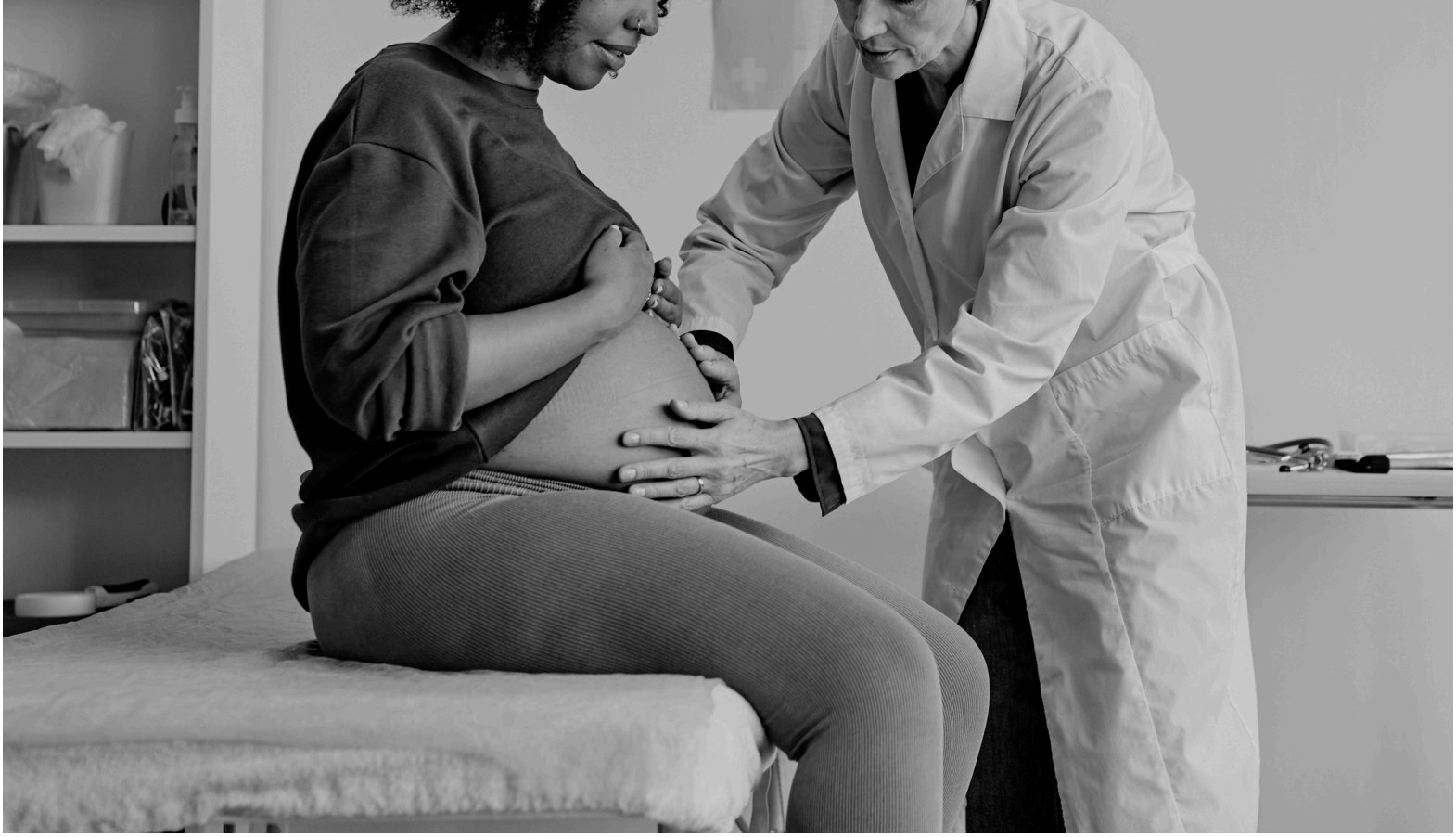
Moms Matter
Listening Sessions

Our 2025 Listening Tour Findings

ACLU Alabama

Table of Contents

This report is in honor of the lives lost due to Alabama's maternal and infant mortality crisis.



