adequate prenatal care.

*Figure 11. Pregnant person and healthcare provider.*



However, less than two thirds (63%) of women and birthing persons receive adequate prenatal care. Less than three quarters of Pacific Islander women/birthing persons receiving early prenatal care relative to more than 90% of Asian women/birthing persons. Less than half of American Indian/Alaska Native and Pacific Islander women/birthing persons receive adequate prenatal care.

*Figure 12. Baby icon.*



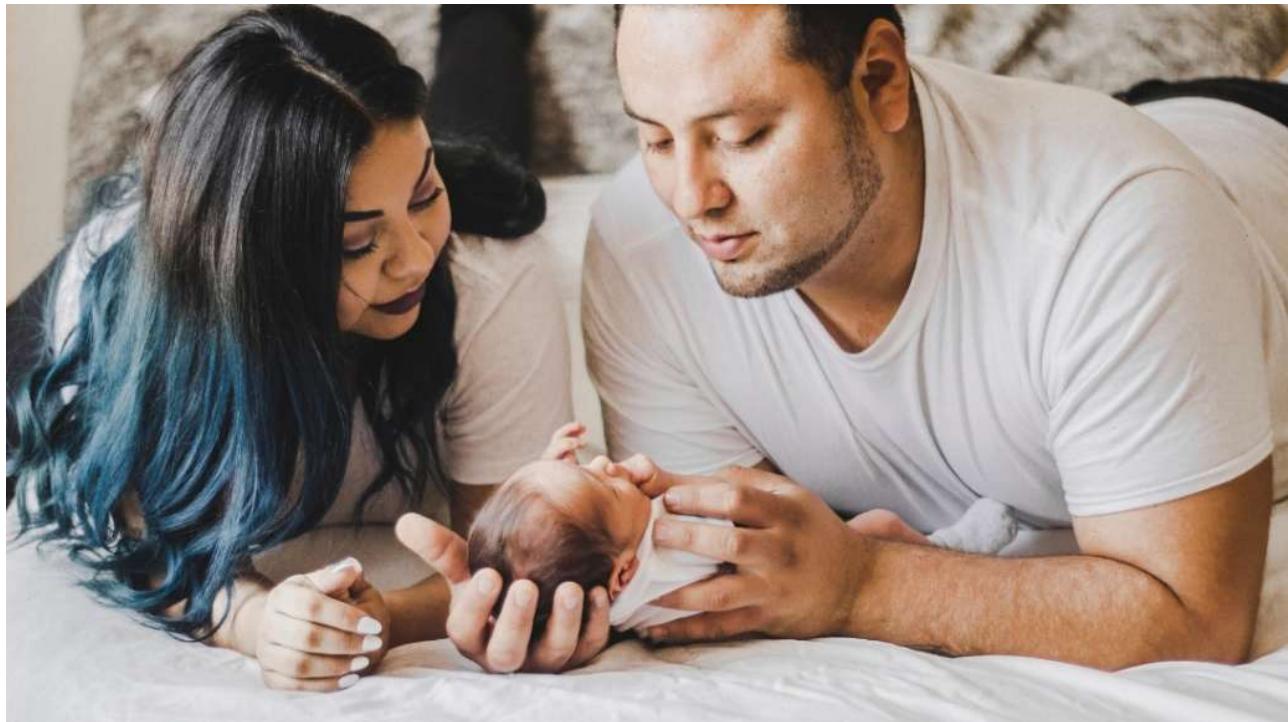
Congenital syphilis, which is syphilis in a newborn, occurs when a pregnant person passes the infection to their fetus during pregnancy or during birth.

Babies born with congenital syphilis may have deformed bones, skin rashes, jaundice, and other physical, neurologic, and developmental impairments. Some contributing factors include increasing rates of syphilis in the community, provider knowledge and practices, lack of healthcare access, reductions in sexual health services, housing instability, and poverty.

Congenital syphilis can be prevented with timely screening and adequate prenatal care during pregnancy.

