



SUPPORTING LATINO FAMILIES IN THE PERINATAL PERIOD

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www.coachingsaludholistica.com

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Coaching Salud Holistica

MARYLAND LATINO PERINATAL HEALTH COALITION

A collaborative network of organizations, providers, doulas, community health workers, and advocates working together to improve perinatal health outcomes for Latino families in Maryland.



Every First Tuesday
May - December 2026



2:00 PM - 3:00 PM



Virtual - In English



For more information or to learn
how to partner email:
jhoselyn@coachingsaludholistica.org





WHAT WE KNOW IN MARYLAND



2025 March of Dimes Report Card Maryland

Scan for
more data



6,896 babies were born preterm in Maryland in 2024. Maryland ranks 28th of 52 (includes all states, DC, and Puerto Rico) for preterm birth with a rate of 10.5%.

Maryland has made significant improvement in adequate prenatal care reception since last year.

Maryland is currently implementing five of six supportive maternal and infant health initiatives included in this year's Report Card.

The preterm birth rate in Maryland was **10.5%** in 2024, higher than the rate in 2023

**PRETERM
BIRTH
GRADE**

D+

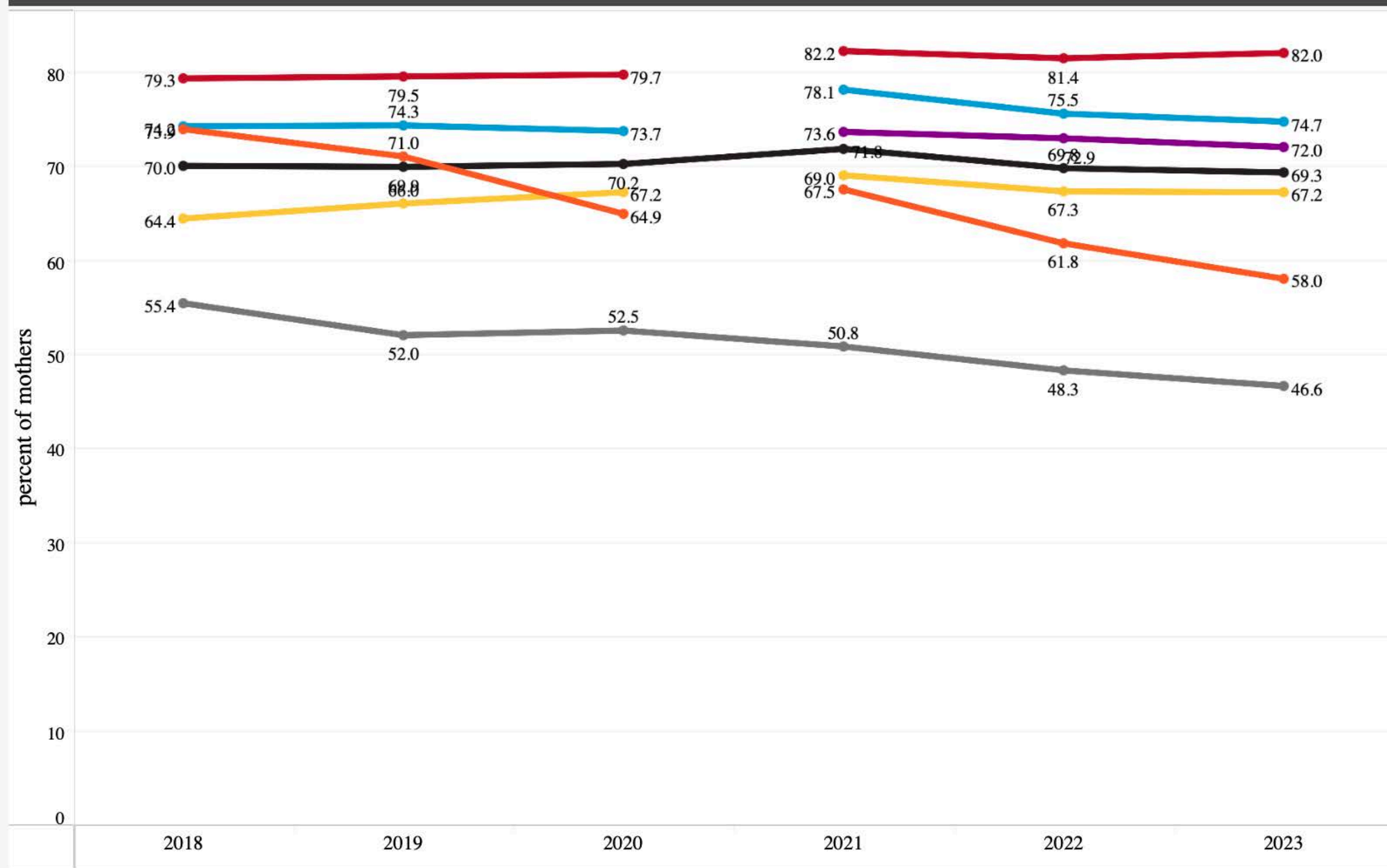
Percentage of live births born preterm

US RATE	MD RATE	MD RANK
10.4	10.5	28



Note: The change in 2024 was not a statistically significant ($P < 0.05$) increase compared to 2023. Statistical significance means the difference is unlikely to be due to chance and likely reflects a meaningful change, though it may not always be large.

Early Prenatal Care by Race/ethnicity and Year (percent of mothers)



When chart is blank, please make a new filter selection

Subpopulation Type
Race/ethnicity

Subpopulation

- (All)
- Hispanic
- NH AI or AN
- NH Asian or NHOPI
- NH Black
- NH White
- NH Multirace
- All Races/Ethnicities

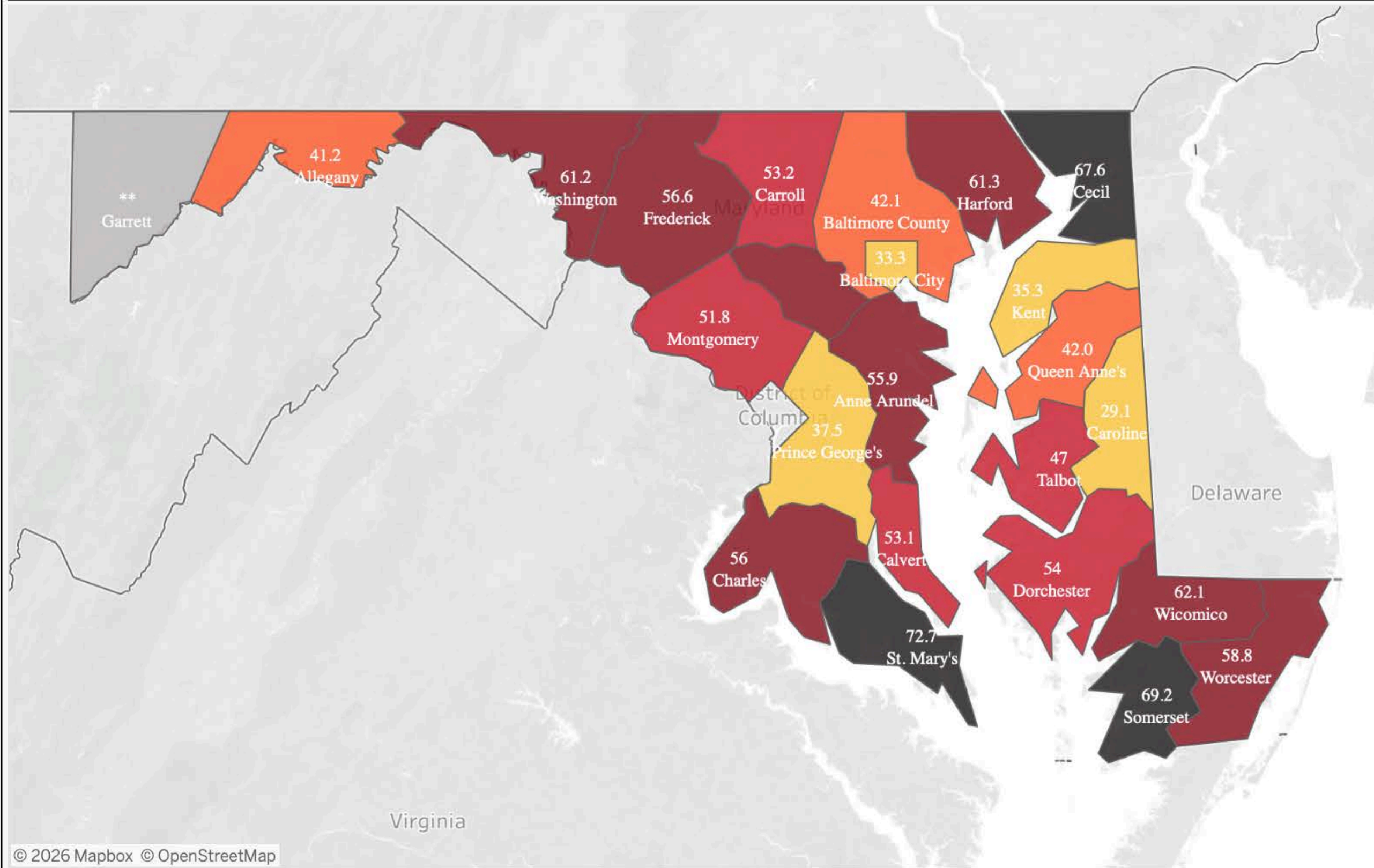
Hispanic
 NH AI or AN
 NH Asian or NHOPI
 NH Black
 NH White
 NH Multirace
 All Races/Ethnicities

Explain Trends ?