Alabama is the most dangerous state in America to be pregnant or give birth in.

Our state has the highest rate of maternal mortality in the country with 65 maternal deaths per 100 thousand births, nearly double the national rate. But for Black women in Alabama, that number skyrockets to an alarming 100 maternal deaths per 100,000 births (Caleb).

The roots of this crisis reflect the decades of inequities in healthcare access and quality. Contributing factors include limited maternity leave, inadequate postpartum care, delayed recognition and treatment of pregnancy-related complications, and the persistence of maternal healthcare deserts (Mayo Clinic Press Editors). In Alabama, 43 of the state's 64 counties have little to no access to maternity care, with most located in rural regions where populations are predominantly Black and economically disadvantaged (Hitson). Moreover, Alabama is one of only ten states that have declined to expand Medicaid, further restricting access to essential maternal healthcare services.

The Dobbs v. Jackson Women's Health Organization decision further amplified this crisis.

By overturning Roe v. Wade and eliminating the constitutional right to abortion, the Dobbs decision allowed Alabama's near- total abortion ban to take effect, significantly reducing reproductive healthcare options for women across the state (Center for Reproductive Rights).

The consequences of these restrictions are compounded by hospital closures, particularly the loss of labor and delivery units. Shelby County, the 5th most populous county in Alabama, containing both urban and rural areas, lost all of their labor and delivery units two years ago, leaving more than 230,000 people without accessible maternity care (Yurkanin).

Additionally, the unit in Birmingham's West End, a predominantly Black neighborhood, has also closed (Harris).

This has left many Alabamians, especially Black women, without accessible or comprehensive maternal healthcare. However, there are many advocates and organizations working to improve maternal health outcomes across the state. At the ACLU of Alabama, we believe that the people closest to the problem– those with first hand experience– can offer the best potential solutions.

Before finalizing our maternal health priorities, we made a point to listen to our community. We partnered with UAB on a maternal health listening session in Selma in 2024, and, after a successful pilot, immediately began planning for a cross-state listening session tour. Meaningful change must begin with an understanding of the realities that Black women face throughout the maternal care process– from the obstacles that prevent them from accessing care to the barriers they encounter once they enter the healthcare system.

We believe that the people closest to the problem– those with first hand experience– can offer the best potential solutions.

Seven main themes emerged from these sessions: provider neglect, cultural barriers, lack of transportation/infrastructure, an interest in doulas & alternative care, cost limitations, lack of information, political and systemic influences, and more support for postpartum support & mental health. Our Moms Matter Listening Sessions were designed to be a space where Alabamians could share their experiences so we can build transformative legislation that ensures every Alabama family has a chance to thrive– no matter where they are on their reproductive journey.

Key Findings

Through our listening sessions, story forms, and surveys, we identified persistent barriers that prevent pregnant people, especially those in rural and underserved areas, from accessing safe, timely, and respectful maternal healthcare in Alabama.

These findings highlight the gaps in the healthcare system, the consequences of provider shortages, and the ways community infrastructure fails to support pregnant and postpartum people.

