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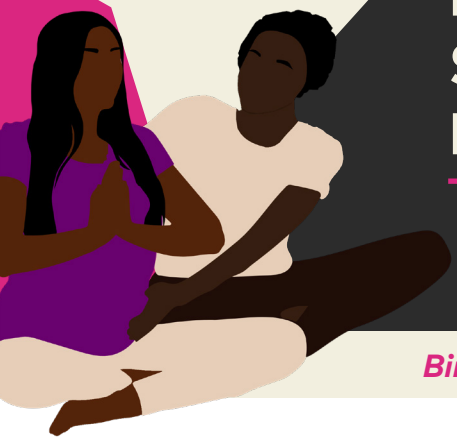


Birth Work Under Pressure: Supporting Black Midwives and Doulas Amid a Changing Landscape

Research Brief #B399 | May 2025

Birthing While Black: The Urgent Fight for Maternal Health Reform Series

Executive Summary

Since the earliest days of the United States, Black birth workers have played a critical role in maternal health, delivering a level of care and joy Black women rarely find in the "institutional" medical system. However, because of numerous barriers, women of color represent a small fraction of birth workers across the country.

In light of the ongoing Black maternal health crisis—which is exacerbated by the ongoing loss of care around the country—experts have recommended increasing access to birth workers of color, such as midwives and doulas. The current political and policy context makes this even more essential. In these early days of the new administration, the rapidly changing policy landscape threatens Black women's health and well-being and will significantly compound preexisting challenges. It will also make the work of birth workers even more difficult—and more and dangerous—and will require increased support and protection as we open pathways for more women of color to enter this field.

Key Findings

- **Today, only 7 percent of midwives are Black**, a stark reminder of the ways Black women were historically criminalized out of the business of birth work and of the ongoing structural barriers that effectively exclude Black women from the field.[1]

- **Black women want to become birth workers, and in recent years, the number of Black women working in this space has increased.**[2] Many are motivated by their own pregnancy experiences and by the possibility of providing racially concordant care and reducing health disparities.

- **Maternity care is disappearing across the country at a rapid pace, particularly in rural areas.** Today, over a third of US counties lack an obstetric clinician, and in many states with the highest rates of maternal mortality, more than 50 percent of counties have no or low access to maternity care.[3] **Approximately one in six Black babies were born in areas considered maternity care deserts** in 2020, putting them at higher risk of preterm birth and their mothers at significantly higher risk of maternal mortality or morbidity.[4] By 2030, it is anticipated that the number of OB-GYNs will only meet roughly 50 percent of the demand in rural areas.[5]

- **For Black women, long-standing economic inequities are a significant barrier to entry to the field of birth work.**[6] The persistent income and wealth disparities—and disproportionate debt burdens—Black women experience make it difficult to overcome the financial challenges of becoming and working as a midwife or doula.

- **Increasing the number of birth workers will improve health care access and quality, as well as birth outcomes for Black women.** Studies have shown that women who work with doulas have a 53 percent decrease in the risk of cesarean surgery (C-section) and a 58 percent decrease in rates of postpartum depression and postpartum anxiety relative to women who did not have such support.[7] One study found that Black birthing patients who were supported by midwives were 2.2 times less likely to have a preterm birth, 4.8 times less likely to have a low birthweight baby, and 4.6 times less likely to have a C-section.[8]

- **Current political threats—including coverage policies, reproductive and sexual health rights, access to providers, and reproductive justice[9] more broadly—will only make the work of midwives and doulas even harder and more dangerous.** As we work to increase access to entry into the field, we must also be aware of these pressures and the likely need for increased protections for such workers.