NH=Non-Hispanic, NHOPI=Native Hawaiian or Pacific Islander, AI or AN=American Indian or Alaska Native

For an explanation of line breaks, refer to the definition for Race/Ethnicity on the About Data page.

Early Prenatal Care by Year and County (percent of mothers): 2023, Hispanic



When chart is blank, please make a new filter selection

Year or Period

2023

Subpopulation

- Hispanic
- NH AI or AN
- NH Asian or NHOPI
- NH Black
- NH White
- NH Multirace
- All Races/Ethnicities

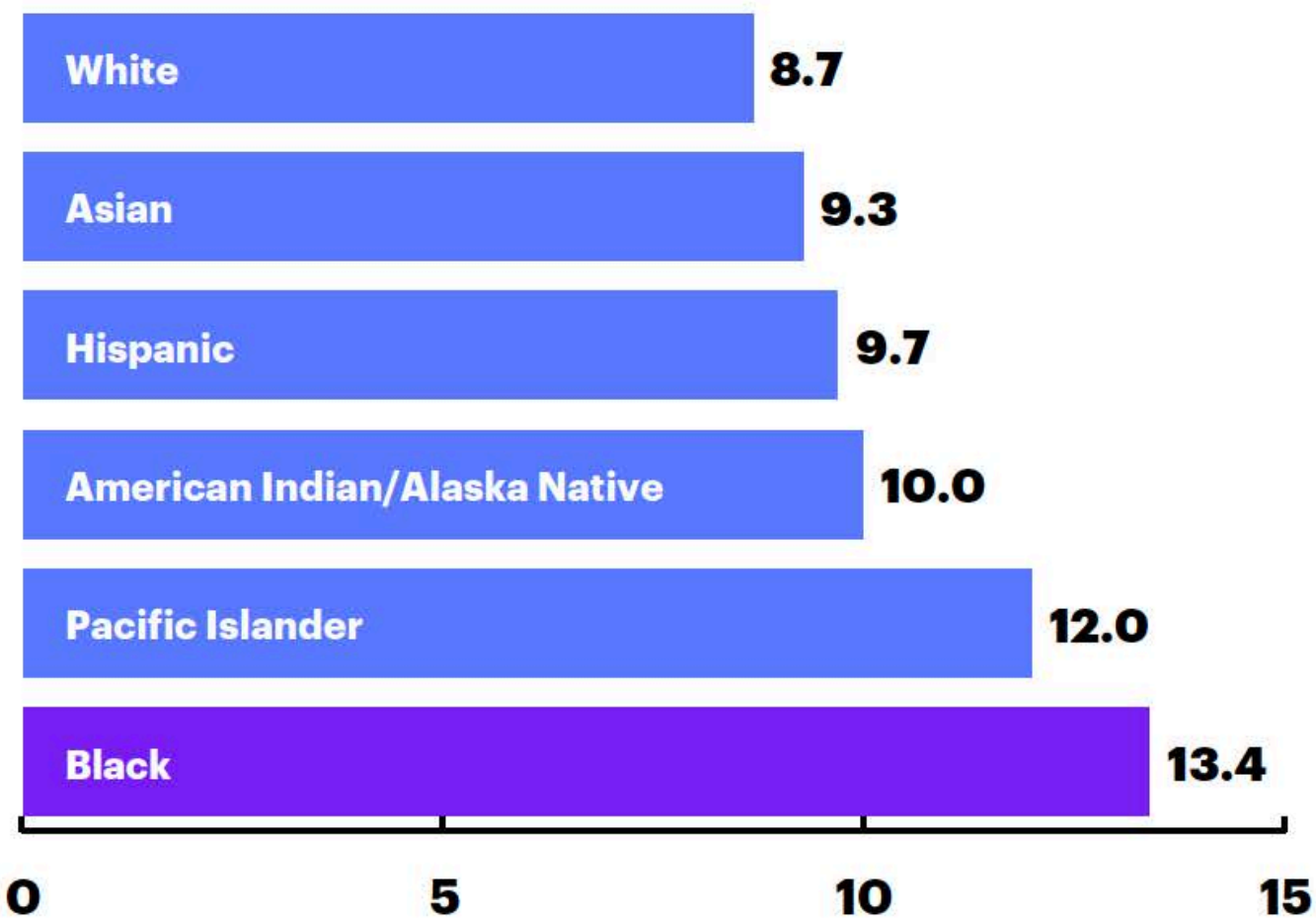
Map Legend

- Suppressed
- < 37.8
- 37.8-46.4
- 46.5-55.1
- 55.2-63.9
- 63.9-72.8

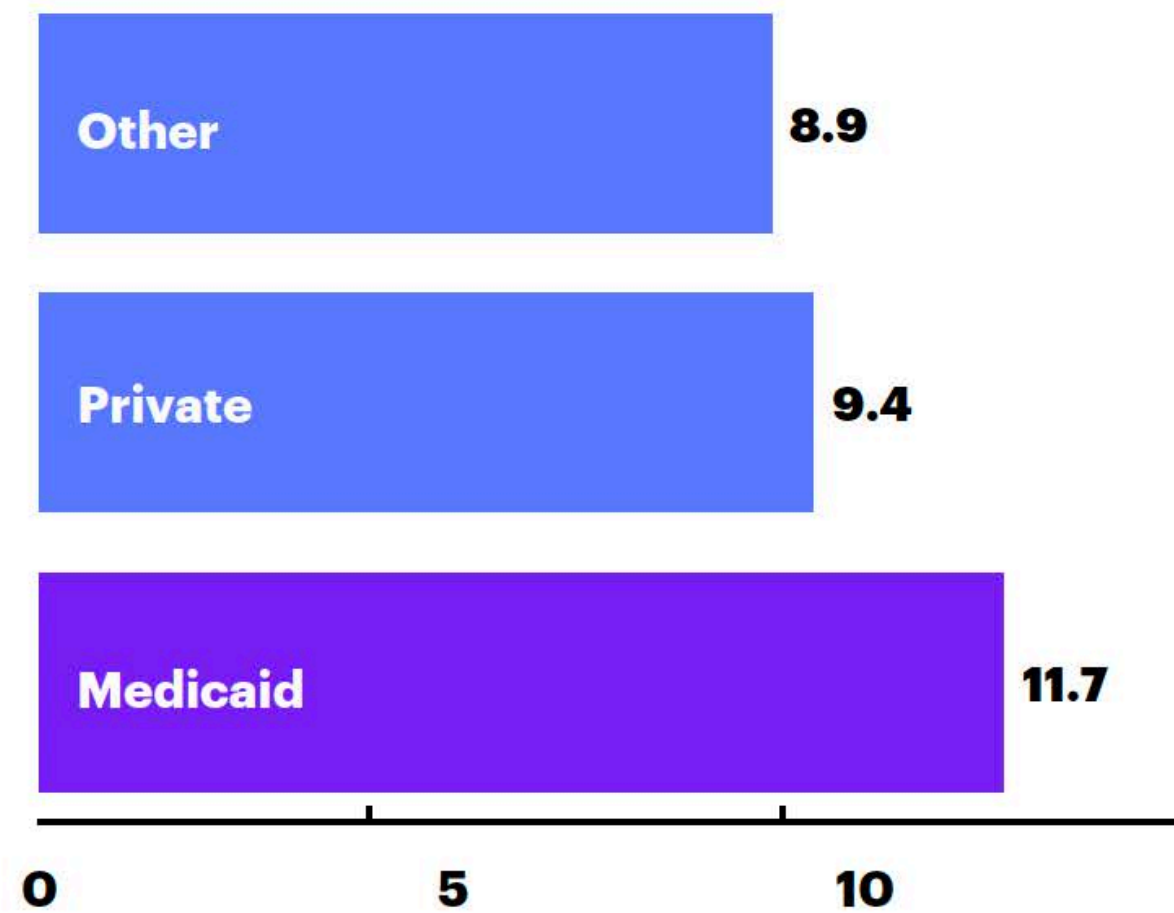
NH=Non-Hispanic, NHOPI=Native Hawaiian or Pacific Islander, AI or AN=American Indian or Alaska Native

The data below illustrates differences in preterm birth rates by race/ethnicity and insurance type, which may reflect broader social and economic factors