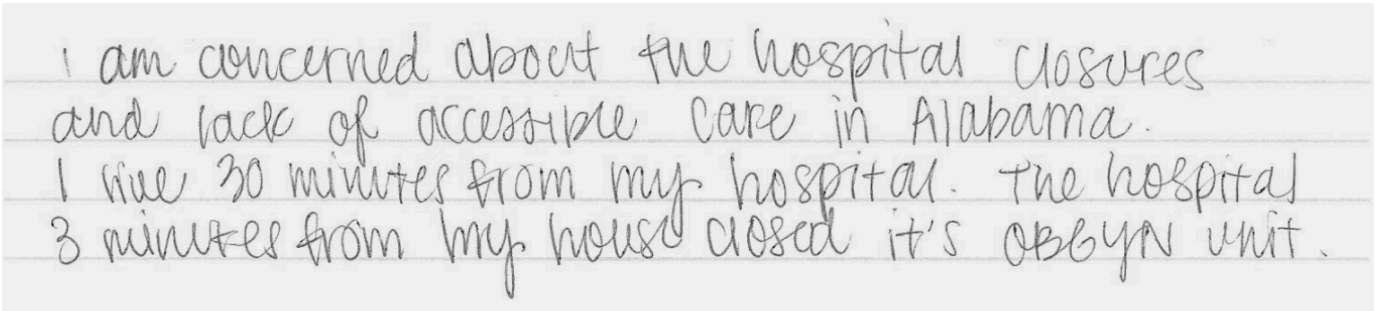
01. Access to Care is Severely Limited Across Rural Areas

Participants consistently described how a lack of available services created delays during pregnancy, labor, and postpartum care. In Selma, the shortage of OB/GYNs forces many pregnant patients to travel to Montgomery or Birmingham for even routine services. The absence of a NICU means that infants in distress must be transported hours away, wasting precious time. The closure of the labor and delivery unit in Shelby County further strained access, leaving entire counties without immediate birthing options.

*

34% of Alabama counties are maternal health deserts.

*According to study published by Alabama Arise, 2025



A Mom in Alabaster

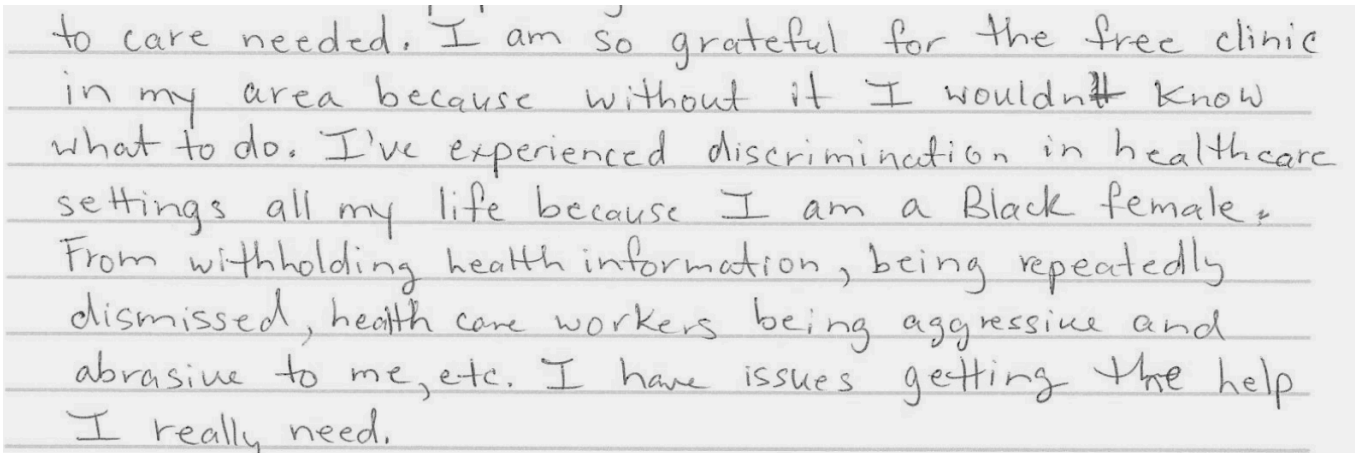
02. Transportation Barriers Create Delays That Can be Life-Threatening

For many, simply reaching an appointment was a challenge. Limited or unreliable transportation meant missed prenatal and postpartum visits. Available transportation services often required advance scheduling, something impossible in urgent situations like labor or when experiencing complications. Because so many essential services are located far outside rural communities, families are burdened with long-distance travel for routine and emergency care, putting both parent and baby at increased risk.

