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BOLD FUTURES

CREATING PATHWAYS TO BIRTH EQUITY IN NEW MEXICO

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Design by Christian Redbird

Danica Terrones credits being present at the birth of her older sister's child as the formative experience that inspired her to become a doula years later. The Las Cruces-raised Chicana was only 16 years old at the time. “My parents were hoping that being at the birth would serve as a form of birth control,” she says, with a chuckle. “But this was my sister’s third birth, so she was already a pro. Her birth was very peaceful. I didn’t know birth could be that calm.” Rather than serving as a cautionary tale, witnessing this birth experience introduced Terrones to how beautiful and powerful birth can be. This eventually led her to a career as a doula, providing non-medical support to people through their pregnancy, birth, and postpartum journeys—support which research indicates has significant positive impacts on maternal and infant health outcomes and experiences.[1]

“Maternal mortality and morbidity rates are ridiculously high among people of color, particularly among Black and Indigenous communities,” Terrones says when asked what she hopes to change as a doula and Birth Justice Manager at reproductive justice organization Bold Futures. “Not that doulas are the only solution to a complex problem, but the more doulas families have access to, the better the outcomes have the potential to be.”

THE STATE OF MATERNAL HEALTH IN THE U.S. AND N.M.

The United States remains in a maternal mortality crisis with the highest maternal mortality and morbidity rates among developed countries, documented at 22 maternal deaths per 100,000 live births in 2022.[2,3] Meanwhile, in New Mexico, the maternal mortality rate is even higher at 28 per 100,000 live births. Stark racial and ethnic inequities exist in New Mexico and are illustrated by Indigenous people having a pregnancy-associated mortality rate that is almost one and a half times higher than non-Hispanic white people and twice the rate for Hispanic people. Also, Native women die at nearly twice the rate at which they give birth.[4] While small population numbers make it difficult to determine accurate statistics for the non-Hispanic Black population in New Mexico, at the national level, Black people are 3 to 4 times more likely to die from pregnancy-related causes than white people.[5] Socio-economic inequities are also alarming, since Medicaid recipients in New Mexico have a pregnancy-associated death rate about 3.5 times higher than people with other types of health insurance coverage.[4] This impacts a great number of pregnant people, given that 70% of births in New Mexico are covered by Medicaid.[6] These disparities reflect deep structural inequities, including limited access to comprehensive and culturally-responsive care.

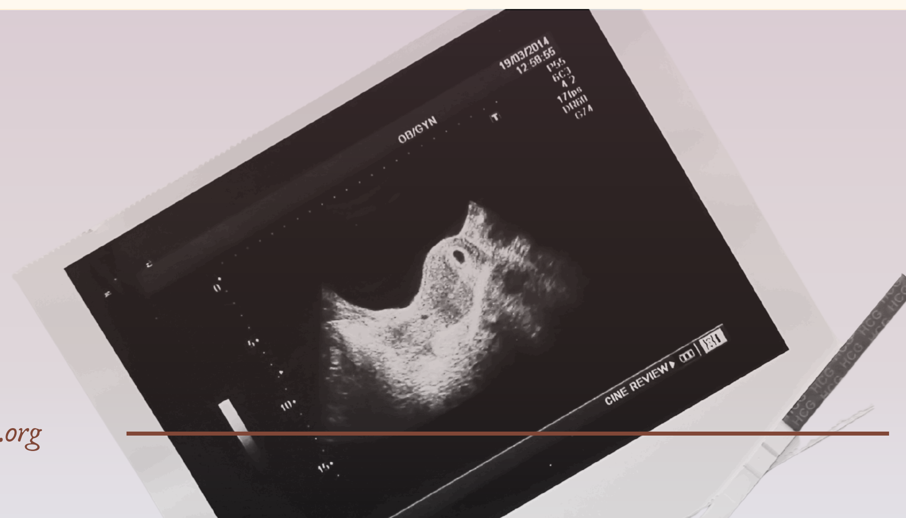
Despite the harsh reality of these statistics, there are many different organizations, advocates, and care providers in our state doing amazing work to help improve maternal health inequities. And when these organizations work together, the impact they can have on pregnant families is even more powerful.