Introduction

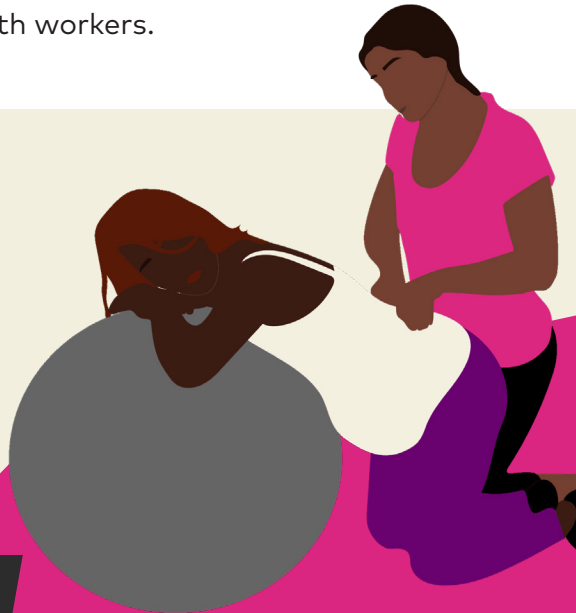
Birth workers have played a critical role in the maternal health of Black women since the earliest days of the United States. **In the face of today's Black maternal health crisis, shifting health landscape, and growing threats to public programs and the people who benefit from them, the importance of birth workers cannot be overstated.** Today, Black women are roughly three times more likely to die from pregnancy-related causes than White women, regardless of their economic or educational status.[10] A growing number of communities across the country are now considered maternity care deserts, lacking providers to care for patients before, during, and after pregnancy.

This provider shortage, as well as a lack of trust in the institutional health system (a result of historical and ongoing harms to Black women) and the desire for better and kinder care, has led to an increased demand for birth workers such as midwives and doulas. Those factors have also driven more Black women into the field of birth work, motivated by their own birthing experiences and by the desire to provide care that diverges from that offered by present-day health systems. **Birth workers of color offer the promise of better care and better health outcomes for Black women, and the possibility of a different model of care on which a new health system can ultimately be built.**

Addressing the present-day Black maternal health crisis will require substantial investments in birth workers and the infrastructure that supports them, particularly in rural areas. Cuts to federal public health funding streams and the resulting loss of programming and resources will levy a disproportionate toll on Black women and their families and increase the demand for birth workers.

Who Are Birth Workers?

A birth worker is someone who provides support to birthing people during the postpartum period, abortion, miscarriage, and through fertility challenges. The term "birth worker" encompasses a range of individuals who engage in maternal health and reproductive justice work, including midwives, doulas, childbirth educators, lactation consultants, and full-spectrum doulas, among others.[15] Birth workers offer compassionate, culturally sensitive care and advocacy, and provide services that meet the unique needs of the individuals and families with whom they work.



> *"Limiting public health resources will only exacerbate the current maternal health care crisis, increasing the need and demand for birth workers. When pregnant people face more threats to their autonomy, choice, and access to basic life-saving care, the need for doula and midwifery care will increase." ~ Anjali Sardeshmukh, Oakland, CA-based midwife*