Preterm birth rate by maternal race/ethnicity, 2022-2024



Preterm birth rate by insurance type, 2022-2024

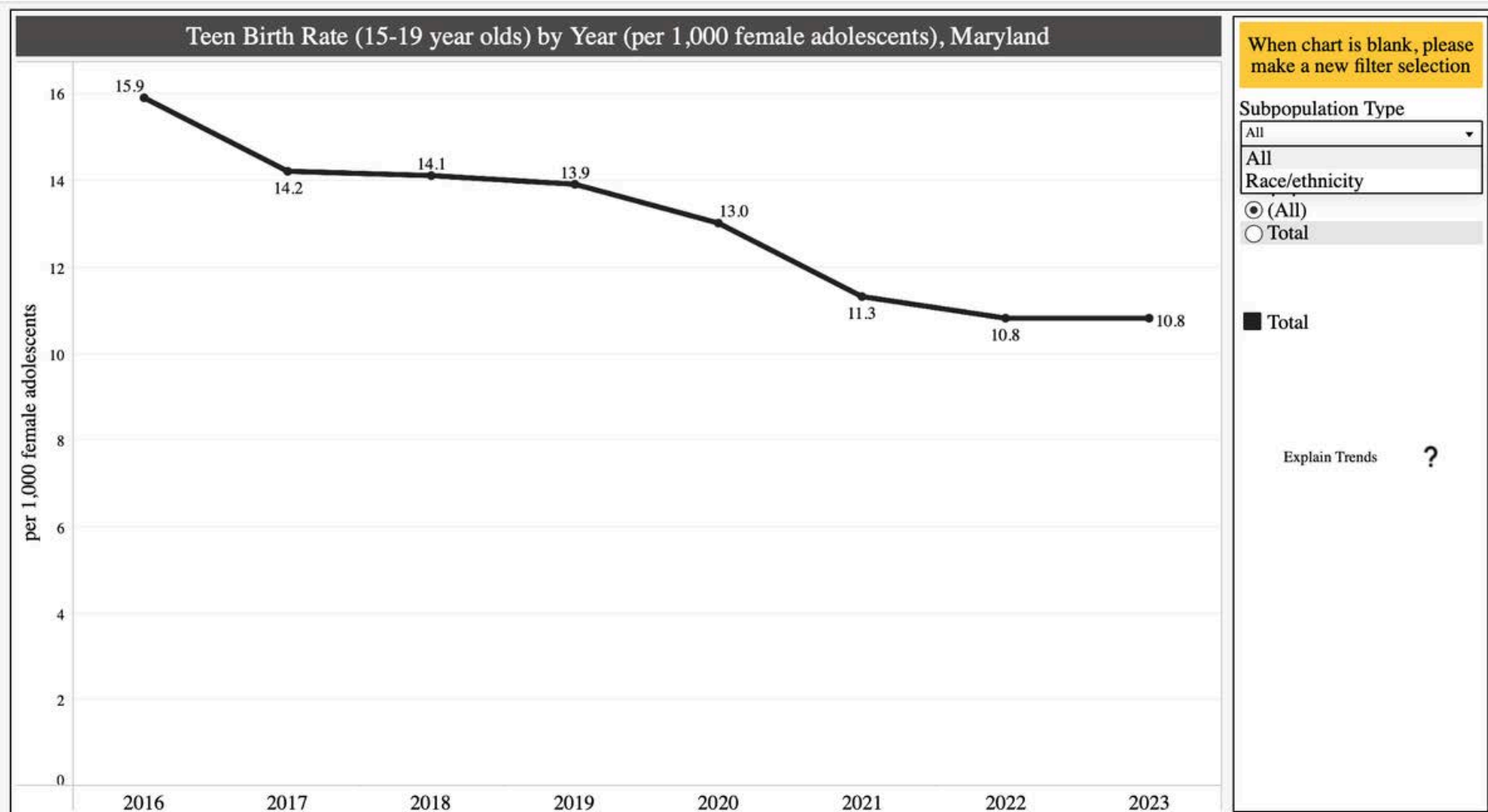


Note: These data can serve as a starting point for discussions about addressing disparities caused by community factors and experiences. Preterm birth rates for “other” insurance types: self pay: 8.8%; Tricare: 8.2%; Indian Health Service: N/A; and all other types: 12.0%.

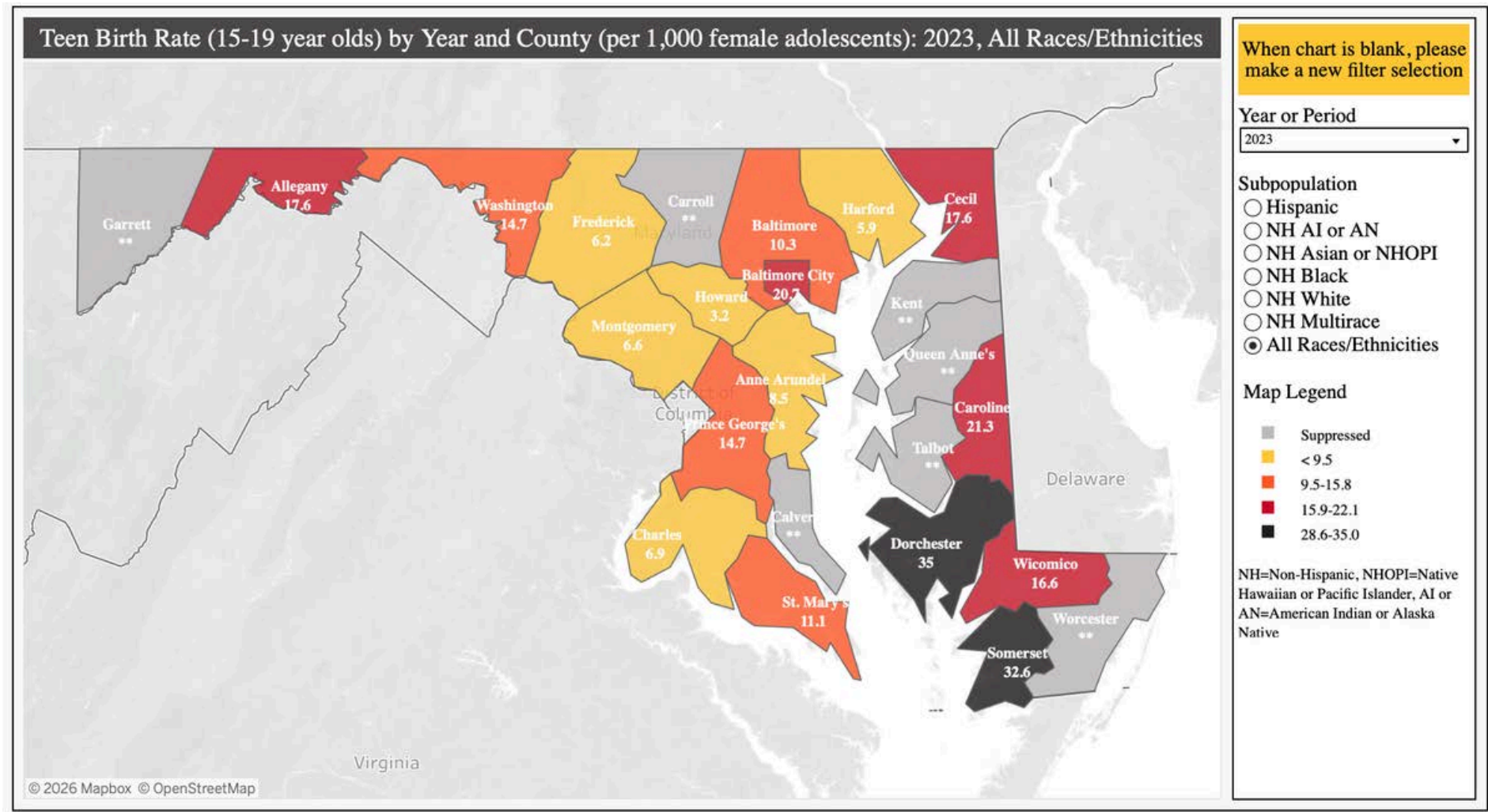
Source: National Center for Health Statistics, Natality data, 2014-2024.

The 2025 March of Dimes Report Card: The State of Maternal and Infant Health for American Families

