

Leslie Hurtado:

By 2050, Latinas will make up a quarter of all women in the U.S. We're gaining in education, participating in the labor market more, accumulating wealth, and embracing entrepreneurship.

This is 100 Latina Birthdays—an open source podcast from LWC Studios—about the health, wellness, and lifetime outcomes of Latinas in the U.S. Our narrative investigation—and celebration—of Latina health and wellbeing is focused on Chicago but has widespread national implications. In this first season, we will chronicle Latina women and girls in the first two decades of their lives, from birth to age 20.

I'm Leslie Hurtado, and I am a multimedia journalist based in Chicago. I cover stories on race, class, and immigration with a focus on civic engagement. I often explore topics ranging from abortion access to infertility—shedding light on resilient women of color and their solutions to endemic health challenges.

Hurtado:

[Over 30% of Latinas](#) in the U.S. have experienced at least one miscarriage, according to a 2023 Global Women's Health study. That number closely matches [national miscarriage rates](#).

But people tend to think miscarriages are far less common than they actually are. In fact, one national survey by researchers at the Albert Einstein College of Medicine found that [more than half of adults](#) believe that miscarriages occurred in 5% of pregnancies or less.

The survey pointed to the shame and silence that covers up miscarriages, making it hard to talk about it openly. That same survey found that more than 40% of parents who had miscarriages felt guilty, or like they'd done something wrong. That stigma and guilt can make it even harder for parents to talk about their experience or seek support.

Mayra Buitrón:

Having gone through birth before, I understood the phases of labor.

Hurtado:

That's Mayra Buitrón. She's a [birth and bereavement doula with Chicago Family Doulas](#) and founder of a new pregnancy and pregnancy loss support group called [Bitty Bitty Bump Bump](#).

Buitrón:

You know, in Spanish there's a saying when a mom has a baby that's known as, "dar a luz", to give light, and I feel that that was my experience in a summary. I felt like I gave birth. Why? Because you feel contractions. You feel a lot of physical aspects that you would in a normal birth. The pains are all the same. There's contractions involved, there's bleeding involved.

Hurtado:

Mayra is the mother of two children, a 13-year-old boy and nine-year-old girl, who she calls a "rainbow baby." That's because her daughter was born after a pregnancy loss. In 2012 she had a miscarriage during the first trimester, which is the first thirteen weeks of pregnancy.

She went through a natural miscarriage at home – what's called "expectant management" — where the fetus and placenta is passed without help from medication or surgery. She then went to the hospital two separate times to get an ultrasound to check that the tissue had fully released.

Buitrón:

My experience felt very lonely because I didn't have enough education to understand what was happening.

Hurtado:

Mayra's miscarriage experience left her questioning why she received so little emotional support at the hospital. She says medical staff did not ask her about her plans to go back to work afterward, or offer any referrals for therapy or additional support.

Buitrón:

And on top of that, you do have to deal with, you know, the hard decision, which in my personal case is where I encounter no empathy whatsoever. They saw a young mother that showed up to her appointments without a partner, and it was the stigma of like, okay, we're just gonna, you know, like this happens, it happens to a lot of women.

We're in Chicago. So this is a city where you do have first, second, third generations of, you know, Hispanic people. And you would think, okay, I'm gonna go with someone and they seem to be Latin, like they'll understand me. But no. It's not like your mom or your grandma that tells you after, "Okay, after you know, you miscarried, you need to take care of yourself. You need to eat that chicken broth, you need to drink all these different teas to help with the cramping." There was none of that.

Hurtado:

Mayra moved to Chicago from Ecuador in 2000, at the age of 10. She became a DACA recipient by 2015, in her mid-twenties. That's the national [Deferred Action for Childhood Arrivals](#). It gives temporary legal status to eligible immigrants who arrived in the U.S. as children.

Mayra says she did not have insurance before she became pregnant.

In 2012, during the pregnancy that she lost, a medical social worker informed her that she qualified for free insurance because she was pregnant. The social worker referred her to [a government program called All Kids](#), a part of the Children's Health Insurance Program, which offers medical coverage to children in families with low to moderate incomes in Illinois.

Nationally, the Children's Health Insurance Program, or CHIP, exists in every state, either as its own program, through Medicaid, or a combination of both.