MPCAH's vision of maternal health explicitly elevates the role of fathers and partners in promoting healthy pregnancies, births, and parenting experiences as integral to family and community well-being. Support services for single fathers, re-entry fathers, and partners of female clients acknowledge that paternal involvement strengthens maternal mental health, reduces stress, and contributes to positive outcomes for children. By embedding father-centered care into its maternal health framework, MPCAH advances a more inclusive and holistic model of family health.

*Figure 13. Couple gently holds their newborn baby.*



# MPCAH Call to Action

## Alameda County's Maternal, Paternal, Child and Adolescent Health (MPCAH) Services and Programs

Alameda County's Maternal, Paternal, Child and Adolescent Health (MPCAH) unit demonstrates a long-standing commitment to advancing maternal health equity through community-centered, culturally responsive approaches that confront structural racism and affirm reproductive health access and choice. MPCAH addresses the four themes through a life-course framework that centers mental and physical well-being before, during, and beyond pregnancy, integrating trauma-informed and healing-centered practices across local initiatives. Through population-based strategies and the [Starting Out Strong Family Support System of Care](#), MPCAH strengthens support for birthing people, fathers and partners, and families by addressing toxic stress, perinatal mood disorders, and long-term health stability.

### Theme 1: Advancing Maternal Health Equity & Countering Structural Racism

*Figure 14. Breastfeeding support.*



Structural racism continues to drive deep inequities in maternal health outcomes. Communities of color—particularly Black, Indigenous, and Pacific Islander mothers—are disproportionately affected by preventable complications, limited access to respectful care, and higher maternal mortality rates. Maternal health equity is not optional—it is essential for healthy families and resilient communities.

- **Recognizing racism as a public health crisis**—MPCAH has an explicit commitment to racial equity and to countering the cumulative impacts of racism on maternal physical and mental health.
- **Strengthening culturally responsive, community-led interventions**, including doula care, midwifery models, *promotoras* and trusted local health organizations.
- **Grounded in community partnership**—MPCAH's work is rooted in collaboration, leadership from those with lived experience and uplift the voices of birthing people most affected.

## Theme 2: Reproductive Health Access and Choice

Access to reproductive health and the ability to make informed choices are core to MPCAH's mission where quality maternal care is a right, not a privilege. Ensuring access to safe, equitable, and timely reproductive health services and choice supports healthier births, safer pregnancies, and stronger families. Restrictions, transportation barriers, financial burdens, and limited local providers all influence whether people can exercise reproductive autonomy.

- **Reproductive care as a continuum**—including contraception, prenatal care, safe birthing options, and postpartum services.
- **The importance of informed decision-making** — every birthing person has the right to choose what is best for their bodies, pregnancies, health, family, and future.
- **Integrating trauma-informed and healing-centered practices**— working to ensure that birthing people are supported clinically, emotionally and socially in its programs
- **Community resources and navigation support**, connecting families to local clinics, telehealth, benefits programs, and culturally relevant services.

*Figure 15. Doctor talking to pregnant person.*



## Theme 3: Maternal Mental & Physical Well-Being Across the Life Course

*Figure 16. Pregnant person meditating.*



Maternal health begins long before pregnancy and continues well after childbirth. Central to MPCAH's maternal health strategy is a life-course approach that recognizes maternal mental and physical well-being before, during, and after pregnancy. Across the life course, social stressors, medical conditions, and environmental factors shape a birthing person's physical and mental health.

- **Mental health as essential to maternal health**, including postpartum depression, anxiety, birth trauma, and stigma reduction.
- **Chronic disease prevention and management**, especially hypertension, diabetes, and cardiovascular conditions that affect pregnancy outcomes.

- **The role of preventive care**, nutrition, physical activity, and stress reduction in maternal well-being at every stage.
- **Support throughout the postpartum year and beyond**, recognizing that holistic, compassionate care that supports families throughout the entire reproductive journey.

#### Theme 4: Fathers and Partners as Integral to Maternal Health

The involvement of fathers, partners, and support networks strengthens maternal health outcomes. Supportive relationships reduce stress and contribute to improved maternal mental health and stability. Systems often overlook partners' roles in pregnancy, birth, and postpartum care. Inclusive strategies that engage partners foster healthier pregnancies, positive birth experiences, and resilient families.