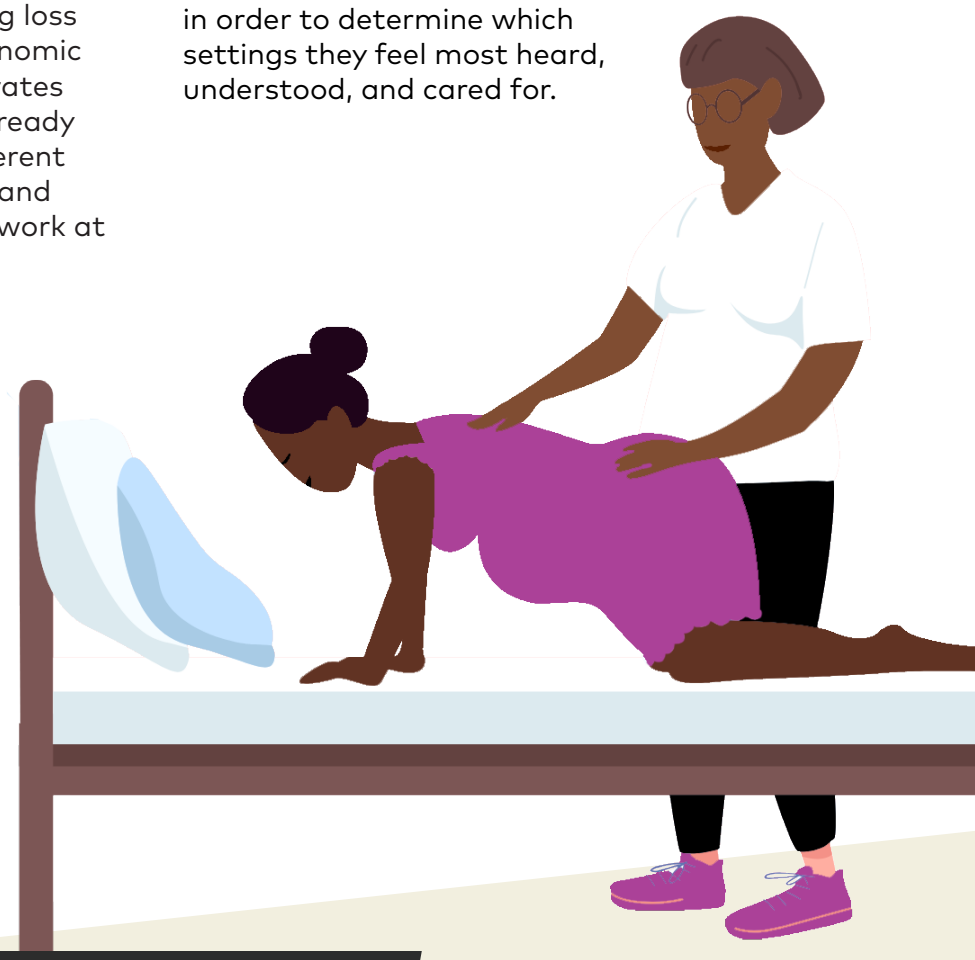
This brief begins with a review of the historical and present-day factors that have impacted Black women's participation in the field of birth work, both as workers and patients. It details how the spread of maternity care deserts is increasing the need and demand for birth workers of color in Black communities, particularly in rural areas. It describes why now is the time to increase investments in—and protections of—birth workers. The current threats to Black maternal health, from changes to Medicaid to cuts to critical health funding sources, will only exacerbate the ongoing loss of care and supercharge other socioeconomic determinants of health. This brief illustrates the ways in which Black women have already stepped up to provide and model a different kind of care and highlights the promise and possibility of expanding access to birth work at this moment in time.

History

From the earliest days of the United States, Black enslaved and Indigenous women were the original midwives, responsible for overseeing pregnancy and childbirth for women in their own communities and in others. However, in the mid-1800s, White male physicians—under the guise of "modernizing" and "professionalizing" health care—villainized Black midwives and healers and portrayed them as uncivilized and dangerous.[11]

These new physicians effectively pushed Black women out of the business of pregnancy care and created countless barriers to entry into the growing health system, many of which persist today. An illustration of that legacy is the fact that currently only 7 percent of midwives are Black, and nearly 86 percent are White.[12]

The "formalized" medical system was built on the exclusion and extraction not only of Black women's labor, but also their bodies. Physicians often performed cruel experiments on unconsenting Black women while building medical knowledge and advancements that Black women would be prohibited from accessing.[13] Throughout the 20th century, the federal government enacted policies that led to the forced sterilization of Black women across the country and failed to address the vast racial disparities that existed in health care access and outcomes.[14] This dark history fueled multigenerational distrust in the medical system among communities of color—a distrust that impacts pregnancy care for Black women today. This distrust is particularly challenging in areas where women have few care options and are not able to explore alternatives in order to determine which settings they feel most heard, understood, and cared for.



Underfunded and Underserved

Threats to Black Maternal Health

In recent years, powerful advocacy and increased awareness of the Black maternal health crisis pushed the issue to the center of lawmaker and policy conversations and resulted in several important efforts. Those efforts include significant investments in maternal health (including for rural health, implicit bias training, and the expansion of midwifery programs), funding for state and local health departments, and research through the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), among many others. **Many of these initiatives are now vulnerable to direct cuts or elimination, caught in the dragnet of attacks on DEI programs because of their focus on women, race, reproductive health, health equity, and racial health disparities.**

There are several ongoing and evolving threats to Black maternal health. Recent cuts to the CDC, NIH, and other academic funding[16] have halted research[17] on maternal health and racial health disparities that relate to sexual and reproductive health. This research has been critical to understanding the various dimensions of the maternal health crisis and to shaping effective interventions.