It's important to note that [Illinois was the first state](#) to cover children through Medicaid/CHIP regardless of immigration status. 40% of the children enrolled in Illinois schools are Hispanic, according to the 2016 to 2019 National Survey of Children's Health. And [40% were in households](#) where at least one parent was born outside of the US.

When Mayra lost the pregnancy, she still qualified for miscarriage care. Mothers like Mayra often carry the pain of their birth loss in silence. They feel alone in their grief.

Buitrón:

You know, as a grieving parent, as a, um, you do deal with a lot of guilt. Could I have done anything differently? Could I have taken better care of myself? You know, ultimately it is never your fault. But that's always there.

Hurtado:

There are many factors that make the grief experience unique for U.S. Latinos.

Buitrón:

In Hispanic and Latin American culture, a lot of women rely a lot on faith. And where a lot of women see it as like, "oh, this might be a punishment", other women are like, "why God, why me?"

Hurtado:

A [literature review](#) published in the journal Health Equity on grief and bereavement in the Latino community highlights one factor called fatalism: the belief that the future is determined by God. The study suggests that the person mourning a loss could benefit from [culturally specific support](#) from healthcare providers that acknowledges their Christian belief systems. On the other hand, the article acknowledges that stigma remains an obstacle and that Latinos often show a reluctance to seek professional help for their grief.

Buitrón:

So that's another barrier in itself because a lot of moms are just like, I have to accept this. God chose this. And so they don't seek out services that are out there, like therapy, counseling, complimentary services that can help in that postpartum period of a miscarriage.

Hurtado:

Claudia Whitaker Carr is a Native American and Black researcher and nurse practitioner at [Esperanza Health Center](#), a bilingual healthcare clinic on the southwest side of Chicago.

[In 2010, Claudia and a team of researchers](#) combed through library archives and online databases for research articles about pregnancy loss and miscarriage grief. They read more

than 200 studies published in the previous 30 years. Out of those 200 studies, Latinos were mentioned as research participants in just thirteen.

Claudia Whitaker Carr:

Essentially it was a step one pioneer sort of step, just looking to see what was out there, finding that they really weren't anything, being able to sort of tie together some pieces that indicated that we're on the right track, we don't seem to be doing anything that's offensive, and some pieces of the practice at the time seemed to be helpful. But essentially it ended up being a piece that paved the way for, "hey researchers, there's this need out here." And waiting for someone with a PhD to then pick it up and run with it.

Hurtado:

She says that often, the studies that are published aren't comprehensive and have small sample sizes.

Whitaker Carr:

In 2022, the most recent thing I could find was [published in the Journal Trauma Care](#). And it was reviewing trauma of perinatal loss. This was out of a school of nursing in Washington. And, so again, very small sample size, but it supported all of the things that we so far have understood: that Latinas remain at really high risk for experiencing a perinatal loss, high risk pregnancies, and poor outcomes.

Hurtado:

Claudia's work has led her to believe that Latina mothers have higher rates of pregnancy loss compared to white mothers. She says that hasn't changed since her 2010 study was published.

Whitaker Carr:

We still experience about one and a half times the rate of complications and perinatal deaths [compared to our white counterparts](#). So it's still substantial. It's less than the African American community, which is about twice as much, but it's still way too high. You know, there really shouldn't be this racial discrepancy at all.

Hurtado:

Claudia says there's still limited information on the experiences of Latina mothers, who are hesitant to share their experiences. This contributes to the gap in understanding what they go through and their needs related to miscarriages.

Claudia also attributes the lack of participation to a [painful history](#) of non-consensual research done on women of color in the U.S.

Whitaker Carr:

In Puerto Rico, they were [sterilizing women](#) and women didn't even know that, they would maybe go in for a C-section or they would go in for a delivery or some other type of procedure and, uh, the doctors would sterilize them.

Hurtado:

Black, Latina, and Native American women in particular were subjected to forced sterilization [throughout the twentieth century](#). From California, to the South, to Puerto Rico. And in 2020, according to a whistleblower, [at immigration detention centers](#).

Whitaker Carr:

It just destroys any trust in trying to build that trust back up. We've come very far in the last 30, 40 years with research and making it much safer. But unfortunately, I mean, I think that's part of why sample sizes are small as well.