* *On average, pregnant Alabamians travel over 17 miles and 23 minutes to their nearest birthing hospital.*

03. Financial Instability Deepens Health Inequities

Loss of income during pregnancy and rising out of pocket costs, especially for those who must travel long distances for care, are major stressors. Additionally, many jobs don't provide enough time in their parental leave policies (if they have a policy at all), causing mothers to rush to get back to work in order to maintain their job, risking their health.



A Mom in Tuscaloosa

04. Patient Autonomy is Frequently Underminded

Participants shared experiences of dismissal by physicians and nurses during labor, pressure toward unnecessary C-sections, and denial of birth preferences. A recurring theme involved denials of permanent contraception. Patients reported being refused tubal ligations because they were considered “too young,” or were told they would “regret it later.” Additionally, many reported nurses frequently ignore them when trying to voice their concerns about various things such as epidurals, birthing positions, or blood pressure.

05. Mental Health and Postpartum Support are Inadequate

Participants reported minimal screening for postpartum depression and inconsistent follow-up. Those who experienced miscarriage or pregnancy loss described receiving no structured grief support, leaving families to rely solely on informal social networks. Many felt abandoned by the system during their most vulnerable moments.

* *One in seven pregnant Americans experience symptoms of postpartum depression.*

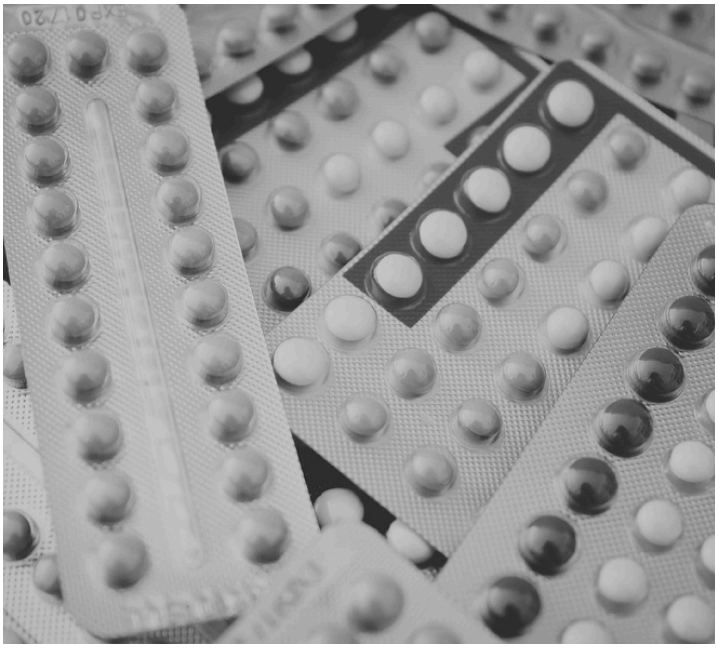
*According to the National Library of Medicine

Accessing mental health care while pregnant on medicaid is really really difficult.

A Mom in Pratville

06. Lack of Health Education Leaves Families Without Critical Information

Many people reported not receiving foundational information about pregnancy, contraception, or available resources. Specifically, many had never heard of a doula before. Pregnant teens in particular described the absence of mentorship or career guidance, limiting their ability to navigate school, parenting, and future planning.

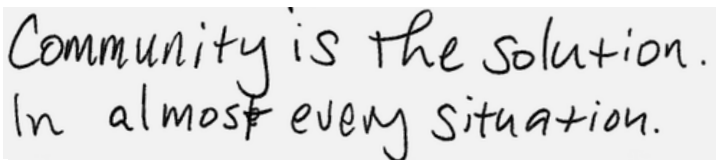


*

Black Alabamians are three times more likely to die from pregnancy complications.

07. Community Infrastructure Fails to Support Families

Participants noted the inadequate infrastructure impacts maternal health long before pregnancy begins. They described unsafe neighborhoods, limited safe recreational spaces for children, deteriorating public resources, and gun violence. A widespread lack of trust in elected officials further contributed to feelings of abandonment and invisibility.



A Mom in Pratville

Across the six listening sessions, each community highlighted different concerns. Geography, available resources, and local challenges shaped which concerns emerged.