As of April 2025, the Department of Health and Human Services (HHS) is withholding all funds for Title X family planning program grantees and has cut additional funds to what remains of the Title X network, leaving California, Hawaii, Maine, Missouri, Mississippi, Montana, and Utah with no federally funded family planning dollars. Fifteen other states face significant funding losses as well.[18] Title X has long served as a critical safety net program that provides full-spectrum reproductive health care, with the unique ability to address the needs of marginalized communities. **Historically,[19] 60 percent of Title X patients report not having another source of trusted care in the previous year,[20] and as of 2021, 24 percent of Black women relied on Title X.**[21]

> *"It's such a mess right now, it's hard to say what the impact will be. The uncertainty alone is taking a toll. It's hard to continue delivering care, much less look toward improving it, when you can't count on predictable funding streams."*
> *~ Caitlin Beasley, Tulsa, OK-based think tank Metriarch*

Looming congressional threats to Medicaid funding and other potential program changes could impact coverage for millions of women.[22] Medicaid finances nearly 40 percent of births in the United States and provides health coverage beyond pregnancy for roughly 16 million women of reproductive age.[23] **Nearly one-third of reproductive age Black women are covered by Medicaid.**[24] The Affordable Care Act (ACA) expanded Medicaid coverage to millions of individuals who were previously left in coverage gaps. The threats to the ACA, including its provisions increasing the federal match for states' Medicaid eligibility expansion, could leave many uninsured again. The current administration is following a road map to dismantle the very policies and programs that have shaped the social contract and served as critical safety nets for all people, including Black women, for over half a century.

The current policy environment, in the nation's capital and across the country, not only increases the need for birth workers but also makes them more vulnerable. In March 2025, for example, Maria Margarita Rojas—a licensed Texas midwife—was arrested at gunpoint and charged with a second-degree felony for allegedly providing illegal abortions.[25] The arrest of Rojas and her colleague, Jose Ley, is thought to be the first time a provider has been arrested under the state's strict anti-abortion laws. State officials received anonymous reports from a tipster who provided the names of two women they believed had an abortion at Rojas' clinics.[26] At the time of publication, legal proceedings remain ongoing, but it has been reported that if found guilty, Rojas and Ley could face up to 20 years in prison. As states around the country continue to introduce anti-abortion legislation that increasingly restricts access to reproductive health care, maternity health care providers may shoulder increasing risks.[27]

As Taja Iglesias, founder of The Momager Co., a full-spectrum doula and parent support organization, said, there are state-level bills that would increase surveillance on midwives. "We hold midwives to a different standard than doctors," Iglesias said, noting that lawmakers often target and make an example of midwives, essentially criminalizing the profession. The growing threats to public health funding and programs will only compound the preexisting social and economic determinants of negative pregnancy outcomes for Black women and create an even greater need for birth workers of color.

> *"Midwives care for people in all stages of pregnancy, including care for first-trimester spontaneous abortions. Criminalizing this type of routine care puts pregnant people's lives at risk. It is telling that the first arrest made post-Dobbs was of a midwife, and specifically, a direct-entry immigrant midwife.[28] The story that emerges leans into historical false narratives about midwives as unqualified and dangerous providers, dovetailing into anti-immigrant sentiment. The midwife was accused of practicing medicine without a license because she had misoprostol, an effective drug for labor induction for fetal death or termination of pregnancy. Direct-entry midwives are authorized to carry this medication because of its ability to stop uterine bleeding. Not only does the threat of arrest for possession or administration of this drug create a fear of persecution, it can also limit the ability to access the medication, putting pregnant people's lives at risk." ~ Anjali Sardeshmukh*