Hurtado:

Claudia says culture plays a role in these disparities. Her study highlighted how each culture's perceptions of miscarriage can intensify the emotional impact of the loss—as well as the actual grieving process.

But unequal healthcare access also greatly affects Latina reproductive health. And inadequate care, insurance gaps, [immigration status](#), and [heightened stress due to poverty](#)—all contribute to this lack of access.

Whitaker Carr:

Latinas are at [much higher risk](#) of having preterm labor, preterm births, very early preterm births, preeclampsia. So all of these things are conditions that predispose a woman to experiencing a perinatal death, to losing that fetus, and/or perhaps the baby will be born, but will die within a month or two after birth, which is also considered perinatal loss. If we are looking at increased rates of migration, you know, those women, they are even at a much higher risk. They are disadvantaged from being able to get the care that they need and to be in a place where they can get emergency care if they're having complications at the end of the pregnancy.

Hurtado:

A [study published in the journal Women's Health Issues](#) in 2020 surveyed women at a New York City hospital who experienced a severe maternal morbidity event— basically, an unexpected health outcome during pregnancy or childbirth. It found that Latina and Black women in particular reported a perceived lack of attentiveness to their physical and emotional needs.

The study concluded that addressing implicit bias, especially as part of institutionalized racism, would improve the quality of care for all women. A [2020 report from the Kaiser Family Foundation](#) found that one in five Black and Hispanic women have experienced medical discrimination based on their race or ethnicity. When it comes to pregnancy loss specifically, Latina women are more likely to receive [inadequate miscarriage treatment](#) due to lower quality care, compared to white women.

So being Latina can sometimes make pregnancy and pregnancy loss [more challenging](#)—almost like a pre-existing condition. But cultural traditions help people cope with grief through rituals

and practices that acknowledge the death of a loved one, allow emotions to be expressed, and maintain connections with loved ones. They create a safe space for mourning. Claudia talked about a very Mexican tradition as an example.

Whitaker Carr:

Looking at something like Dia de los Muertos, I mean, it's a celebration of those loved ones and a connection still with those loved ones.

Hurtado:

But medical providers' [limited understanding](#) of how these mothers grieve can add to their trauma.

Whitaker Carr:

You know, if the Anglo value is to separate from death, and that's viewed as appropriate healthy grieving, then maintaining that connection with the deceased can be viewed by healthcare as something pathological. And I think that in the past that was certainly true. I think we've worked hard to move away from that. I think it still ranges from person to person, but I mean, that's just sort of, we're painting with really broad strokes of the brush, but that's kind of how healthcare has developed with those traditional Anglo views of death, which is in contrast to the traditional Latino values of still maintaining that connection, a spiritual connection, perhaps a physical one of going and visiting a grave site, celebrating at the grave site.

Hurtado:

Movement towards more holistic approaches to grief in formal healthcare settings is still piecemeal. In 2000, Claudia was working as a nurse at a private non-profit hospital in Evanston, a suburb of Chicago. The staff had adopted a particular grieving technique to help mothers who had experienced pregnancy loss.

Whitaker Carr:

Providing memory boxes, taking pictures of the deceased baby or fetus, this was different. To do this back then was still pretty new. Um, and so to have found a photographer who was willing to do this work and have a nice little memory box with a collection of photos, maybe the baby's first hat, the little hat that we put on babies to keep them warm, to keep the blanket the baby originally had. We would put together these little memory boxes. And sometimes parents wouldn't want them, and that was okay. And at least at the hospital where I worked, they did keep them for a number of years in case the parents then changed their minds and wanted to come back and get that.

Hurtado:

Portage Park is in the heart of Chicago's Northside. It's known for its expansive greenery and an array of activities for residents.

This is where Mayra, the doula, and I meet again, so I can learn how she helps mothers during their healing sessions.

Buitrón:

We typically come, 'cause it's a pretty big park as far as it has everything. It has a little garden and pools. It's an indoor and outdoor pool. And the basketball court inside.

Hurtado:

She lives nearby, so she often brings her kids to the park's garden. Today, she brought her daughter Flor, who was eager to meet me and watch her mother's healing process.