New Mexico has long been a national leader in perinatal collaborations across disciplines that bring together midwives, OB-GYNs, Family Practice doctors, and many other professionals, including doulas.[7] Our state also has a history of embracing the importance of both hospital and community birth.[8,9] Yet we have an urgent need for improvement.

THE STATE OF THE MATERNAL HEALTH WORKFORCE IN NEW MEXICO

NM's healthcare system has been chronically understaffed due to a lack of nursing, medical, and behavioral health professionals. Various contributing factors have been noted by the New Mexico Healthcare Workforce 2025 report and the New Mexico Medical Workforce Shortage 2026 report, including insufficient economic and student loan forgiveness incentives, an increasing number of retirements, low Medicaid reimbursement rates, medical malpractice premiums, and, until just recently, a lack of participation in nationwide provider compacts.[10,11] The state continues to grapple with a variety of legislative solutions.

The 2025 report also shows a decrease in NM's intrapartum workforce that includes Certified Nurse-Midwives, OB-GYNs, Licensed Midwives, and Primary Care providers, although the report does not separate the Family Practice



physicians who offer birthing care from those who don't. Other important workforce measurements show that many are close to retirement age and their ethnicities do not reflect New Mexico's patient populations, exhibiting the need for an intentional allocation of resources that will support a more ethnically diverse workforce and its associated benefits in health outcomes.[12,13]

Registered Nurses (RNs) are the state's greatest shortfall. It is estimated that 5,409 RNs are needed for all New Mexico counties in order to meet national benchmarks. In maternal child care, this equates to less RNs for Labor & Delivery Units, Neonatal Intensive Care Units, Newborn and Pediatric units, and home-visiting programs, among others. The New Mexico Healthcare Workforce report does not include statistics for other valuable birthworkers such as Community Health Workers, doulas, or lactation consultants.

CRITICAL REPORTS ON MATERNAL AND INFANT HEALTH IN NEW MEXICO

The March of Dimes (MOD) scored New Mexico a C in its prevention of preterm birth. MOD also reports 11 of the 33 counties (33%) in NM have been designated as having insufficient access to perinatal care providers or birthing facilities, with a national average of 32.6%.[14,15]

In 2023, the average percentage of women who did not have a birthing hospital within 30 minutes was 17.9% in New Mexico, compared to 9.7% nationally. Also, 23.3% of birthing people in New Mexico received inadequate prenatal care, greater than the U.S. rate of 14.8%.

The 2025 New Mexico Maternal Mortality Review Committee (NM MMRC) report reviewed deaths from 2015-2020 and found that 108 people died during pregnancy, or within one year of the end of pregnancy.[4] The report identified mental health conditions as the leading cause of pregnancy-related mortality, accounting for 38.6% of deaths, followed by cardiac conditions (18.2%) and hemorrhage (13.6%). Substance use disorder was involved in more than half of pregnancy-related deaths, while mental health was a factor in 50%, underscoring the complexity of overlapping medical and behavioral health needs and the need for integrated resources.

For the first time, the 2025 NM MMRC incorporated data on racism and discrimination as contributing factors of death, acknowledging the legacy of racism in health inequities and preventable deaths. They determined that in almost half (48.1%) of cases, discrimination was a circumstance surrounding pregnancy-related deaths.

STRATEGIES FOR IMPROVEMENT

Increasing both the number and diversity of maternal-child health providers is a key strategy for improving maternal health equity. According to the American Midwifery Certification Board (AMCB), only 87 Certified Nurse-Midwives or Certified Midwives in the United States identify as American Indian and Alaska Native (AI/AN), representing 0.6% of the profession.[16] In New Mexico, approximately 7% of CNMs are AI/AN, according to data provided by the NM Maternal and Child Health Program. While this proportion is higher than the national average, the representation in the workforce does not match the state's population of 11.2%.