The Rise of Maternity Care Deserts Is Hurting Black Women

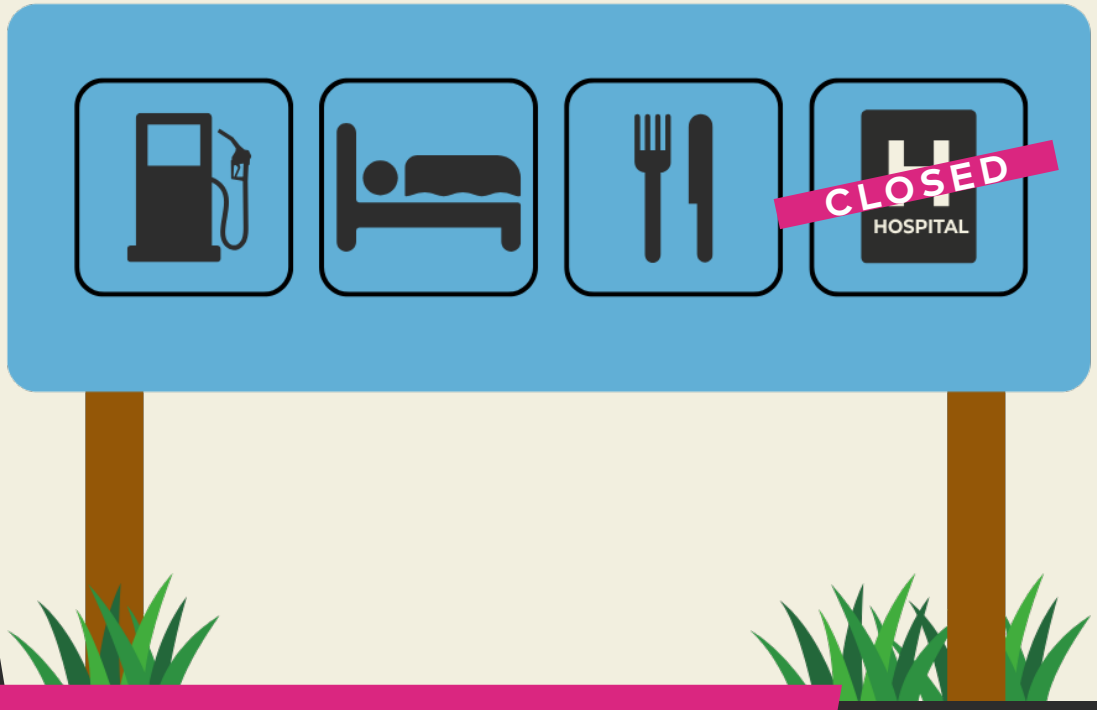
In recent years, the geography of US health care has changed significantly, with the pregnancy care landscape eroding rapidly and threatening maternal health, particularly in rural communities. The loss of care has been significant:

- Today, over a third of US counties lack an obstetric clinician.[29]
- Over the past two decades, more than 200 rural hospitals have closed, and since the beginning of 2023, 38 other hospitals have eliminated inpatient services.[30]
- As of April 2025, one-third of all US rural hospitals—more than 700 total—were at risk of closing; more than 300 of those are facing such dire financial problems that they are at risk of immediate closure.[31]
- As of 2022, 52 percent of rural hospitals and 36 percent of urban hospitals did not have any obstetric services.[32]

As hospitals close birthing units, obstetricians and nurse-midwives often leave the area to find work elsewhere, further eroding access to maternity care.[33] The changes in the health landscape show no signs of abating, and they are putting Black women—particularly those in rural communities—further away from high-quality care.

> *"Birth workers are especially important in rural states, and there is really an appetite for them among pregnant women."*
> *~ Caitlin Beasley*

Individuals who live in maternity care deserts face increased risks of negative health outcomes. Research shows that Black babies born in maternity care deserts have a preterm birth rate that is 12 percent higher[34] than those born in counties with full maternity care access, and as of 2020, approximately one in six Black babies were born in such areas.[35] One study of maternal mortality in Louisiana showed that individuals living in maternity care deserts faced a 91 percent increase in the risk of pregnancy-associated death relative to communities with access to maternal health care.[36] Many areas that have low or no access to maternity and are at further risk of losing the care they do have are also those with the highest maternal mortality rates.[37]



Bridging the Gaps in a Biased System

Black Women Turn to Birth Workers for Culturally Responsive Care

For many Black women, birth workers are the preferred choice for maternity care, a demand that has been growing amid the Black maternal health crisis.[38] In one California study, 66 percent of Black women reported having a desire for midwifery care during pregnancy, but only 6 percent reported having had it during a recent pregnancy experience.[39]