Flor was in a shiny purple gymnast uniform, ready to tumble across the lawn. But once we began talking, she settled cross-legged on the ground. She was picking at the blades of grass, listening carefully as her mother explained her work.

Buitrón:

I've been bringing my kids to gardens since they were very young. I was pregnant myself and going through stuff during my pregnancy, and that's why I feel very connected. Um, so I feel like part of my work has been guided by nature. So that's why I'm like, ok, this is where I feel in my element so I can do everything I like to do. Right now, I think she's just looking at the grass. She's typically very active in cartwheels and everything.

Hurtado:

Mayra takes mothers who have had a miscarriage to places they choose, like their home or a park, to grieve their loss.

Buitrón:

I find that moms typically see like a bench or a little corner that looks safe to them and just appealing aesthetically. So then we just go and sit there. Um, sometimes they on their own will get up and I feel like the motion of just walking kind of also helps them because it's like your body and your mind doing two things at once. Like remembering things, but also the motion of, okay, I'm walking, I have a purpose.

Hurtado:

And once they pick a spot for the session, Mayra will ask them how they want to remember their pregnancy story. Some mothers write in a journal, some make paper hearts, others tend to plants, or draw pictures. Mayra views these moments as deeply emotional and incredibly valuable for the mothers.

Buitrón:

A lot of moms experience different things. Some moms feel a lot of guilt, like they could have avoided this. Some moms feel just sadness. Why did this happen to me? Why did I deserve it? And so bringing them to this natural space, it's a reminder of I'm still alive, very much alive. Sometimes I will pick them up so they ride with me, but the fact that they are making it out that day to go out of their way to talk about their baby, it gives them a purpose for that day. It's like, I'm gonna talk about this baby that I very much love.

Hurtado:

Mayra started her journey as a birth doula in 2015, three years after her own miscarriage. Doulas play a critical role in a birthing person's life by checking in often and creating a safe space for their pregnancy and birth experience. There are birth doulas, postpartum doulas, fertility doulas, abortion doulas, death doulas ... [many areas a doula can support their clients](#).

Through her own experience, Mayra found a calling as a bereavement doula—supporting families experiencing the loss of a baby during pregnancy, stillbirth, or early infancy.

Buitrón:

If it weren't for that loss, I would've not have gone into bereavement work, I don't think. So it was that baby that had a purpose in my life, and I think that was the purpose, helping other moms that have gone through loss.

Hurtado:

She wanted to uplift fellow grieving parents on their path to healing.

Buitrón:

Some of these moms lose their partners, they lose themselves in this experience and in order to find them back, you really wanna get to the roots when it is a happier, better place. And I think that's what we do with a lot of our talks. A lot of it is visualization, I would say. I use that as a very handy tool because sometimes when a mom is in a natural place – so say a botanic garden – it's hard not to see everything around you. So that already kind of helps you feel a little bit better. You will feel the wind against you. You will see the leaves, you will see the flowers, and all these colors make you think, "I miss this baby." Like, "I would've wanted to show this baby this." "Why couldn't I?" And so mom will eventually, you know, her tears will come, but that's part of the process. So I feel like we need to give moms more space so they can tell their stories and take away the shame.

Hurtado:

Mayra asks personal questions that touch on a mother's emotions and dreams. But she starts small.

Buitrón:

You're walking them into writing their story. So you are asking the mom, what name have you chosen for the baby? And one mom doesn't like to tell the name. One mom does not like to say the story of how a name came about. So in a way, I feel like the moms are able to compartmentalize and focus on the name and not on the fact that they had this, this process of loss. It's almost like, "oh, you know the name came about – I was on a walk and it just came to me" or "my grandma's name," and so you start talking about little details like that. And that eventually leads into the birth.

Hurtado:

Mayra gently reminds her clients that they will always be mothers to their children who have passed away. In doing so, she honors their experience, validates their emotions, and helps them find closure.

Buitrón:

The grieving process does not end in that week or two when you work with a parent, it will be forever, right? Because your child or your fetus, as some people say, dies, doesn't mean you stop being a mother. And so that's also something that you can add a validation. Like you are not alone. You don't have to dismiss this baby that once existed. So you bring them to life in that way.

Hurtado:

Birth workers like doulas [also provide physical](#), not just emotional, support for birthing people's bodies.