© 2025 March of Dimes

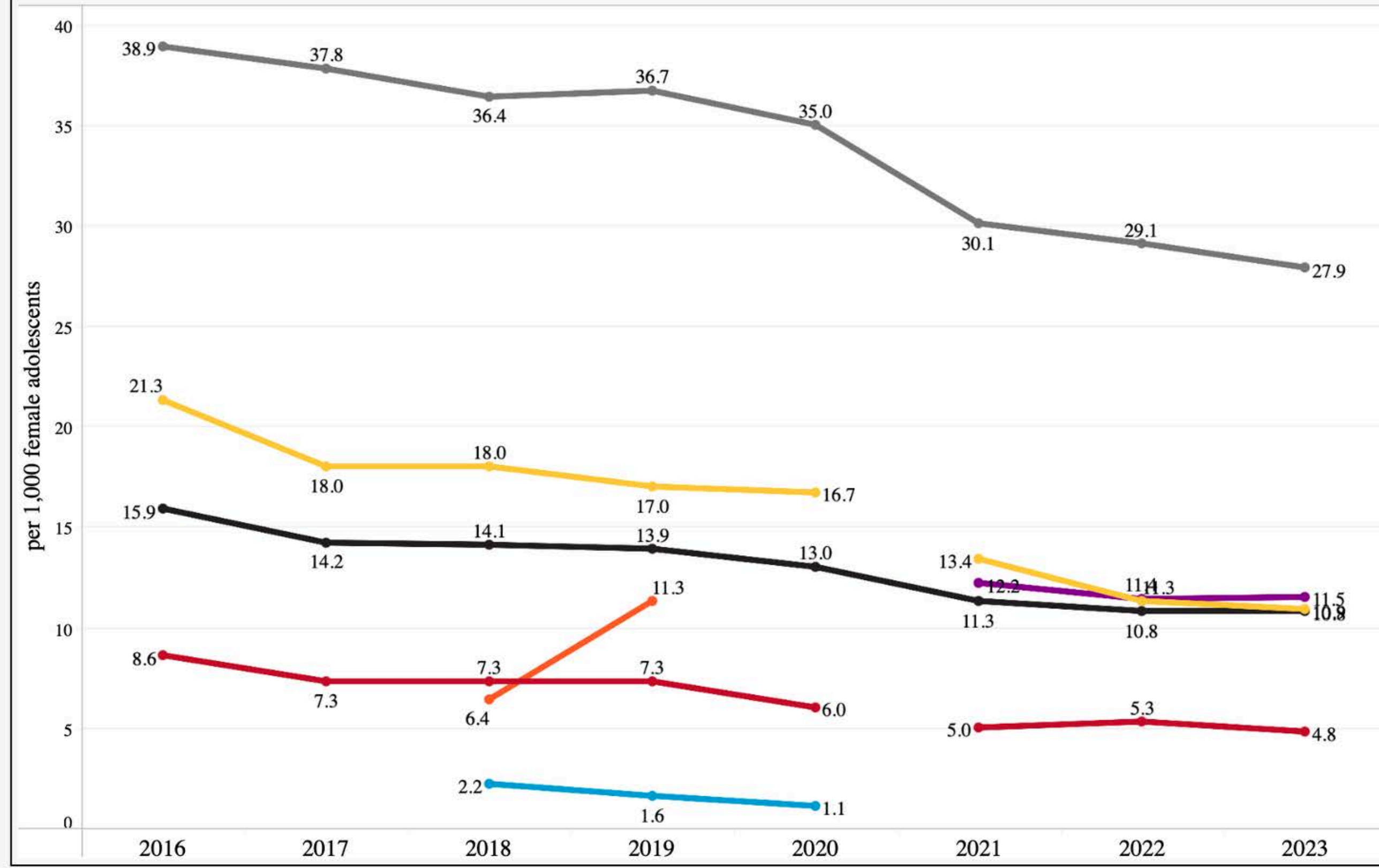


Note: Data points where numerators are small have been suppressed and are not shown, see About Data page for specific suppression rules. Be aware that small subpopulation sizes can make rates fluctuate dramatically. Subpopulations for



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Teen Birth Rate (15-19 year olds) by Year (per 1,000 female adolescents), Maryland



When chart is blank, please make a new filter selection

Subpopulation Type
Race/ethnicity

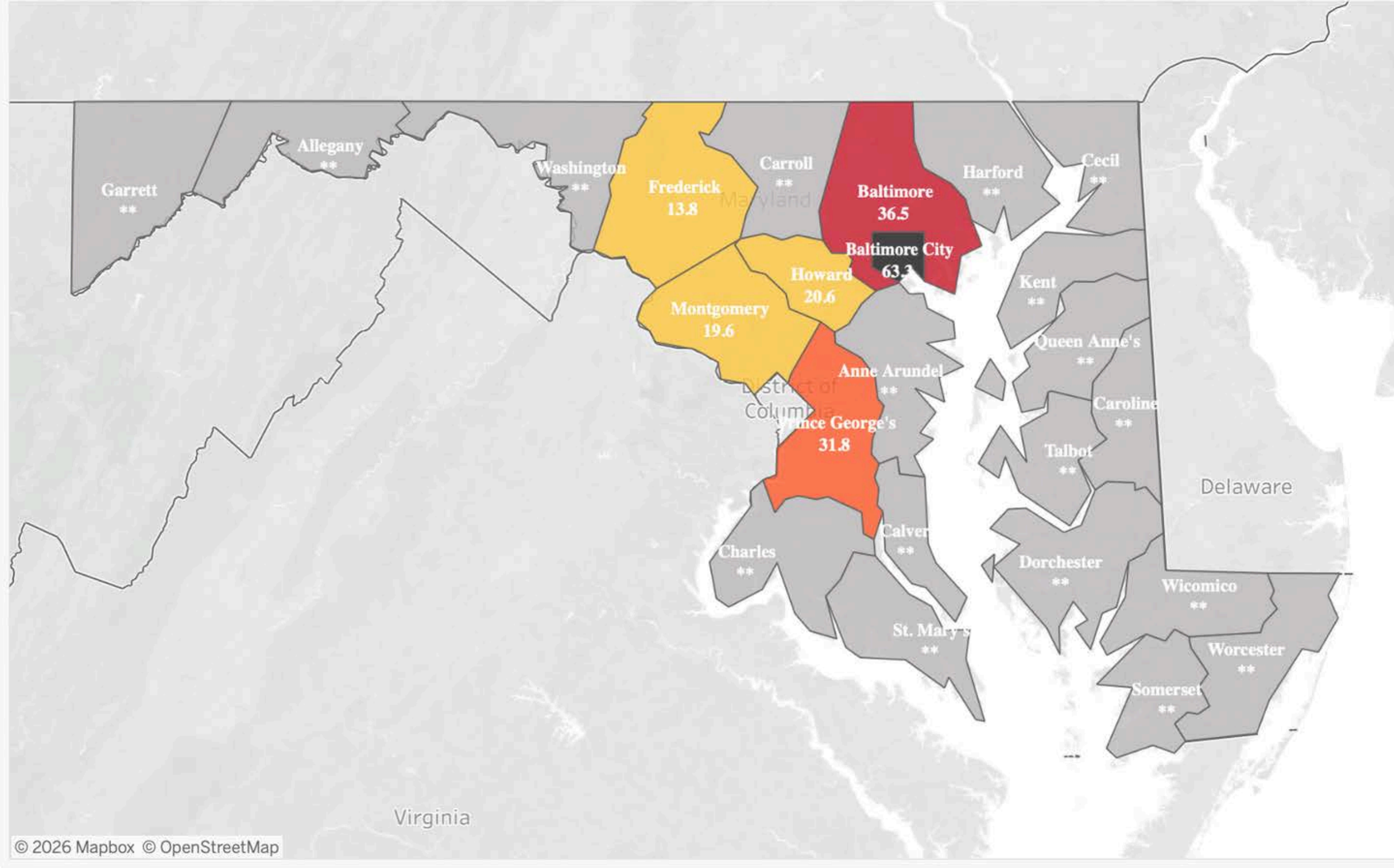
- Subpopulation
- (All)
 - Hispanic
 - NH AI or AN
 - NH Asian or NHOPI
 - NH Black
 - NH White
- Explain Trends ?

NH=Non-Hispanic, NHOPI=Native Hawaiian or Pacific Islander, AI or AN=American Indian or Alaska Native

For an explanation of line breaks, refer to the definition for Race/Ethnicity on the About Data page.

Note: Data points where numerators are small have been suppressed and are not shown, see About Data page for specific suppression rules. Be aware that small subpopulation sizes can make rates fluctuate dramatically. Subpopulations for

Teen Birth Rate (15-19 year olds) by Year and County (per 1,000 female adolescents): 2023, Hispanic



When chart is blank, please make a new filter selection

Year or Period
 2023

Subpopulation
 Hispanic
 NH AI or AN
 NH Asian or NHOPI
 NH Black
 NH White
 NH Multirace
 All Races/Ethnicities

Map Legend

- Suppressed
- < 23.7
- 23.7-33.5
- 33.6-43.4
- 53.4-63.3

NH=Non-Hispanic, NHOPI=Native Hawaiian or Pacific Islander, AI or AN=American Indian or Alaska Native

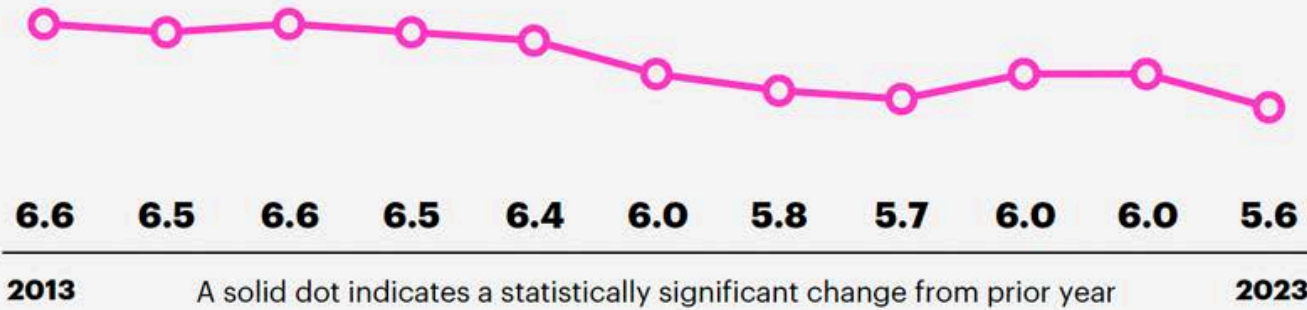
Note: Data points where numerators are small have been suppressed and are not shown, see About Data page for specific suppression rules. Be aware that small subpopulation sizes can make rates fluctuate dramatically. Subpopulations for

The infant mortality rate decreased in the last decade; in 2023, 368 babies died before their first birthday

INFANT MORTALITY RATE
5.6



Rate per 1,000 live births

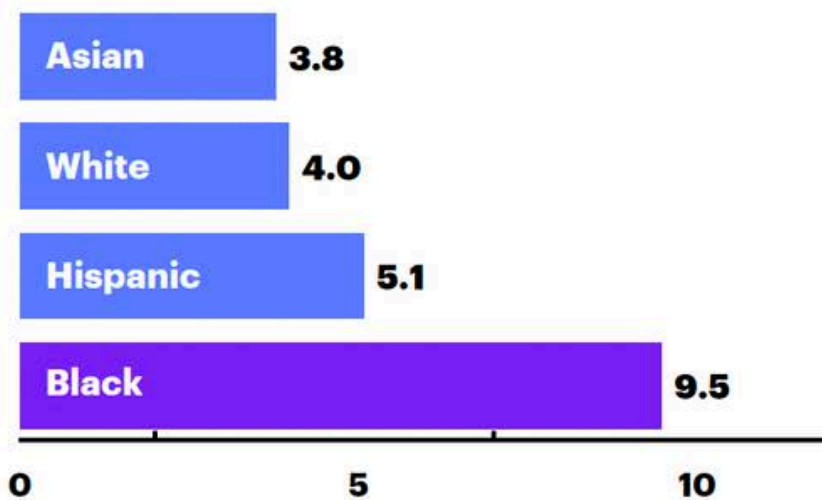


Note: The change in 2023 was not a statistically significant decrease compared to 2022.

