

MATERNAL HEALTH RIGHTS FOR FARMWORKER WOMEN



FARMWORKER VOICES FROM THE FIELD

Evaluation Report | November 2023

ACKNOWLEDGMENTS

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Photo by Daniela Bermea with verbal consent from subject

Key Findings

- Female farmworkers (*campesinas*) in Santa Barbara County face serious workplace safety risks that can affect their health, pregnancies, and birth outcomes, but they do not always receive information on these risks from doctors.
- Agricultural employers share little information on workplace safety risks with employees, and no information specific to pregnant or breastfeeding workers.
- Female farmworkers are largely unaware of the right to workplace accommodations for pregnant, postpartum, and breastfeeding women.
- Retaliation by employers for seeking workplace accommodations and leave is common.
- Farmworker women – particularly Mixteco speakers – do not often feel listened to and understood at health clinics when seeking maternity care. They experience discrimination in the health system on the basis of farmworker status, immigration status, language, or indigenous identity.
- Farmworkers would like more information and support from doctors and clinics to access paid and unpaid leave when they want it during the perinatal period.
- Lack of language access in health and social services makes it very difficult for farmworker women to navigate the process to access leave.

Farmworkers and Maternal Health

Maternal health among farmworkers is an issue of growing importance as more women join this workforce, yet this issue is largely overlooked by both the health system and the agricultural system. To achieve maternal health equity as a county, and as a nation, we must address social and institutional barriers that keep farmworker women (and pregnancy-capable people) from accessing quality reproductive health care and resources to have a safe pregnancy (regardless of the outcome), birth, and/or postpartum period. This work can also help ensure a healthy start and longer-term health for children born to farmworker women or *campesinas*.ⁱ

In California, over a quarter of agricultural workers are women and over half are people of reproductive age.¹ In 2020, 59% of agricultural workers in California were parents. In Santa Barbara County, there are over 32,000 migrant and seasonal agricultural workers, meaning as many as 3000-4000 workers may be women of reproductive age.² The majority of agricultural workers in California come from Mexico, with over half identifying as undocumented. A recent cross-sectional assessment of farmworkers in Santa Barbara County found that the majority of farmworkers identify as Mixtecoⁱⁱ (71%), followed by non-indigenous Mexican (21%).³ The

ⁱ Throughout the report we use the term "campesina," which was observed by CAUSE as the preferred term among farmworkers to describe their job title. The terms "farmworker women" was also workshopped by the Dar a Luz team and is used throughout.

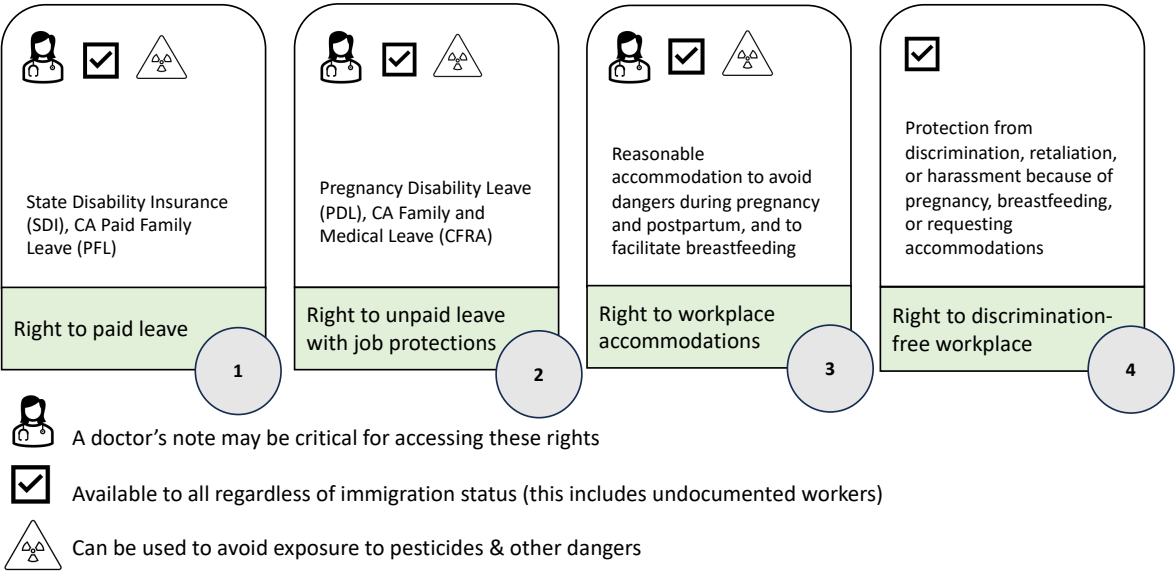
ⁱⁱ Mixtecos are the fourth largest group of native Mexican peoples, whose homeland is a region in southern Mexico, mostly in the state of Oaxaca. The Mixteco language is completely different from Spanish and includes multiple language variants that are also distinct from one another.