Still, several themes were consistent statewide. Participants stressed the need for stronger, accessible mental health support for postpartum depression in addition to a timely diagnosis, better education about what to expect during pregnancy and labor, and stronger patient advocacy throughout the birthing process.

Tuscaloosa

Participants in Tuscaloosa emphasized three main needs: increased mental health resources for those experiencing postpartum depression, support groups for individuals who have gone through a miscarriage or stillbirth, and more compassionate, attentive care from healthcare providers.

Selma

In Selma, where more than 25% of residents live below the poverty line, concerns centered heavily on financial struggles (Datawheel). Participants highlighted the need for financial support for those who become bedbound late in pregnancy or struggle with tasks at the eight-month mark, protections and re-entry programs to help individuals maintain employment, and improved transportation options to ensure consistent access to medical appointments.

Montgomery

Participants in Montgomery focused on the struggles surrounding child support services. Although Montgomery has more resources compared to other areas, not all participants were aware of these resources. For the resources people were aware of, many found it difficult to navigate them. They also noted frequent experiences of having their medical concerns dismissed by healthcare professionals, emphasizing the need for both increased patient awareness and more responsive, validating provider care.

Mobile

In Mobile, participants stressed the importance of culturally competent care, noting that cultural differences between patients and healthcare workers created communication gaps. They also expressed the need for greater visibility and clearer access to existing community resources, which many felt were not adequately publicized.

Birmingham

In Birmingham, language access emerged as a major concern. Spanish speaking participants reported difficulty in accessing more information on what was happening or what their diagnosis meant and felt extremely frustrated. Many believed having a doula would have helped them navigate the process, feel more supported, and have an advocate. Similar concerns were expressed by non-Spanish speakers who felt dismissed during prenatal and delivery care. Participants also emphasized the need for accessible, multilingual postpartum information, including guidance on managing conditions such as gestational diabetes and preeclampsia.

Anniston

For Anniston, participants stressed the lack of care from nurses and staff, but noted slightly better experiences with their OB/GYNs. Additionally, they also noted that having more classes on a variety of topics such as lactation, postpartum depression, and co-parenting, would have been beneficial. Lastly, many thought that a doula would have been beneficial during their labor and delivery and postpartum.

Policy Recommendations

One of the goals of these listening sessions was to hear directly from the people most impacted by Alabama's maternal health crisis. The proposals below are meant to address the experiences they shared. To assist state level policymakers, local officials, and members of the community in identifying areas to focus their attention, we have divided our recommendations into two sets: (1) those requiring statutory change; and (2) those available to hospitals, medical facilities, providers, and everyday Alabamians without statewide legislation.

The following recommendations are based on legislation that has been previously proposed in Alabama or modeled after successful initiatives in other states.

Coverage for Doulas and Community Health Workers Modeled after Arkansas' HB1427 (2025)

Many women wished they had access to doulas and community health workers throughout pregnancy, birth, and post-partum. However, because these services are not currently reimbursed by Medicaid or most private insurance providers, access remains limited. This legislation would expand insurance coverage for doulas and community health workers, making their essential services more accessible.

Midwifery Expansion Alabama HB312 (2024)

Midwifery is a model of care that will fill the gaps in Alabama's provider shortage, specifically in maternal health deserts without hospital access. This legislation would allow midwives to practice their full scope of care, reducing the burden on OB/GYNs and emergency departments while increasing access to prenatal care and birthing services for women throughout the state.

Assistance for Postpartum Depression Alabama HB322/AL SB191 (2025)

Many women reported limited access to proper mental health screenings or support following childbirth. This legislation would increase postpartum depression screenings and support Alabamians experiencing postpartum depression.

Increased Funding for the Alabama Perinatal Quality Collaborative

The Alabama Perinatal Quality Collaborative (ALPQC) is actively working to improve maternal and infant health outcomes across the state. Allocating funding for the collaborative would increase and promote their initiatives, benefitting mothers and babies across Alabama.