The infant mortality rate among babies born to Black moms is 1.7x the state rate

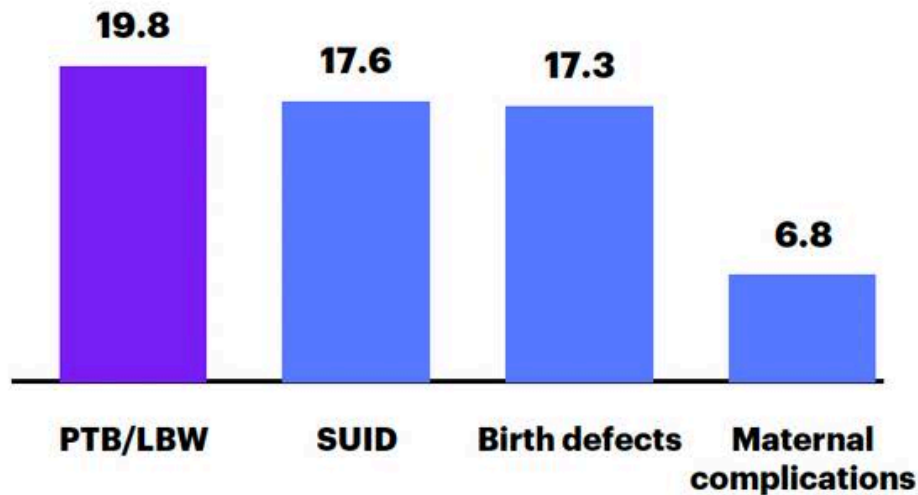
Infant mortality rate by maternal race/ethnicity

Rate per 1,000 live births, 2021-2023



Leading causes of infant death

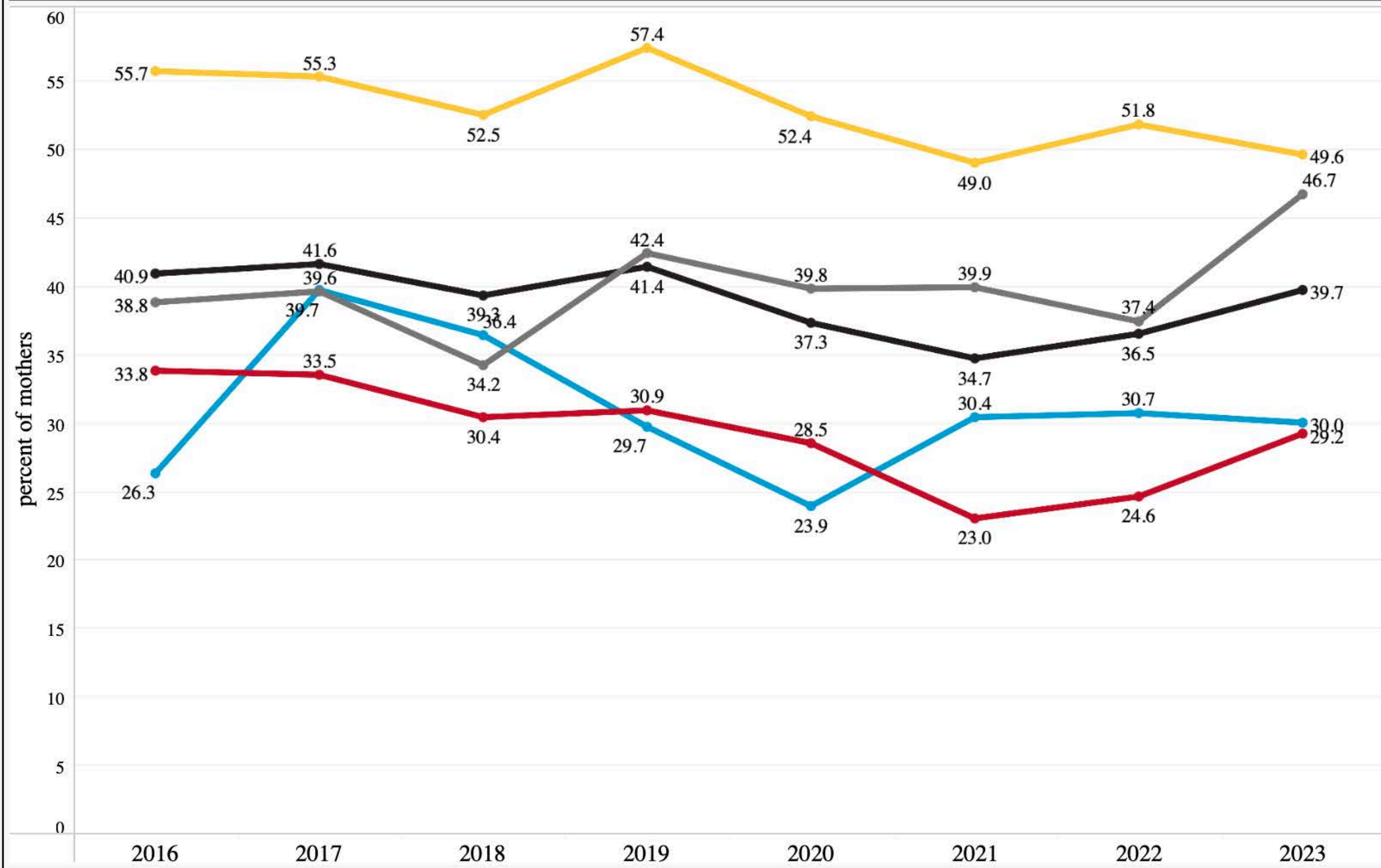
Percent of total deaths by underlying cause, 2021-2023



Note: PI = Pacific Islander; AIAN = American Indian/Alaska Native; PTB/LBW = preterm birth and low birth weight; SUID = sudden unexpected infant death. Other causes account for 38.5% of infant deaths. Leading causes of infant death chart was updated on February 2026.

Source: National Center for Health Statistics, Period Linked Birth/Infant Death data, 2013-2023.

Unintended Pregnancy by Race/Ethnicity and Year (percent of mothers), Maryland



When chart is blank, please make a new filter selection

Subpopulation Type
Race/Ethnicity

- Subpopulation
- (All)
 - Hispanic
 - NH Black
 - NH White
 - NH Asian/NHOPI
 - All Races/Ethnicities

Explain Trends ?
NH=Non-Hispanic, NHOPI=Native Hawaiian or Pacific Islander, AI or AN=American Indian or Alaska Native

The percentage represents the proportion of live births where the mother indicated that they did not want to be pregnant, wanted to be pregnant later, or were not sure what they wanted. Click for survey response rates.

See the About Data section for a note regarding 2021-2023 data

RISK FACTORS

Delayed or Inadequate
Prenatal Care



Lack of Health
Insurance



Immigration Status &
Fear of Deportation



Language
Barriers



Cultural Differences &
Lack of Culturally
Competent Care



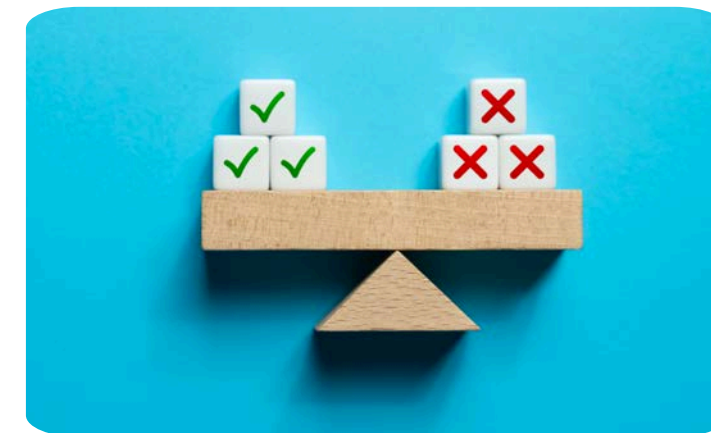
Economic Barriers
and Transportation
Challenges



Limited Knowledge of
Healthcare System &
Rights



Mental Health
Stigmas



ACCULTURATION

Acculturation is the process by which individuals or groups from one culture come into contact with another culture and undergo changes in their cultural practices, beliefs, and identity. This process often involves adapting to the dominant culture while retaining elements of the original culture.

