Fate of Black Maternal Health Programs Is Unclear Amid Federal Cuts

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Eboni Tomasek expected to take home her newborn the day after he was born in a San Jose hospital. But, without explanation, hospital staff said they needed to stay a second night. Then a third. A nurse said her son had jaundice. Then said that he didn't. She wondered if they had confused her with another African American mother. In any event, why couldn't she and the baby boy she'd named Ezekiel go home?

No one would say. "I asked like three times a day. It was brushed off," Tomasek said, relaying her story by phone as she cradled Ezekiel, now 6 months old, in their San Jose apartment. She was told only that more tests were being run to ensure "everything's good before you leave."

She knew that her intensifying anger and fear about the holdup could raise her blood pressure, that Black pregnant women and new mothers are especially vulnerable to hypertension, and that it could kill her. Distraught, she called the person she most trusted to calm her, a caseworker for Santa Clara County's Black Infant Health program.

"She really did help me to stay centered," Tomasek said of the caseworker, who tracked her health throughout the pregnancy. "I felt a lot better."

Since 2000, approximately 14,000 families have participated in Santa Clara County's Black Infant Health program and related Perinatal Equity Initiative, both aimed at decreasing racial disparities in maternal and infant health. Enrolled mothers are assigned caseworkers and nurses who visit them at home to monitor blood pressure and other vital signs, help with breastfeeding, and screen infants for developmental delays.

The mothers also attend support groups to learn skills to buffer the well-documented effects of racism in obstetric care.

The programs have measurably improved the health of enrolled women over the past decade, county data from 2024 shows, reducing rates of maternal hypertension — a leading cause of pregnancy-related deaths — by at least 30% and increasing screenings for other potentially life-threatening conditions.

Experts in the field and program participants stress that this work is urgent — in California, Black women are at least three times as likely as white women to die from pregnancy-related causes, and, nationally, Black infants have the highest rates of preterm birth and mortality.

While advocates for Black mothers laud the programs' results as cause for optimism, they are concerned that the climate against diversity, equity, and inclusion, or DEI, initiatives could impede progress. Efforts to improve the health of this at-risk population have been targets of private lawsuits before, but since President Donald Trump took office, he has demanded the termination of all "'equity-related' grants" and threatened federal litigation against programs he claims illegally favor one racial group over another — even when they are designed to save lives, as is the case with the Santa Clara efforts.

Santa Clara County has received most of the $1 million-plus in federal funding it expects for Black Infant Health and the Perinatal Equity Initiative programs for the fiscal year ending in June. But county officials say it's unclear how much, if any, of the remaining money — which comes from the federal health department's Health Resources and Services Administration and Centers for Medicare & Medicaid Services — is at risk amid federal anti-DEI policies and the recent cuts at the Department of Health and Human Services. The status on funding for the coming fiscal year is also unknown, county officials said.

Santa Clara stands to lose more than $11 million in public health funds due to the federal cuts, including money used to help deliver health services to underserved communities. A list of some of the federal grants already terminated includes millions of dollars from at least three programs in other states focused on Black birth outcomes.

Any decrease in federal funding for these types of programs could have dire consequences, said Angela Aina, cofounder and executive director of Black Mamas Matter Alliance. "We will likely see an increase in deaths," she predicted.

Aina's group pilots research and promotes public policy on behalf of 40 U.S. community-based organizations focused on Black maternal health. Member programs connect pregnant women to health care, counseling, and nutritional and breastfeeding advice, among other things.

If these services are cut, advocates fear, the progress made toward reducing racial disparities in birth outcomes could backslide. KFF research has found that eliminating such focused efforts could exacerbate the inequities, worsen the nation's health, and increase health care costs overall.

"Our stakeholders are in a state of confusion right now because the federal workers that still have a job are not allowed to communicate, or there's some kind of muzzle on their communication," Aina said. "We don't know — are we going to receive the rest of those grant funds?"

When asked how the state would respond to federal budget cuts to programs like Black Infant Health, Brian Micek, a California Department of Public Health spokesperson, said only that the agency remains "committed to protecting Californians' access to the critical services and programs they need" and steadfast in its mission to "advance the health and well-being of

California's diverse people and communities."

Requests for comment from the federal departments responsible for the grants funding Santa Clara's programs went unanswered.

Communications directors from groups working on reducing racial disparities in birth outcomes declined to be interviewed for this article, citing fears of retribution.

Tonya Robinson, program manager for Black Infant Health, stands defiant in the face of these threats. She sees the federal government's anti-DEI crusade as an invitation to practice the very skills they teach.

"Our program is working," Robinson said. "And the way it's working is by empowering women, giving women voices to help them stand up for what is right, and to recognize discrimination and the impact of structural racism on their bodies."

The government's antagonism toward her work inspires Robinson to soldier on calmly as a role model for the women she serves.

"We're continuing to forge ahead," Robinson said. "We want to make sure that we can be an example of how to manage stress at this time, in front of our clients."

Evidence surfaced that childbirth was deadlier for African American women than white women more than a century ago. But the issue did not gain significant public attention until 2018, when celebrities like Beyoncé and Serena Williams began airing their harrowing birth stories, highlighting the striking vulnerability of Black pregnant women and new mothers, even those with unlimited means.

In 2021, then-President Joe Biden proclaimed a week in April Black Maternal Health Week. A presidential proclamation marking that week in 2024 read that "when Black women suffer from severe injuries or pregnancy complications or simply ask for assistance, they are often dismissed or ignored in the health care settings that are supposed to care for them."

Eboni Tomasek certainly felt ignored.

Three days after giving birth in September — and after her Santa Clara caseworker reminded her she had a right to know why she wasn't being released — a nurse finally explained that Tomasek's blood pressure had been too high for the hospital to safely discharge her.

Had she been white, Tomasek believes, the staff would have informed her sooner. "I feel like they were being racist," she said. She credited her training through Black Infant Health with her ability to calm herself and help lower her blood pressure, allowing her to leave that day with Ezekiel.

Jamila Perritt, president and CEO of Physicians for Reproductive Health, believes that the poor health outcomes Black women and infants face have historical roots and will change only with the help of programs that, like those in Santa Clara, address conditions facing Black women.

“What we’re seeing in terms of maternal mortality are race-bound conditions,” said Perritt, an obstetrician who co-chairs Washington, D.C.’s Maternal Mortality Review Committee. “Our policies cannot be race-blind if we’re attempting to address them.”

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