Also driving the demand for birth workers is the undercurrent of distrust in the health system, fueled not only by historical factors but also by Black women's ongoing experiences[40] with structural and interpersonal racism in health care.[41] In a recent survey, one-third of Black, Hispanic, and multiracial mothers reported experiencing mistreatment, and 40 percent reported facing discrimination during maternity care.[42] **Birth workers—and particularly birth workers of color—offer the possibility of comprehensive, culturally sensitive, and equitable care, and by extension, better outcomes.** As Cierra Murphy-Higgs, a lactation consultant, educator, and perinatal mental health advocate in North Carolina, said, "Meeting people where they are, with people they trust in trusted spaces, can make a huge difference."

> *"We need people who understand and appreciate the populations they serve. If you don't understand that, how are you going to provide adequate care? This is a journey. You can't support people when you don't understand where they're coming from." ~ Taja Iglesias, founder of The Momager Co.*

Better Care, Better Outcomes

Numerous studies have shown that Black women who receive maternity care in birth centers and/or with birth workers are not only more satisfied with their care but also are more likely to experience positive outcomes. Patients who work with midwives tend to have lower rates of infant mortality and low birth weight babies. In addition, their infants require fewer medical interventions and are more likely to breastfeed.[43] Doula-assisted pregnancies have lower rates of epidural use and cesarean, higher rates of vaginal birth, and greater patient satisfaction.[44]

These benefits have the possibility of being even more significant when Black patients are able to be supported by Black birth workers.[45] Research suggests that patient and provider racial concordance—when providers and their patients have the same racial identity—can contribute to positive health outcomes such as lower emergency department use, reductions in Black infant mortality, and increased visits for preventative care and treatment.[46]

These results track with the very reasons Black women report wanting to work in health care.[47] In one survey asking Black midwives about their motivations for being a birth worker, 88 percent said the ability to provide racially concordant care for community members, 67 percent said reducing racial health disparities, and 55 percent pointed to their own personal experiences with midwifery care.[48] However, as a result of historical exclusions and race and gender segregation in the health care sector (among other factors), Black adults overall are less likely than White adults to have their trusted source of care be a provider with a shared background.

High Bars, Low Pay

Black Women Aspire to Become Birth Workers, but Face Significant Barriers

In recent years, the number of Black women birth workers has increased—a response by Black women to the ongoing maternal health crisis and their desire to create new kinds of relationships between pregnant women and a health system that has often harmed them. However, the underrepresentation of Black women and other women of color in the field of midwifery and other forms of birth work continues.[49]

This disparity is the result of a range of factors, including the long history of White physicians and nurses systemically excluding Black women from the field.[50] Layered on top of this troubled history are numerous cumbersome requirements that intersect with socioeconomic inequities and ultimately make it very difficult for women of color to enter the field. Cierra Murphy explained, "The path to becoming a birth worker can be expensive and cumbersome. Many trainings and certifications are very expensive and require both educational and credentialing prerequisites. Without proper funding or support, these barriers make it especially hard for folks of color to enter and stay in the field."

In the study of women of color midwives mentioned previously, 58 percent of participants cited the cost of midwifery education, and 32 percent said the lack of racial concordance in midwifery education and in the profession more broadly were both barriers to entry.[51] These barriers are widely reflected in research.[52] Black midwives have also raised concerns about a dearth of training opportunities at historically black colleges and universities (HBCUs) and the related lack of mentors. The first doula certification program offered at an HBCU was just started in April 2025 at Virginia Union University, and there are very few birth worker training opportunities of any kind currently offered at HBCUs.[53]

> *"What often happens for birth workers of color is that our deep passion and personal connection to this work get taken advantage of. We care so deeply because this work is so personal that we end up doing it for free or for far less than we deserve. It's a heavy lift, emotionally and physically, and while many of us show up out of love and lived experience, that doesn't mean we shouldn't be compensated. Our commitment shouldn't be mistaken for just charity—our labor deserves to be valued." ~ Cierra Murphy, North Carolina-based lactation consultant, educator, and perinatal mental health advocate*