The NM MMRC used the CDC's Enhancing Reviews and Surveillance to Eliminate Maternal Mortality tool in their evaluation of pregnancy-related deaths and has identified several priorities for action.[17] These include extending Medicaid eligibility, expanding perinatal mental health services, increasing substance use disorder treatment programs, and improving care coordination. New additions in the 2025 report highlight the need for consistent screening for substance use disorders, mental health indicators, stressors, and trauma, along with the integration of harm reduction strategies. The NM MMRC also recommends expanding access to the full spectrum of perinatal service providers, requiring anti-bias and reproductive justice training for health professionals, and directing the Department of of Health to prioritize inequities in American Indian and Alaska Native maternal mortality.

The frameworks of reproductive justice and birth justice provide a lens for addressing these challenges. Reproductive justice, as articulated by SisterSong Women of Color Reproductive Justice Collective, affirms the right to maintain personal bodily autonomy, to have children or not, and to parent children in safe and sustainable communities.[18] Birth justice builds upon this principle, demanding a commitment to equity by dismantling the systems, policies, and practices that create disparities. Both frameworks emphasize that solutions must be culturally relevant and led by those most impacted by inequities.

Policy developments in New Mexico demonstrate both progress and tension. The Doula Credentialing and Access Act (HB 214) of 2025 represents a step forward by expanding access to doula care through Medicaid coverage.[19] At the same time, recent mandates tied to the Comprehensive Addiction and Recovery Act (CARA) risk perpetuating punitive approaches toward pregnant people with substance use disorders.[20] Research indicates that such approaches discourage disclosure and engagement in care, with the potential to increase unassisted out-of-hospital births and avoidable risks.[21,22] Effective maternal health policy must prioritize treatment and support over criminalization.

COMMUNITY-DRIVEN APPROACHES

Despite systemic challenges, community and academic-based organizations, alongside funders and allied care providers, are creating meaningful change. Organizations are leading the movement for centering marginalized populations, enhancing multi-disciplinary, culturally-concordant care, and patient-centered healthcare. Although all organizations doing valuable work are unable to be captured here, the following are some of the organizations making an extraordinary impact: Bold Futures, Border Area Midwives, Breath of My Heart Birthplace, Changing Woman Initiative, Milagro Program, Navajo Birthworker Collective, New Mexico Breastfeeding Taskforce, New Mexico Department of Health Maternal Health Task Force, New Mexico Doula Association, Our Earth, Substance Use Disorder in Pregnancy ECHO Program, Tewa Women United, Three Suns Birth Center, University of New Mexico Nurse-Midwifery Program, Vida Midwifery and W.K. Kellogg Foundation.[23-38]

While those making key policy decisions too often only focus on OBGYNs, midwives, Family Practice physicians, doulas, and other birthworkers are also crucial to improving outcomes through evidence-based care. Moving forward, achieving birth equity in New Mexico requires multi-level strategies: expanding and diversifying the birth workforce, dismantling systemic racism, embedding reproductive and birth justice as guiding frameworks, treating substance use with a healthcare rather than a criminalizing approach, and centering the leadership of those most impacted by maternal health inequities—among them people who are Indigenous, Black, and who have lived experience with substance use. Addressing maternal mortality and morbidity is not simply a clinical issue but a societal imperative. By acting on these priorities, New Mexico can chart a path toward a maternal health system that ensures every birthing person is supported and every family can thrive.

For doula Danica Terrones, the fierce commitment to a better future that she sees in New Mexico birthworkers and maternal health advocates is what keeps her hopeful that progress is within reach. "Often it feels like we're taking three steps forward and 2 steps back," she says. "But that one step forward is not just for us. It's for the seven generations to come, the red thread that connects us all to the future, to our lineage, and to humanity."

* This article draws from the presentation given by Felina Ortiz, DNP, CNM, RN, FACNM, and Raquel Z. Rivera, PhD, at the 2025 Albuquerque Area Indian Health Board's Tribal Maternal Wellness Summit (September 10, Santa Ana Star Casino Hotel, Bernalillo, NM).

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