Jacoba Rodriguez is a clinic director and midwife at the [Chicago Women's Health Center](#), in Chicago's Uptown neighborhood. The clinic serves women, trans people, and young adults through accessible health care and education services.

Apart from working at the clinic, she owns [a midwifery practice called MuMoMa](#). Her practice is based in Chicago and in her homeland of Puerto Rico, where she was caring for her mother during our phone call.

Hurtado (over phone):

Hi Jacoba, this is Leslie...

Hurtado:

Jacoba endured 25 miscarriages over the past decade. Most miscarriages are [a one-time occurrence](#). The risk of repeating miscarriages is [just 1 in 100 pregnant people](#). But the risk of it happening again does increase the more miscarriages occur.

Jacoba Rodriguez:

I had a lot of issues retaining and holding my pregnancy. I would do all my testing, I would do all my hormone testing or my ultrasounds. Everything would come back like, you know, well we don't know what's happening, but you know, you can continue trying. So that journey started to become a little bit overwhelming because I wouldn't find my answers, there was no support out there...

Hurtado:

Jacoba says she was lucky to have access to insurance and therapy. But she had to find that external support on her own.

Rodriguez:

There was not a lot of reassurance. Nobody ever offered me a, you know, like, “We have a support group or we have a counselor you can talk to, or we have like a social worker.”

Hurtado:

Her family has lived near nature her whole life. The towering mountains near her mother’s home contributed to our poor cell reception—but root her in her holistic practice as a midwife. Her grandmother taught her about the healing properties of herbs and natural methods of nurturing the body.

Jacoba believes that holistic therapies have the power to unwind the body and nourish the spirit. She turned to herbs to help her heal from her own miscarriages.

Rodriguez:

I also wanted to support my body in a more gentle way, like a more ritualistic way. I wanted to honor that my body was going through grief. I wanted to give it time to process, and I wanted to have my body be in sync.

Hurtado:

In 2013, Jacoba decided to move to the U.S. to study midwifery care. She expanded her knowledge by studying with birth workers from around the world. And realized her expertise was in high demand.

Rodriguez:

I noticed myself that a lot of people will come to me to also find support to either have an abortion or because of natural herbs.

Hurtado:

Jacoba went on to train other midwives to support Latina mothers through birth and pregnancy loss.

Rodriguez:

There is so much love and care that you can experience within having an experience in grief and sadness. They are not a contradiction to each other. I feel like they can live together and they can work together. And once I started doing that with my own people. I felt committed to support people in their grief and then the like, perinatal loss of experiences. And because people started reaching out to me because they wanted to get the care, and I couldn't get to see everybody because it was a lot, I started to see the need to start training people and that's how we started training people in Chicago in the health center as well.

Hurtado:

Midwives like Jacoba and doulas like Mayra provide personalized care in part because they understand their clients’ culture. These caregivers sometimes [incorporate traditional rituals](#) and use natural treatments that have been handed down through generations. Jacoba says there’s a lot that Latinas can draw from their culture when it comes to their physical healing.

Rodriguez:

Sometimes we have a grandma, like an abuela, she tells you to have some tea and she tells you to do a sobo, like a womb massage. This is a great opportunity for us as Latinas to try to connect a little bit more to our lineage, right, or ancestry healing practices, what is it that has helped like centuries and centuries of women before us? And maybe it's a good opportunity to try to honor that knowledge and honor that healing practice and then try to continue passing it to our next generation...

Hurtado:

At the Chicago Women's Health Center and MuMoMa, Jacoba provides herbal remedies, steam baths, and emotional and physical support to clients experiencing pregnancy loss—in clinics or at home.

In their role, doulas supplement a doctor or midwife's medical treatment by offering emotional and physical support centered on a mother's well-being. While medical providers focus on the parent and the baby, a doula's role centers on caring for the birthing person and their needs during pregnancy and birth. Here's Mayra.

Buitrón:

We cannot give you any medical diagnostics. We can give you advice on how to take care of yourself as a mother. So for me, one of the main things is really understanding that mom. I wanna know her personality. I want to know what she's been doing her whole life. What's her motivation? Does she have any other children? How are her children? Um, what are her fears as a mother? Does she have someone that she parents with? Is it a partner? Is it a husband? What's her spirituality? All of these components help our work.