A client may:

- Speak English fluently but observe La Cuarentena
- Be U.S.-born but deeply Catholic
- Reject traditional practices entirely
- Want epidural + prayer
- Blend hospital birth with curandera rituals

Avoid assuming:

- “More Americanized” = less cultural
- “Recent immigrant” = traditional





Understanding Acculturation Stages

Acculturation is a process of cultural contact and exchange through which a person or group comes to adopt certain values and practices of a culture that is not originally their own, to a greater or lesser extent. Latino community members may be at different stages of acculturation, including:

- Traditional (Low Acculturation): Predominantly maintain their native cultural practices, values, and language.
- Bicultural (Moderate Acculturation): Navigate and integrate both their native culture and the host culture.
- Acculturated (High Acculturation): Primarily adopt the host culture's practices, values, and language.



LATIN AMERICAN TRADITIONS SURROUNDING PREGNANCY AND CHILDBIRTH

KEY DIFFERENCES WITHIN LATINO COMMUNITIES

Factor	Possible Influence on Maternal Health Practices
Region of origin	Different traditional remedies, foods, and beliefs
Indigenous identity	Greater use of traditional midwives and spiritual practices
Afro-Latino heritage	Cultural traditions influenced by African ancestry
Immigration history	Newly arrived families may rely more on traditional practices
U.S.-born vs immigrant	U.S.-born Latinos may navigate healthcare systems more easily



Familismo & Decision-Making

- Family plays central role in pregnancy decisions
- Elders (mothers, grandmothers) are highly respected
- Decisions may be collective, not individual

Birthworker Tips:

- Include family in conversations (with consent)
- Avoid dismissing advice from elders
- Ask: "Who would you like involved in your care?"



Boundary-Setting Scripts

For Clients:

- “I appreciate your advice, but I’m choosing to...”
- “My provider recommended something different, and I want to follow that.”
- “I need some time to rest right now.”

For Doulas (supporting):

- “She’s working really hard—let’s give her space.”
- “That’s a great suggestion, and she’ll decide what feels best for her.”





Traditional Beliefs About Food

- “Hot & Cold” theory (balance of body)
- Pregnancy = “hot” → avoid certain “hot” foods
- Postpartum diet often warm, soft, healing
- Examples:
 - Chicken soup (caldo)
 - Atole, teas, warm foods

Birthworker Tips:

- Respect food beliefs even if not clinical
- Help integrate hospital nutrition with traditions
- Ask: “Are there foods you want after birth?”



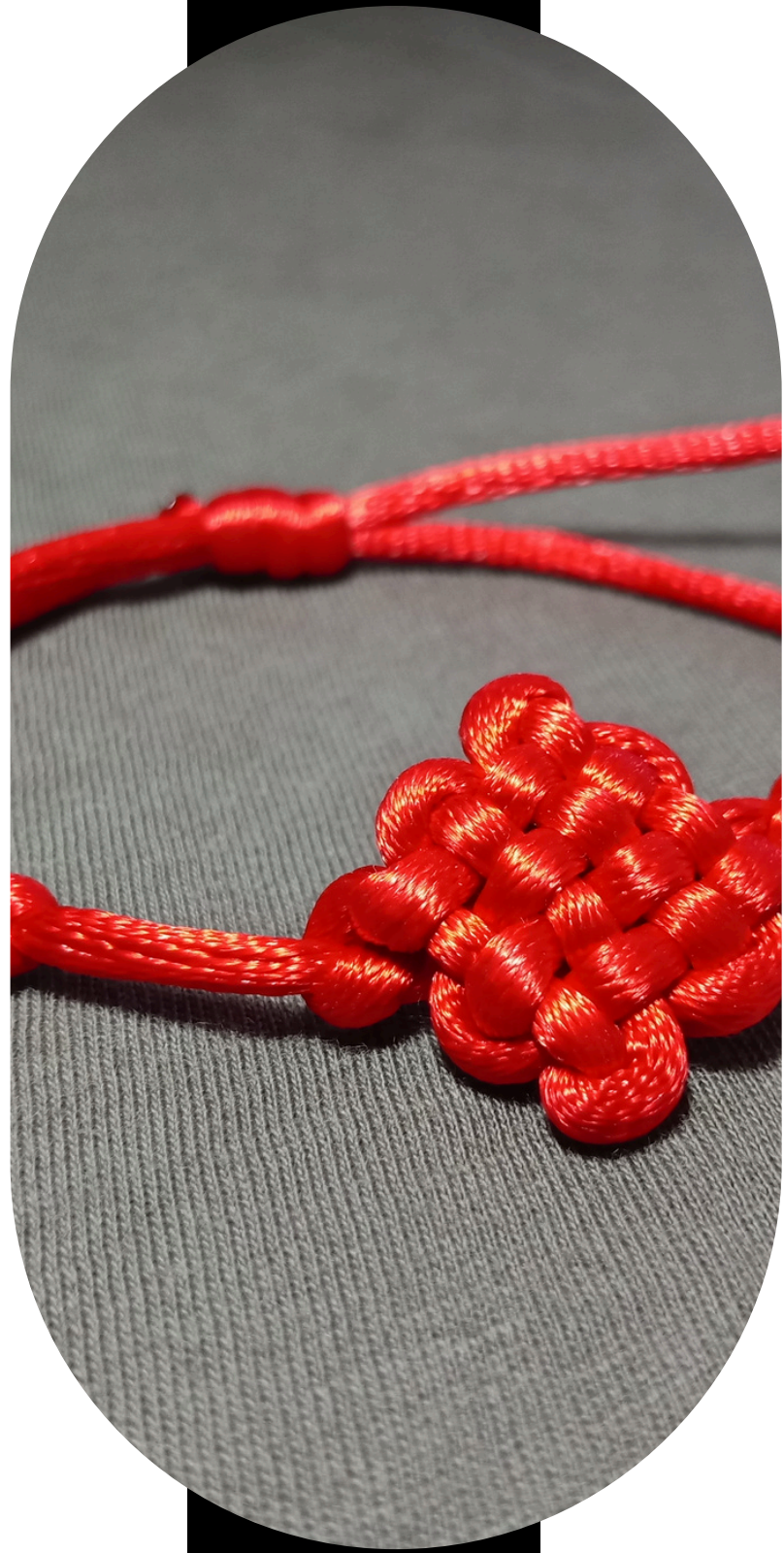


Pregnancy Practices & Beliefs

- Avoid “susto” (fright) to protect baby
- Wearing red bracelets or amulets
- Beliefs about eclipses affecting baby

Birthworker Tips:

- Do not dismiss beliefs as myths
- Support safe cultural practices
- Normalize their importance





Prenatal Care Patterns

- Some delay prenatal care (barriers, fear, immigration status)
- Trust may be lower in healthcare systems
- Reliance on community advice

Birthworker Tips:

- Provide gentle education—not fear-based
- Help navigate systems (appointments, insurance)
- Build trust first, then educate



Modesty & Gender Preferences

- Preference for female providers in many cases
- Importance of privacy and modesty
- Discomfort with multiple providers in room

Birthworker Tips:

- Advocate for fewer unnecessary people
- Help client communicate preferences
- Use draping and positioning for comfort





Hospital vs Traditional Birth Views

- Some prefer natural/traditional approaches
- Others see hospital as safer due to migration experiences
- Possible fear of interventions

Birthworker Tips:

- Explain hospital processes in simple language
- Bridge traditional + medical perspectives
- Prepare clients for what to expect





Labor & Birth Traditions

- Strength and endurance valued
- Vocalization may vary (quiet vs expressive)
- Movement, upright positions often preferred

Birthworker Tips:

- Offer movement-based coping techniques
- Do not assume silence = coping well
- Encourage culturally familiar comfort methods






Use of Traditional Remedies

- Herbal teas (manzanilla, canela, etc.)
- Sobadas (traditional abdominal massage)
- Use of traditional midwives in some communities

Birthworker Tips:

- Ask before discouraging
- Assess safety (collaborate with provider if needed)
- Honor practices when safe





Postpartum Traditions (La Cuarentena)

- 40-day recovery period
- Focus on rest, healing, bonding
- Avoid cold exposure, heavy activity
- Examples: Belly binding, Warm foods, Limited visitors (in some cases)

Birthworker Tips:

- Reinforce rest as valid and beneficial
- Support family involvement
- Help advocate for postpartum recovery time