For many aspiring midwives, the costs of entering the field and the specter of low pay once they start to practice are insurmountable barriers to entry. Midwifery education and training programs do not have the extensive financial support that other medical school programs rely on and, therefore, require students to shoulder the entire cost on their own.[54]

Practicing midwives face additional financial challenges. Many would prefer to provide services outside of hospitals and instead work in community settings, but doing so often requires additional investments that many midwives find unaffordable, including securing malpractice insurance.[55] For others, the challenges of navigating Medicaid and its historically low reimbursement rates (an issue that a number of states are working to remedy) are deterrents to entering the field.

Doulas face similar financial challenges. A number of states are working to better integrate doulas into maternity care and increase

reimbursement rates. These state efforts are an important step in improving income for doulas and in expanding their availability to more women. However, the ways states calculate reimbursement rates remain flawed, and that—along with significant variability in reimbursement rates and processes among states—harms doulas and those who wish to employ them during their pregnancies. Reimbursement rates are often flat fees for service and do not consider the amount of time that can be spent with patients, and they rarely account for activities such as "time spent traveling, researching and gathering resources for clients, completing administrative tasks, training, attending meetings, and more."[56]

According to one study looking at time use among doulas, the methods by which policymakers determine reimbursement rates fail to take into account at least half of the services provided by doulas.[57] As the National Health Law Program (NHeLP) argues, accurate Doula compensation would account for "cost of living, administrative labor, actual time spent with clients, travel, and additional activities, like training, that allow them to effectively care for their clients in addition to the labor performed during appointments and labor and delivery."[58] This would enable more women to become doulas and more women to avail themselves of those services.

Anjali Sardeshmukh, focusing on birth workers' needs in California, stressed the importance of increasing public investments in birth workers. "Public investments in midwifery cannot only be limited to the education and training of midwives. They must also include proper reimbursement and compensation for midwives, including insurance and adequate Medicaid and MediCal reimbursement. Places where midwifery education paths are accessible and midwives are integrated into the health care system have better outcomes. **So, not only would public investments in midwifery increase the number of midwives, but they would improve the health and lives of pregnant people and their babies."**

Increasing Medicare Reimbursement

There are numerous ongoing efforts to improve reimbursement rates for midwives and doulas. All states are required to provide Medicaid reimbursement for certified nurse-midwives (CNMs), but the rate of reimbursement varies from state to state. As of May 2023, roughly half of all states provide reimbursement to CNMs at 100 percent of the rate given to physicians who provide the same service; 20 others provide reimbursement between 75 and 98 percent of the rate paid to physicians.[70] Reimbursement for midwives who are not CNMs varies widely by state. Some states reimburse midwives for the wide range of services they provide outside of direct maternity care (care coordination, well-women exams, etc.), increasing income and making midwifery work more sustainable.

As policymakers have begun to recognize the critical role that doulas can play in improving health outcomes, they have also focused on improving reimbursement policies. As of August 2022, 31 states and the District of Columbia had proposed legislative efforts to provide doula services and/or Medicaid reimbursement.[71] By 2024, 12 states and DC had implemented[72] Medicaid coverage for doula services, and Rhode Island and Louisiana mandated private insurance coverage. As NHeLP points out,[73] reimbursement rates for doulas have risen in recent years, and research shows they continue to do so (albeit slowly). However, further changes are needed to improve doula reimbursement practices.

Caitlin Beasley has seen the impact of reimbursement for doulas in Oklahoma. "In July 2023, Medicaid started reimbursing for doula care in Oklahoma. It is taking a while to build up the workforce, but there are many cool training programs that are helping with that."