Right to Engage in, Dispense, & Provide Information on Contraception Alabama SB19 (2025)

Many of our participants noted not being properly informed of the various contraceptive and family planning options available to them. This bill would recognize a person's right to contraception.

Alabama's maternal and infant mortality crises cannot be solved by legislation alone. Each of us has a role in making this state safer and healthier. Below, we have included non-legislative recommendations for providers, hospital administrators, and everyday Alabamians.

For Providers:

- Complete an Implicit Bias Training for Perinatal Care Providers
  - Many women, particularly women of color, shared that they were dismissed by their providers or denied care for baseless reasons. We recommend all perinatal healthcare providers take an implicit bias training to help reduce provider discrimination and promote equitable care.
- Strengthen Patient Communication and Support
  - Providers can improve patient trust and understanding by taking more time to listen to their concerns, and clearly explain diagnoses, risks, and treatment options in language that patients can fully grasp. Ensuring patients feel heard and informed directly enhances the quality of care.

For Hospital Administrators:

- Complete the Alabama Medicaid Agency's Presumptive Eligibility Training.
  - Presumptive Eligibility for Pregnancy (PEP) allows pregnant women who meet requirements to receive temporary Maternity coverage through the Alabama Medicaid Agency (Medicaid). This coverage begins immediately once a qualified provider makes the determination. Only qualified providers may make PEP eligibility determinations. Completion of Alabama Medicaid Agency training is required. To request training or to ask questions, email PEP@medicaid.alabama.gov.
- Reclassification of Doulas as Non-Visitors
  - Under current hospital policies, doulas are classified as visitors, forcing patients to choose between having a loved one or their doula present during childbirth due to visitor limits. Reclassifying doulas as non-visitors would allow mothers to have both the emotional support from their chosen loved ones and professional support from their doula.
- Partner with Local Doula Agencies
  - Many participants said they felt unheard by providers and wished they had known about doulas sooner. Partnering with local doula organizations will make doula care more visible and accessible, improving patient advocacy and comfort.

For Hospital Administrators:

- Screen for Postpartum Depression with Guaranteed Follow-Up
  - Hospitals should ensure consistent postpartum depression screenings and establish clear protocols so that any patient with a positive screen receives timely outreach and connection to care.
  - The questions that are asked during pediatrician visits should be expanded. Most women reported that they were only asked three questions, which doesn't offer a comprehensive view of postpartum struggles, anxiety, or other struggles they might be facing.
- Providing Accessible Education
  - Hospitals should offer classes that provide patients with information and tools to navigate childbirth and the postpartum period. Materials and sessions should be made available in multiple languages and accessible formats so that every patient can access the information. They should also elevate local resources in their community.

For Everyday Alabamians:

- Ask Your Medical Providers and Local Facilities to Complete Medicaid's Presumptive Eligibility Training
- Collaborate With Local Organizations to Create Centralized Resource Hubs
  - Several listening sessions revealed a desire for a single, easy-to-navigate website listing local maternal health resources and instructions on how to access them. People can partner with local nonprofits, advocacy groups, or community leaders to collect information about the resources in their community. Once the information is collected, Alabamians can ask their local medical facilities to share the website with patients.
- Spreading Awareness of Available Resources
  - Many participants were unaware of existing services. By sharing this information through word of mouth, social media, faith communities, or neighborhood networks, individuals can help others access support they may not have known existed.

Methodology

The listening sessions took place as part of the Moms Matter initiative led by the ACLU of Alabama. Each session highlighted partnerships with local organizations that also assisted with participant recruitment. In total, we traveled to six locations (Selma, Montgomery, Tuscaloosa, Birmingham, Mobile, and Anniston) and heard from 145 people. These sessions were designed to create a welcoming and inclusive environment where participants could openly share their experiences with pregnancy, labor, and postpartum care. These sessions followed a structured format to ensure organization, consistency, and emotional safety.

The ACLU of Alabama contracted with two co-facilitators, who are both Black mothers and trained mental health professionals, to facilitate the sessions.