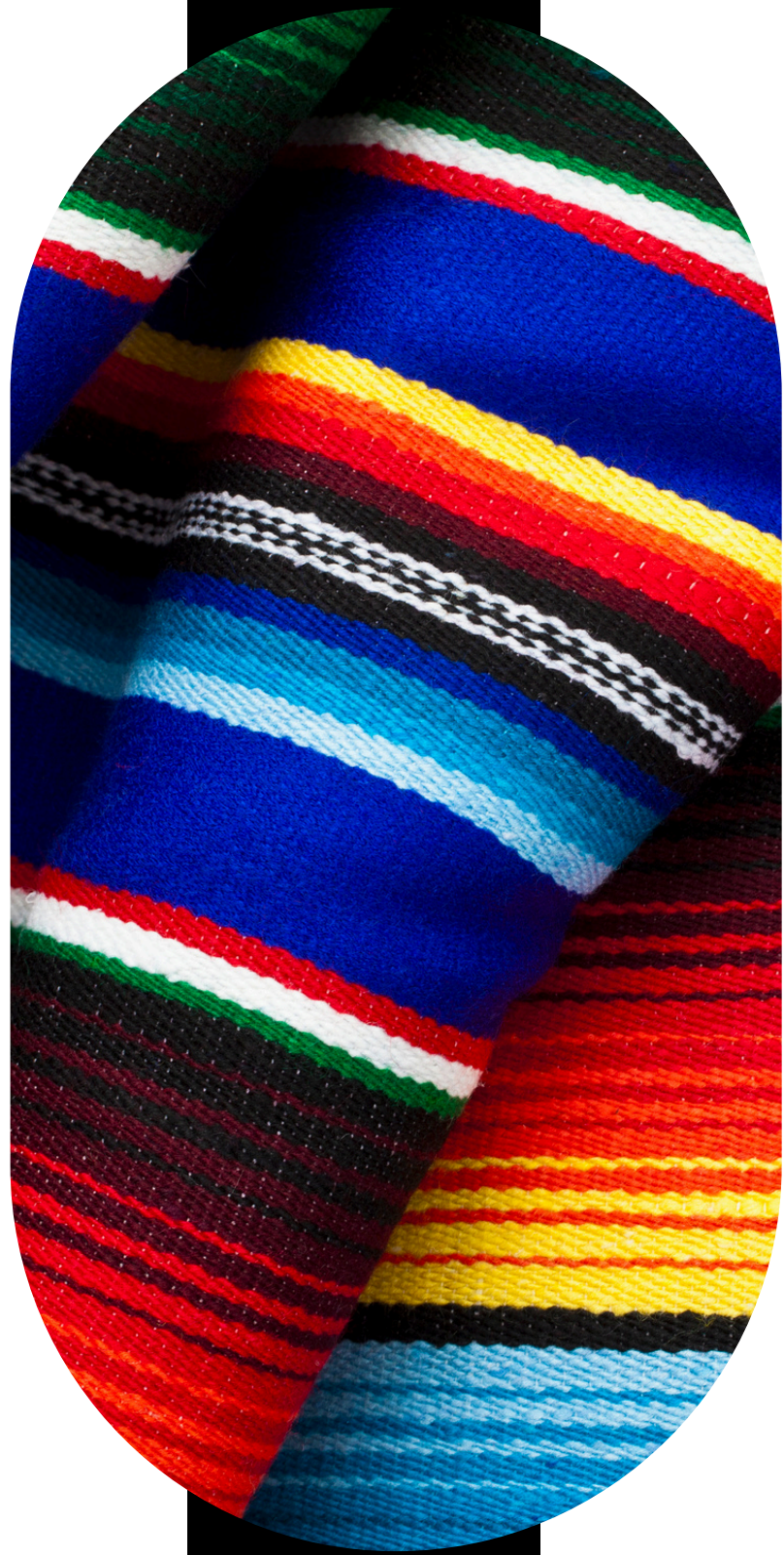


Building Trust as a Advocate

- Show respeto (respect)
- Be warm, personable (personalismo)
- Build relationship before education

Practical Tips:

- Greet family members
- Use preferred language
- Follow up consistently



DOCUMENTATION & ADVOCACY TOOLS

How to Document Culturally Relevant Factors

Use neutral, descriptive language:

- “Client prefers traditional postpartum rest practices (La Cuarentena).”
- “Client expresses spiritual belief influencing medical decision.”
- “Client requests female provider for modesty.”
- “Client prefers Indigenous language interpretation.”
- “Client reports concern about prior dismissal of symptoms.”



WHEN TO ESCALATE, ADVOCATE, OR DEFER



- ▲ Escalate Immediately When:
 - Severe headache + vision changes
 - Excessive bleeding
 - Shortness of breath
 - Chest pain
 - Sudden swelling
 - Suicidal thoughts
- Advocate When:
 - Symptoms are dismissed
 - Interpretation is denied
 - Client autonomy is overlooked
 - Concerns are minimized
- Defer to Medical Provider When:
 - Clinical diagnosis required
 - Medication decisions needed
 - Emergency intervention necessary
 - Outside scope of birth worker practice



RESOURCES

ARE YOU CURRENTLY PREGNANT AND NEED PRENATAL COVERAGE?

Beginning July 1, 2023, Maryland residents who are not U.S. residents or citizens may qualify for Medicaid coverage for prenatal and four-month postpartum care based on income requirements. Contact Maryland Health Connections (1-855-642-8572) today to apply. Enroll in Medicaid as soon as you know you're pregnant.

 Call 1-855-642-8572 to apply

 www.marylandhealthconnection.gov



WHAT'S INCLUDED?



Doctor visits



Dental care



Prescription medications



Hospital care



Mental health care



Behavioral Health Care



Breast Pump



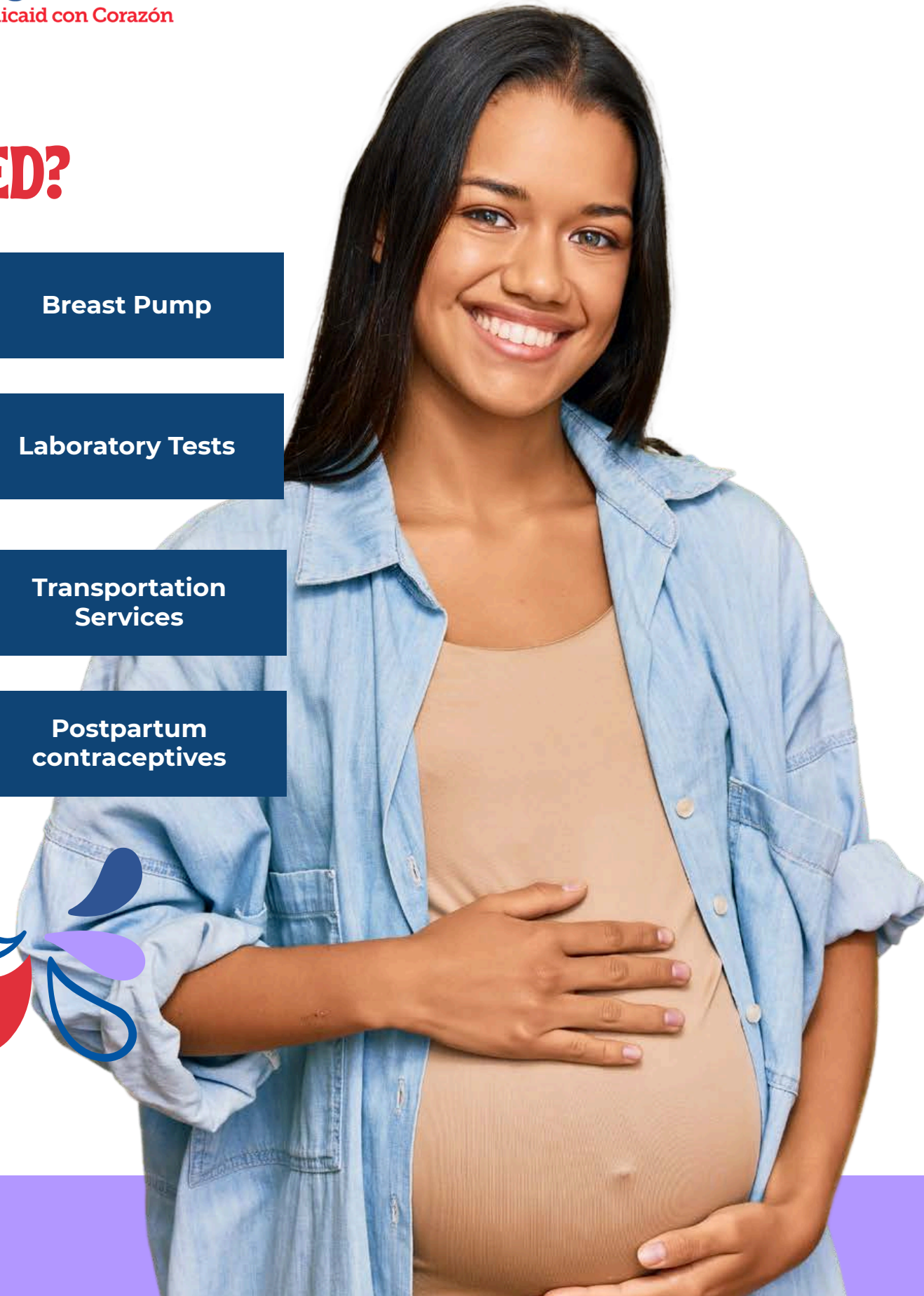
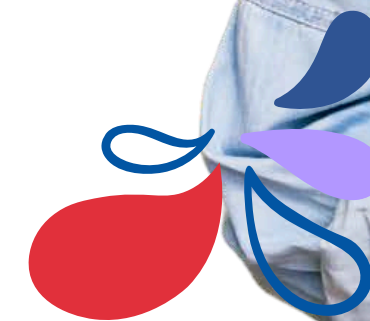
Laboratory Tests