Systemic Financial Barriers

The income and wealth disparities Black women face make it particularly challenging to overcome the financial barriers to becoming and working as a midwife. Black women are overrepresented in low-paying, insecure, and often dangerous jobs, illustrating the long legacy of slavery and Jim Crow.[59] Persistent racial and gender wage gaps result in Black women who work full-time year-round earning a mere 66.5 cents for every dollar earned by a White man.[60] When adjusted for inflation, women's earnings have decreased in recent years, exacerbating these gaps even more.[61]

Low wages make it difficult for Black women—and particularly those who are the heads of their households—to shoulder day-to-day financial burdens, let alone for them to set aside some of that income or take time off to pursue a new field of work.[62] Nearly three-quarters of Black women report feeling like they live paycheck to paycheck.[63] Additionally, nearly 60 percent of Black women report financially supporting their extended families, meaning their incomes need to stretch even further.[64]

These income gaps and resulting economic insecurity are compounded by wealth gaps that leave Black women with very little financial cushion.[65] As of 2019, single Black women have a median wealth of $1,700. In contrast, the median wealth of single Black men was $10,100, and for single White women and White men it was $81,200 and $78,200, respectively.[66] While income is what individuals usually rely on to take care of day-to-day expenses, wealth provides opportunities to invest in advancing one's education and/or career, to leave a job and search for another one, to start a business, and to purchase a home. **Wealth gaps are the current-day manifestation of historical inequities, and they reinforce those inequities into the future. They make it challenging for people to pay for training and other related costs of becoming and being a birth worker.**

Debt burdens and other financial stressors exacerbate these income and wealth gaps. Nearly one in three[67] Black women have more than $50,000 in student loans, and nearly half[68] of Black women who have student loan debt make less than $50,000 annually. Thirty-seven percent of Black women have medical debt (relative to 29 percent of US adults).[69] With extensive federal funding cuts and threats to social security, Medicaid, and other critical programs, it is likely that Black women's incomes and wealth will need to stretch even further.

These continued challenges facing Black women who want to become birth workers, layered with the ongoing maternal health crisis and the erosion of the reproductive health landscape, demand thoughtful, targeted, and significant investments from the federal government.

Possibility and Promise

Policy Recommendations to Expand Access to Birth Workers

Throughout history, birth workers have improved health outcomes for pregnant women. Their role today is as important as it was hundreds of years ago, and it is clear the current Black maternal health crisis will not be solved without investing in and expanding the care that birth workers provide. **Expanding access to birth workers—specifically birth workers of color—and addressing the needs of rural communities is essential.**[74] Specifically, we recommend:

- Investing in digital tools to help expand care in underserved areas, including telehealth.
- Promoting expanded and flexible licensure for midwives and doulas, as well as increased reimbursement rates through Medicaid coverage for doula services to ensure the accessibility for low-income women enrolled in the health insurance program and to make it more financially feasible for women of color to work in these jobs.
- Prioritizing health care accessibility for birthing people, particularly in rural areas, through directing federal funding to underserved regions and under-resourced hospitals, with particular consideration for expanding the number of obstetrics and maternity wards and birthing centers, eliminating maternity care deserts, and increasing maternity care providers in rural federally qualified health centers.

These recommendations are shaped by the vision and priorities set forth by reproductive justice and birth advocates. Their voices and experiences should be at the center of all policy efforts to improve entry opportunities for birth workers and expand access for pregnant women.

The current policy moment is a dangerous one for Black women. Federal funding for critical public health services and resources is being withheld or cut, and threats of further losses and restrictive policies loom large. These actions will levy a disproportionate toll on Black women and their families. Considering these rapid policy changes and potential shifts that may lie ahead, it is crucial not only to protect public funding that supports maternal health but also to significantly increase such investments. The changes we have seen thus far threaten to worsen social and economic determinants that shape Black women's health access and outcomes and will only increase the need for more and better maternal health services.

The existing maternal health crisis and the unfolding public policy crisis present many threats but also highlight the opportunity and necessity to invest in birth workers and community-based care models. The present-day health system has, since its inception (and often by design), harmed Black women. Birth workers are a critical alternative to this flawed and harmful model, offering care that centers the joy, health, and well-being of Black women and their families. As we work to expand access to this kind of care for pregnant people and their families, so too must we ensure birth workers have the supports—financial, legal, and emotional—they need to provide care to their communities as well as for themselves and their own families.

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To see more from IWPR's *Birthing While Black: The Urgent Fight for Maternal Health Reform Series*, visit iwpr.org/birthingwhileblack.

To learn more about IWPR's federal policy recommendations on maternal health, visit iwpr.org/maternal-health.

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