Several support professionals were present throughout the session, including a mental health professional, childcare provider, and an interpreter. Participants were informed that the discussion would be recorded for internal use only and that any quotes used in reports or publications would remain anonymous. Those who preferred not to speak publicly at the in-person sessions were encouraged to write their stories on story capture forms, which were collected with the participant surveys.

Each session lasted approximately two and a half hours, and centered around four open-ended questions:

1. During your pregnancy, what resources did you have access to, and what resources did you wish you had access to?
2. Did you feel heard and respected? How did your healthcare providers communicate with you?
3. What kind of postpartum support did you have?
4. If you had a magic wand, what would you do to make pregnancies and births safer pre better for the people you know?

* *Each attendee received a $75 gift card as compensation for their time and contributions.*

A digital story form link was also provided, allowing individuals who could not attend the sessions, or who later wished to share their experiences, to contribute their stories. As of November 14, 2025, we've received 26 story submissions. Both the submitted story forms and the audio recordings from the listening sessions were analyzed. The session recordings were uploaded into NVivo, a qualitative data analysis software, which transcribed the audio into text. After transcription, the data was coded using specific terminology to identify recurring patterns and key themes. Eight main themes emerged: provider neglect, cultural barriers, lack of transportation/infrastructure, doulas & alternative care, cost limitations, lack of information, political and systemic influences, postpartum support & mental health, each with multiple subcategories. The subcategories include:

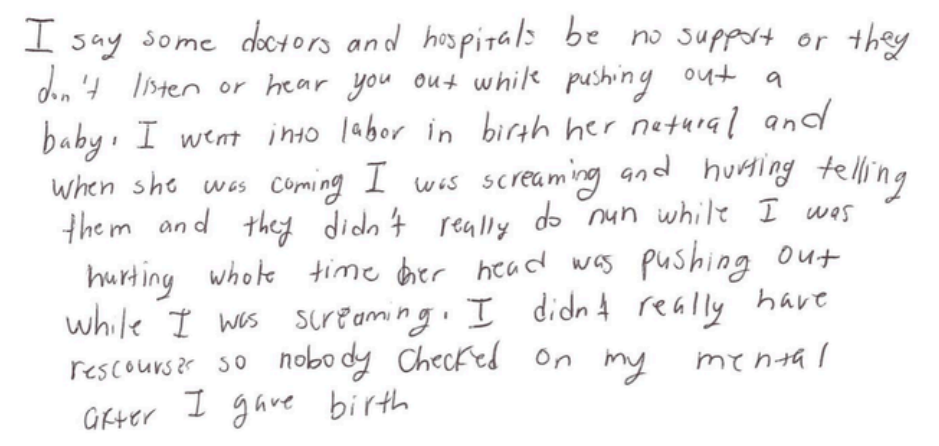
- doulas, midwives, and alternative care
  - barriers to doula access
  - child care
  - lack of midwifes and birthing center access
  - lactation support
- insurance, cost, and affordability
  - high cost essentials
  - medicaid
  - unexpected costs
  - work and financial instability
- lack of education and information access
  - absence of formal classes
  - health literacy gaps
  - lack of education in schools
  - need for centralized resources
  - resources not proactively offered
- political and systemic influences
  - legislation and policy gaps
  - need for accountability from elected officials
- postpartum support and mental health
  - grief and loss support
  - need for postpartum check-ins
  - postpartum isolation
  - systemic barriers to mental health treatment
  - undetected postpartum depression
- provider neglect, lack of communication, and lack of respect
  - denial of sterilization
  - dismissal of symptoms and patient concerns
  - inadequate postpartum physical care
  - inconsistent quality of care
  - lack of communication and consent
  - need for patient advocacy
  - rushing unnecessary interventions
- racial, cultural, and language barriers
  - cultural competency deficits
  - language barriers
  - systemic racism
- transportation and infrastructure
  - geographic gaps in care
  - housing instability
  - lack of infrastructure
  - unreliable transportation

**The transcriptions and story form submissions served as the foundation for developing the policy recommendations presented in this paper.*

I have not carried any child to term. I've had 5 miscarriages and the last were twins. I did t have any support and went years before I was able to afford a therapist to talk through the issues

I still haven't fully grieved the last miscarriage because I'm always doing for others. More supoort for mothers who were never able to actually mother because of miscarriages would be great.