Hurtado:

In 2008, the World Health Organization [recognized](#) the value of traditional medicine in improving public health and communication among healthcare workers.

Having a doula during pregnancy loss [can be beneficial](#). They help parents advocate for themselves with doctors, provide a place to talk openly about grief, and help navigate different milestones, like due dates or baby showers.

In the case of a loss, doulas can support mothers as they move through different stages of grief. And they guide mothers in making medical decisions while providing encouragement throughout their journey.

Even though doula care is widely understood to be beneficial, it still isn't standard practice in the US. A 2012 survey found that [only 6% of women](#) actually received care from a doula during labor. In 2014, [a dissertation from the University of South Carolina](#) identified only 40 hospital-based doula programs across the country. And hospitals and healthcare centers are

where a lot of women experiencing pregnancy loss find themselves seeking medical attention. Here's Claudia, the Nurse Practitioner at Esperanza Health Center.

Whitaker Carr:

If it's a first trimester loss, these women are going into the emergency room. If they're going anywhere, they go into the emergency room. And the emergency rooms are not universally equipped for dealing with perinatal loss. So that's still an area where improvement is needed, because that is definitely a patient population that once you go into the ER, or emergency department, they're a little bit more traumatized. Because I mean, it's a trauma environment, and unfortunately that's the way we – the medical personnel – handle things.

Hurtado:

But doula services may start to become more common. In 2021, Illinois Governor J.B. Pritzker [signed a law called the Health Care and Human Services Reform Act](#). This law says that doula services must be included in medical assistance programs such as Medicaid. [At least 17 states](#) are considering, planning, or already have Medicaid reimbursements for hiring a doula.

And in 2022, the Biden administration [set aside \\$4.5 million](#) to pay and train doulas working in areas with high rates of negative maternal health outcomes. Latina mothers, and all mothers, facing challenges receiving pregnancy support and miscarriage care now have the option to request a doula.

While the Illinois law passed, efforts to implement it are still underway. The state is collaborating with doulas and midwives to discuss insurance plans and doula certification. Chicago's [Swedish Covenant Hospital](#) and the [University of Chicago Medicine](#) network are also working to offer services like miscarriage management, onsite doula and midwife support, and a loss support group. Several websites help parents anywhere in the country find doulas: [DONA International](#) at [dona.org](#), and [thedoulanetwork.com](#).

Although some hospitals are working to improve birth outcomes, language barriers in these medical settings still have a negative impact. Parents may already be receiving [poor-quality care](#) because of limited resources or bias.

Dr. Melissa Simon is [the director of the Center for Health Equity Transformation](#), and vice chair for research in the Department of Obstetrics and Gynecology at the Feinberg School of Medicine at Northwestern University. Her work has influenced policy, contributing to cancer treatments and maternal health care for women of color. She says there needs to be more Spanish-speaking medical staff in hospitals and clinics to assist Latina mothers during a miscarriage.

Melissa Simon:

Until we have more regulations around the requirement for access to interpretation, a licensed professional interpreter and not use a daughter or a son or a friend, or, you know, the healthcare facilities worker down the hall who can speak Spanish, until we have some legislation around

the requirement for the level of interpretation, and to encourage and engender trust with the fact that there is yet another person in the room, an interpreter, that also hinders trust and access.

Hurtado:

A 2018 study from the University of Pittsburgh found [nearly 30% of Latinas](#) seek support from doulas. And a career website breaking down doula demographics in the US says that of the doulas that do speak languages other than English, [speaking Spanish is the most common](#).

Beyond language barriers, Melissa says that disinformation on miscarriages has spread across the internet and social media, where fear-mongering posts in Spanish and in English are not being edited for accuracy. She says this disinformation specifically targets and misleads Latino families, and impacts how they understand what's necessary for managing a miscarriage.

Simon:

If a friend or “a trusted source” that they think is a trusted source has given them information that they can trust, it could be fully wrought with falsities and disinformation. And it can perpetuate the problem with miscarriage management.