*Figure 17. Person holding a baby.*



- **The importance of partner involvement** in prenatal visits, birth planning, and postpartum care.
- **Shared responsibility for family health**, including creating safe home environments, promoting rest, and supporting recovery.
- **Positive fatherhood and partner engagement** for single fathers, re-entry fathers, and partners of female clients support infant bonding, maternal well-being, and long-term child development.

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Alameda County Public Health Department's work reflects a life-course approach to maternal health that recognizes mental and physical well-being as interconnected and essential before, during, and long after pregnancy. Local efforts, including MPCAH's population-based strategies and Starting Out Strong Family Support System of Care home visitation services, integrate trauma-informed and healing-centered practices, address toxic stress and perinatal mood disorders, and connect families to the resources needed to sustain health and stability over time. Alameda County's locally implemented programs and initiatives include:

### **Alameda County Healthy Start Initiative**

Federally funded initiative advancing Black maternal and Black infant health equity by supporting women, fathers/partners, and infants during and after pregnancy through coordinated care and community partnerships.

### **Black Infant Health (BIH)**

Evidence-informed program using group-based support and coordinated services to address birth inequities. Focuses on empowerment, peer connection, life planning, and systems collaboration to improve Black maternal and Black infant health outcomes.

### **Blue Skies Mental Wellness Program**

Provides community-based mental health coordination and therapy for perinatal families. Focuses on perinatal mood disorders, trauma-informed care, parent-infant bonding, and integration across the Starting Out Strong Family Support System of Care.

### **Building Bridges for a Healthy Baby**

Public health nursing program providing intensive case management, education, and care coordination. Addresses prenatal, postpartum, and infant health needs through physical and psychosocial assessment, planning, and ongoing family-centered support.

### **Doula Services Medi-Cal Benefit**

Coordinates access to comprehensive doula services including birth planning, lactation, and prenatal, labor and delivery, and extended postpartum support. Strengthens continuity of care, informed decision-making, and connections to community-based perinatal resources.

### **EmbraceHer**

Provides culturally responsive perinatal group education and systems coordination. Centers Black women and birthing people while supporting trauma recovery, healthy pregnancy, child development, and equitable maternity care practices.

### **Fatherhood Initiative**

Promotes health education, engagement, and systems navigation. Strengthens parenting skills, healthy relationships, care coordination, and community connections across pregnancy, early childhood, and family transitions.

### **Fetal and Infant Mortality Review (FIMR)**

Collects, analyzes, and reviews fetal and infant death data to identify contributing factors. Facilitates multidisciplinary learning, systems improvement, and data-informed recommendations to reduce disparities and prevent future deaths.

### **Healthy Families Alameda County**

Evidence-based home visiting program delivered by trained social workers. Supports maternal and child health, parent-child relationships, protective factors, and family stability from pregnancy through early childhood using evidence-informed practices.

### **Nurse-Family Partnership**

Evidence-based nurse home visiting program supporting first-time parents. Focuses on prenatal health, child development, maternal life-course outcomes, and economic stability through structured long-term public health nursing support.

### **Perinatal Services and Reproductive Equity Program**

Leads equity-focused perinatal systems coordination addressing structural drivers of birth disparities. Provides oversight, technical assistance, education, and cross-sector collaboration to strengthen respectful, high-quality reproductive health care.

### **Preconception and Reproductive Health Program**

Promotes reproductive life planning, positive sexuality, and informed decision-making. Provides education, coordination, and referral resources supporting pregnancy prevention, birth spacing, and access to comprehensive reproductive health information.

### **Special Start**

Provides multidisciplinary systems coordination for medically fragile infants. Integrates nursing, social work, therapy, and specialty care to address complex medical, developmental, and psychosocial needs across hospital and community settings.

### **Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID) Program**

Coordinates mandated follow-up and system reconciliation for reported infant deaths. Promotes education, training, interagency collaboration, and risk reduction strategies to ensure consistent, accurate information across Alameda County.

**We are deeply committed to supporting and celebrating maternal health in our community. Together, we can improve maternal health and drive progress toward equity for all.**

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