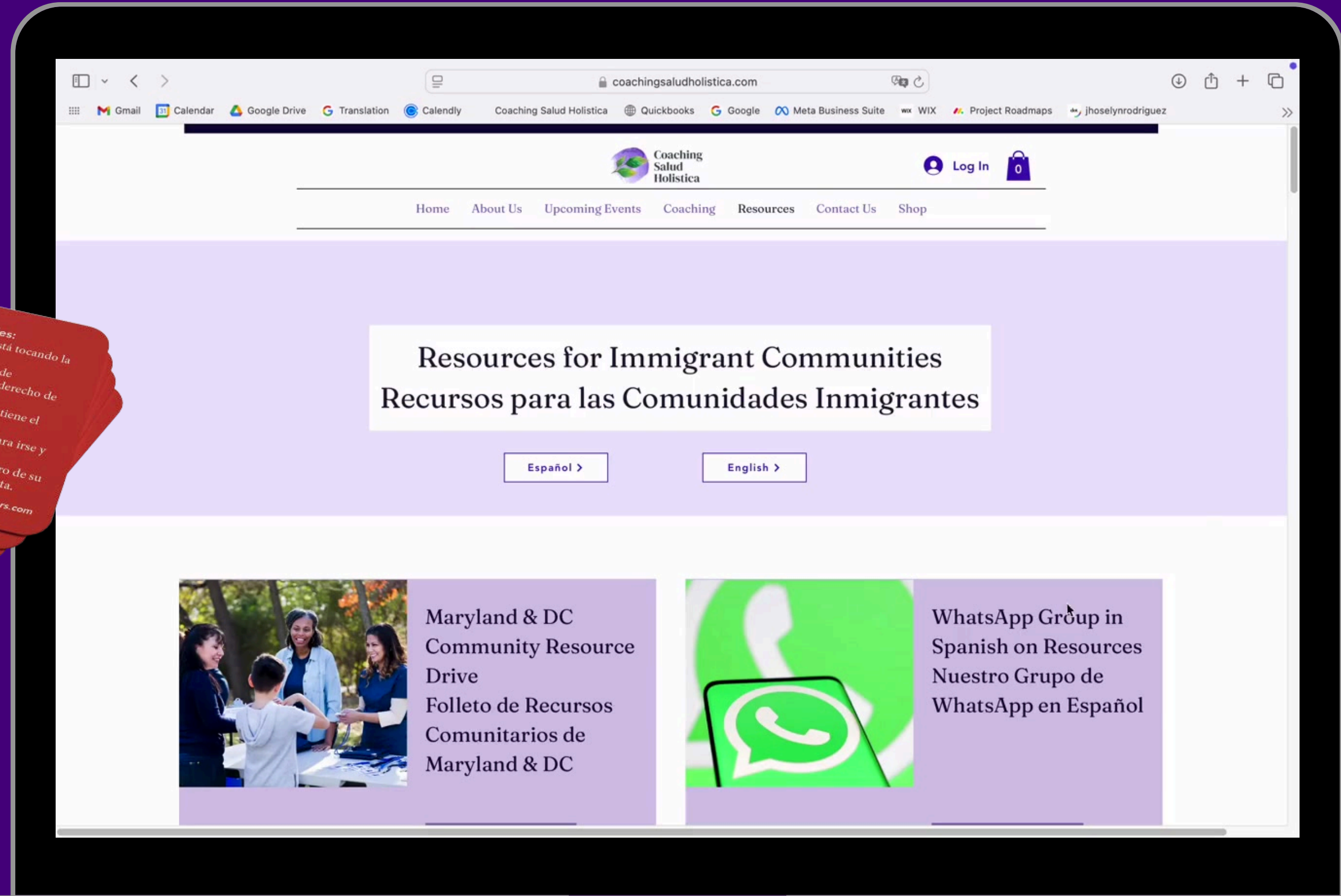


Transportation Services



Postpartum contraceptives





Usted tiene derechos constitucionales:

- **NO ABRA LA PUERTA** si un agente de inmigración está tocando la puerta.
- **NO CONTESTE NINGUNA PREGUNTA** de un agente de inmigración si el trata de hablar con usted. Usted tiene el derecho de mantenerse callado.
- **NO FIRME NADA** sin antes hablar con un abogado. Usted tiene el derecho de hablar con un abogado.
- Si usted está afuera de su casa, pregunte al agente si es libre para irse y si dice que sí, váyase con tranquilidad.
- **ENTREGUE ESTA TARJETA AL AGENTE.** Si usted está dentro de su casa, muestre la tarjeta por la ventana o pásela debajo de la puerta.

www.RedCardOrders.com

Resources for Immigrant Communities Recursos para las Comunidades Inmigrantes

[Español >](#) [English >](#)



Maryland & DC
Community Resource
Drive
Folleto de Recursos
Comunitarios de
Maryland & DC



WhatsApp Group in
Spanish on Resources
Nuestro Grupo de
WhatsApp en Español

<https://www.coachingsaludholistica.com/resourcesforimmigrantcommunities>



Coaching
Salud
Holistica

Support and Resources for Families with Babies

Scan the QR code
or text the word
"RAIZ" to 301-624-
9768



For more information, please visit:

www.coachingsaludholistica.com/maternalhealthresources

For more information and to learn about collaboration opportunities, please
email info@coachingsaludholistica.org



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Maryland Latino
PERINATAL HEALTH COALITION

RESOURCES

P R E G N A N C Y & P O S T P A R T U M



FIND INFORMATION FOR
Maryland



Coaching
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Holistica

Resource Guide in English and Spanish

Scan the QR code
or text the word
"RAIZ" to 301-624-
9768



For more information, please visit:
www.coachingsaludholistica.com/maternalhealthresources

For more information and to learn about collaboration opportunities, please
email info@coachingsaludholistica.org



MENTAL HEALTH RESOURCES FOR PREGNANT PEOPLE

Pro Bono Counseling

Provides free mental health therapy in English and Spanish for everyone living in Maryland.

Phone Number: 410.825.1001

Website: <https://www.probonocounseling.org/get-help-now/help/>

Postpartum Support International

The mission of Postpartum Support International is to promote awareness, prevention and treatment of mental health issues related to childbearing in every country worldwide through online support groups, education, and more. Services are available In English and Spanish.

Phone Number: 800-944-4773

Website: <https://www.postpartum.net/get-help/>

MotherToBaby

MotherToBaby offers free, confidential information on the safety of medications and other exposures during pregnancy and breastfeeding. This includes guidance on the potential mental health impacts of medications used to treat postpartum depression and anxiety. Services are available In English and Spanish.

Phone: 1-866-626-6847 / Text: Text questions to 855-999-3525

Website: <https://mothertobaby.org/>

SAMHSA

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a 24/7 confidential helpline for individuals and families facing mental health and substance use disorders, including maternal mental health issues. They offer referrals to local treatment facilities, support groups, and community-based organizations. Services are available In English and Spanish.

Phone: 1-800-662-HELP (4357)

National Maternal Mental Health Hotline

Provides free 27/7 confidential emotional support and guidance of resources over 60 languages.

Phone: 1-833-943-5746

National Suicide and Crisis Lifeline

Call or Text: 988 (Services are available In English and Spanish.)



RECURSOS DE SALUD MENTAL PARA PERSONAS EMBARAZADAS

Pro Bono Counseling

Proporciona terapia de salud mental gratuita en inglés y español para todas las personas que viven en Maryland.

Número de teléfono: 410.825.1001

Sitio web: <https://www.probonocounseling.org/get-help-now/help/>

Apoyo Posparto Internacional (Postpartum Support International)

La misión de Postpartum Support International es promover la concienciación, la prevención y el tratamiento de los problemas de salud mental relacionados con la maternidad en todos los países del mundo a través de grupos de apoyo en línea, educación y más. Los servicios están disponibles en inglés y español.

Número de teléfono: 800-944-4773 Sitio web:

<https://www.postpartum.net/get-help/>

De Madre a Bebé (MotherToBaby)

MotherToBaby ofrece información gratuita y confidencial sobre la seguridad de los medicamentos y otras exposiciones durante el embarazo y la lactancia. Esto incluye orientación sobre los posibles efectos en la salud mental de los medicamentos utilizados para tratar la depresión y la ansiedad posparto. Los servicios están disponibles en inglés y español.

Teléfono: 1-866-626-6847 / Texto: Envíe sus preguntas por mensaje de texto al 855-999-3525

Sitio web: <https://mothertobaby.org/>

SAMHSA

La Administración de Servicios de Salud Mental y Abuso de Sustancias (SAMHSA) ofrece una línea de ayuda confidencial disponible las 24 horas, los 7 días de la semana, para personas y familias que enfrentan trastornos de salud mental y abuso de sustancias, incluidos problemas de salud mental materna. Ofrecen referencias a centros de tratamiento locales, grupos de apoyo y organizaciones comunitarias. Los servicios están disponibles en inglés y español.

Teléfono: 1-800-662-HELP (4357)

Línea Directa Nacional de salud Mental Materna

Proporciona apoyo emocional confidencial gratuito las 24 horas, los 7 días de la semana y orientación sobre recursos en más de 60 idiomas.

Teléfono: 1-833-943-5746

Línea Nacional de Ayuda para el Suicidio y las Crisis

Llamada o mensaje de texto: 988 (Los servicios están disponibles en inglés y español).



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