Hurtado:

That's because in the case of a miscarriage, treatment may include [medicine that is also used to perform an abortion](#). Managing a miscarriage involves clearing the uterus after a pregnancy loss. There are three ways to do this. Take pills to start contractions or clear the uterus, have a surgical procedure called D&C (which stands for dilation and curettage) to remove the womb lining, or wait for the tissue to pass naturally. For [religious Latinas](#), they may fear seeking miscarriage treatment because their beliefs forbid abortion. Melissa says this makes Latinas “easy to prey on.”

Researchers at NARAL Pro Choice America looked at the landscape of Spanish-language anti-abortion ads in 2021 for their report, [“Translating Abortion Disinformation.”](#) In it they highlight that Catholicism plays a major role in Spanish-language anti-choice messages on Facebook. This contradicts the fact that three-quarters of Latino Catholics think abortion should be legal in most or all cases, according to [a 2022 survey from the Public Religion Research Institute](#).

The disinformation in Spanish, like in English, also targets the safety of abortion care. For example, a Spanish-language graphic that's been unchecked on Facebook for at least a year – titled “No al aborto,” or “No to abortion” – falsely claims that abortion increases the risk of depression, infertility, and breast cancer. [A TikTok with over 10,000 likes](#) from an activist organization in Argentina also claims abortion increases the risk of depression, anxiety, alcohol abuse, and suicide. [All false claims](#).

In 2022, the U.S. Supreme Court overturned Roe v. Wade. The decision [removed federal legal protection for people seeking abortions](#), giving states the power to restrict or limit the right to

abortions. A year later, [a judge in Texas](#) issued a ruling challenging the FDA approval of mifepristone, a pill used for both miscarriages and abortions. Here's NBC:

[NBC News Clip](#):

[audio of protests] "Protests from coast to coast tonight as the fate of the nation's most commonly used abortion pill hangs in the balance."

Hurtado:

A federal appellate court [later reversed](#) the ruling, and the Supreme Court preserved access to mifepristone, for now. At least until they hear cases next, starting in October 2023.

In the meantime, access to abortion medication [is restricted in many states](#). In Illinois, women who experience miscarriage and seek abortion medication to manage it can still [do so safely and legally](#). But for Latina mothers living in states [such as Texas and Wisconsin](#), the path to accessing these services can be difficult and lengthy. In Texas, Latinos make up [40% of the population](#). Almost [1 in 5](#) U.S. Latinos live in Texas.

All in all, as of November 2022, [6.5 million Latinas](#), or over 40% of Latinas of childbearing age, live in the twenty-six states that have made or will likely make abortion illegal. The rulings have caused [disproportionate harm](#) to Latina mothers who already face barriers to healthcare: like the mistrust of medical providers, a lack of culturally appropriate services, and limited access to insurance. State bans on abortion care weigh heavily on low-income women who often don't have the funds or flexibility to travel for their care. The crackdown on abortion has even [scared medical providers](#) into outright refusing miscarriage treatment to patients in states like Texas.

Melissa also hears patients express concerns that being treated for miscarriage with abortion medication could jeopardize their immigration status. This is not true in a state where abortion is legal, according to [the National Immigration Law Center](#), and generally not the case either where it is not legal, though they recommend talking to a lawyer.

Simon:

Access to care is limited for Latinas in the United States, particularly for Latinas who do not have healthcare coverage, because of maybe immigration status or relative migration status to the United States.

Hurtado:

So while family attitudes and cultural beliefs are at work in the decision of how to manage a miscarriage, Melissa says immediate treatment is crucial to prevent infection or other potential life-threatening harm.

And for women who fear hospital settings, she says the medication options can be a lifesaver. [Pills can be safely taken at home](#). For a non-viable pregnancy before 13 weeks gestation – what's called an early pregnancy loss or miscarriage – medication can be safely used to clear the uterus.

Misoprostol is a second abortion pill that is used to empty the uterus. Depending on the symptoms, a person [may be given both types of medication](#)—mifepristone and misoprostol—or just misoprostol.

Simon:

For many women who are finding themselves in the situation of a miscarriage, they can be diagnosed with a miscarriage in a clinic and then go home with the medication and evacuate their uterus with the pills in the privacy and comfort of their own home. And that is remarkably important, especially for people who live in more rural areas and frontier areas and places where there are obstetrics or maternity care deserts. And this is really critical as labor floors and OB clinics are closing across America right now.