A Mom in Montgomery



A Mom in Montgomery

I've experienced doctors not having compassion and not listening to my concerns.

I've also have dealt with not getting adequate postpartum care.

A Mom in Montgomery

References

- Caleb, Maya. "'We should all be alarmed': Black mothers three times more likely to die from pregnancy and childbirth complications." WVTM13, 18 April 2025, https://www.wvtm13.com/article/we-should-all-be-alarmed-black-mothers-three-times-more-likely-to-die-from-pregnancy-and-childbirth-complications/64522738.
- Center for Reproductive Rights. "Dobbs v. Jackson Women's Health Organization." Center for Reproductive Rights, https://reproductiverights.org/cases/scotus-mississippi-abortion-ban-dobbs-jackson-womens-health/. Accessed 1 February 2026.
- Harris, Bracey. "Driving 100 miles in labor; giving birth in the ER: Fears rise as 3 maternity units prepare to close in Alabama." NBC News, 5 October 2023, https://www.nbcnews.com/health/womens-health/3-hospitals-closing-maternity-labor-delivery-units-alabama-rcna111374.
- Hitson, Hadley. "'We don't see any improvement': Maternity care deserts grow across Alabama." Montgomery Advertiser, 22nd November 2022, https://www.montgomeryadvertiser.com/story/news/local/alabama/2022/11/23/maternal-infant-health-at-risk-alabama-health-care-deserts-worsen/69618003007/.
- Mayo Clinic Press Editors. "Why are Black maternal mortality rates so high?" Mayo Clinic Press, 4 August 2023, https://mcpress.mayoclinic.org/pregnancy/black-maternal-mortality-rate/. Accessed 1 February 2026.
- Yurkanin, Amy. "Closures leave fast-growing Shelby County without labor and delivery services." al.com, 15 September 2023, https://www.al.com/news/2023/09/closures-leave-fast-growing-shelby-county-without-labor-and-delivery-services.html.
- Datawheel. "Data USA Selma, AL." Data USA, April 4 2016, https://datausa.io/profile/geo/selma-al. Accessed January 2 2026.

Acknowledgments

This report would not be possible without the brave people who shared their stories and knowledge with us. This report was researched and written by Aadhya Kankipati, Policy Intern at the ACLU of Alabama, and edited by A'Niya Robinson, Esq., Director of Policy and Organizing at the ACLU of Alabama, Kayla Sloan, Communications Director at the ACLU of Alabama, Ellen McCartney, Development Director at the ACLU of Alabama, and Justala Dean, Communications Associate at the ACLU of Alabama. The work of Srushti Talluri, the ACLU of Alabama's first Maternal Health Policy Intern, provided an invaluable foundation for this report. The ACLU of Alabama's Communications Department edited, designed, and produced the graphics for this report. Liliana Viera provided an exceptional translation.

We offer special thanks to the Moms Matter project team: Celsa Stallworth, Organizing Manager at the ACLU of Alabama, Dr. Courtney Andrews, former Reproductive Justice Policy Strategist at the ACLU of Alabama, and Dr. Ashley Cochran and Ms. Tamela Hughes, who co-facilitated each listening session. We also thank the various venues that hosted our listening sessions and connected us with people with lived experience and our contracted caterers, mental health professionals, interpreters, and childcare providers. Moreover, we express appreciation for the many partners we have the honor of collaborating with, in particular, UAB, Yellowhammer Fund, Diamonds x Doulas, Gift of Life, and Alabama Arise.

We are grateful for the staff, interns, board members, and supporters of the ACLU of Alabama.

ACLU Alabama