Hurtado:

Since 2011, about 200 hospitals in the U.S. have closed their labor and delivery departments. And [a CNN tally](#) shows that at least 13 closures were announced in 2022. [According to Axios](#), hospital administrators say labor rooms are closing due to shortages, declining birth rates in areas that the hospitals serve, and low Medicaid payments—which pay for 40% of births in the U.S.

The closures could have a big impact on Latina mothers, especially in rural areas—where OB-GYN services [declined the most](#) from 2014 to 2018. Maternal care deserts mean travel and transportation becomes an additional barrier to care. And in states with restrictions to abortion access and abortion medication, this could leave mothers with limited options to manage their miscarriages.

Hurtado:

Jacoba supports mothers who opt for medication to manage their miscarriage. Jacoba says clients often ask that she be there when they take the medication.

Rodriguez:

Once they do the pills, they start experiencing the cramping that is going to lead to the bleeding and passing the pregnancy tissue. When that happens, we make sure that there's a plan, so somebody's gonna be there. Do you want me to connect you with a doula? Do you want me to be there, through what part? Um, I also assess if they want to, for example, for me, it's very important to be nourished because when you're bleeding, we wanna make sure that you're nourishing your body, that you are having a lot of iron, that you are having a lot of vitamin K, so that helps replace the blood that you are passing through.

Hurtado:

According to Jacoba and Mayra, check-ins are crucial and increase trust to ensure a pregnancy or miscarriage is managed smoothly. They care for their clients—even in small ways.

Rodriguez:

Sometimes we help clean the house, get some food, take care of the dog, take them out, and take them out for a walk. The care can be very, like wide in terms of the spectrum, right? But I feel that most of the time people just wanna be with somebody. They just don't wanna be alone. It's the way to normalize, like, "hey, you know, people having losses, they should be able to be taken care of and they should be able to have a hand to squeeze." And I feel like that is mostly the word that people need.

Hurtado:

The relationship Mayra builds with her clients in one situation, like a pregnancy loss, serves them both when they call her for their next pregnancy.

Buitrón:

There's a lot of grief there that wasn't worked out. A lot of my moms, I feel like, do hire a doula because what if they're scared? They want someone to make sure that they're being affirmed every day. Like, "hey, you know, if you have a little spotting, that's normal. If you're having cramps, maybe you're dehydrated." But it's like that ongoing, continuous fear of, "I could lose this baby too."

Hurtado:

At the park, Mayra talks about supporting parents through their unique pregnancy journeys. When they're comfortable in the space, Mayra invites grieving mothers to write a birthday card for their angel baby: the child they lost to a miscarriage. Mayra's angel baby's birthday was this spring. So, I asked her...

Hurtado (In tape):

If you were to write a birthday card today for your baby, what would that look like?

Buitrón:

I think I will write to my baby that I've always loved them. There is not a day that I do not stop thinking about them. And so I, in the birthday card, I would thank her for that. I would like to say "Thank you very much my sweet little elephant for allowing me to be who I am. You played a big role in that, even though your stay here was very short."

Hurtado:

Mayra teared up as she called over her daughter Flor to sit with her. She calls her Florsi. Flor's name means flower.

Buitrón:

When I look at you, I think of all the wonderful things you're gonna do in your future. Are you excited about those things? Do you have an idea of what you're gonna do in the future? What do you think it'll be?

Flor:

Um, Olympics.

Buitron:

You wanna be in the Olympics? That's wonderful. So when you come to the park, you think this serves you as a place to like practice and stuff? Yeah. I think right now we're in a place where we're still learning to be a parent. And I think she's also learning to be a daughter. Cause that's something that only comes with experience. And with any baby that you have in this life – I think that is the biggest lesson, right? Learn every day from it. And, yeah. With my rainbow baby here, that's what I'm doing today. Just learning every day to be a better parent.

Hurtado:

Mayra said she feels like, as a parent, she holds a little part of the future in her hands. And as a doula, she is doing crucial work to improve reproductive health for Latinas, their daughters, and so many future generations.

Credits:

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For more information, resources, photos, and an annotated transcript of this episode and a Spanish translation, visit 100latinabirthdays.com. That's the number 100 - latina - birthdays. And follow us on Instagram, Twitter, and Facebook at [100latinabirthdays](https://www.instagram.com/100latinabirthdays).

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