Mixteco language (which has many variants) is commonly spoken by farmworkers who identify as Mixteco, though many are also bilingual in Spanish or understand/speak some level of Spanish.

During the perinatal period (from one year before to two years after the birth of the child), female farmworkers face a variety of work-related safety risks – such as pesticide exposure, heat, falls, and heavy lifting—as well as challenges in seeking prenatal/postnatal care and maternity leave. All of these risk factors can negatively affect maternal and child health. Research indicates potential poor birth outcomes, and longer-term health outcomes for mothers and children, associated with pesticide exposure and delays in accessing prenatal care. The American College of Obstetricians and Gynecologists (ACOG), the California Employment Development Department (EDD), and California’s Office of Environmental Health Hazard Assessment (OEHHA) all recommend that clinicians certify farmworkers with occupational risks for disability.⁴⁻⁶ Lack of workplace changes to account for the needs of pregnant and postpartum women can result in further harm. Further, in Santa Barbara County, we know that access to early prenatal care is disproportionately low among Hispanic/Latino community members and community members with lower education, many of whom are farmworkers.⁷ The human, social, and economic impact of such barriers and related poor birth outcomes is important.

In April 2023, a group of community partners (listed in the Acknowledgements) based in Santa Barbara County came together with the aim to improve maternal health equity by providing training and outreach on maternal health and farmworkers’ rights. Building on the exemplary work of the [Dar a Luz program](#) (CAUSE and the Center for WorkLife Law), this “Know Your Rights” (KYR) training built capacity among frontline community health workers or *promotores* to share key messages on maternal health and rights in the farmworker community. In particular, the training and subsequent community outreach aimed to increase farmworker knowledge of and access to the legal rights during the perinatal period.

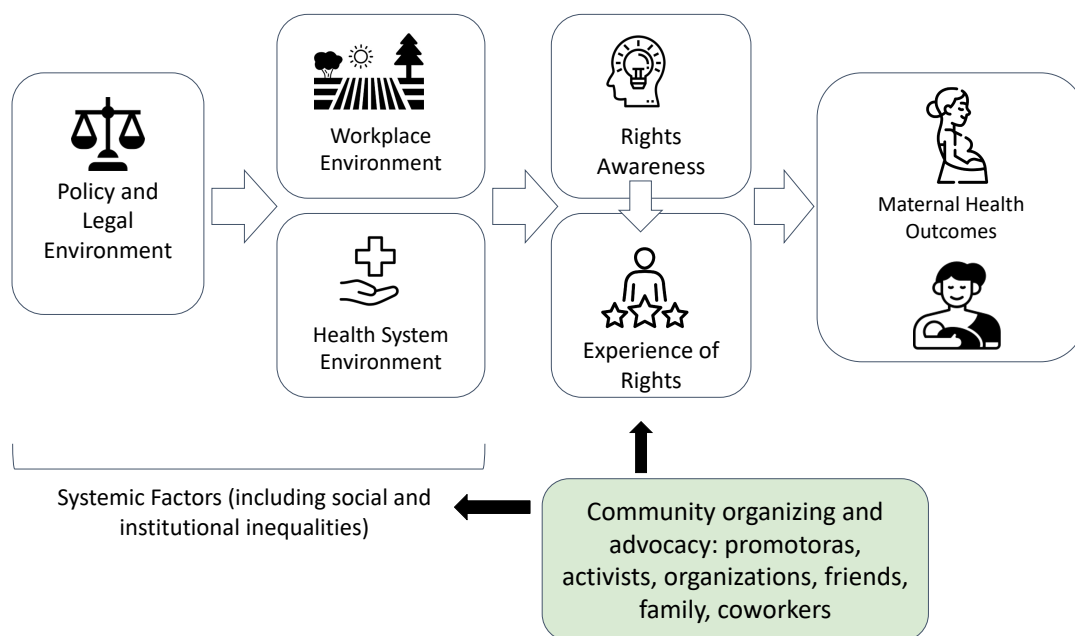
Figure 1. Maternal Health-Related Workers’ Rights Explained



Note: These rights are supported by the California Employment Development Department (EDD)

Following the KYR training and outreach, this evaluation aimed to understand and describe (1) farmworker women’s level of awareness and knowledge of workers’ rights during pregnancy and postpartum, (2) farmworker women’s experience accessing these rights, (3) and barriers and facilitators to farmworker women’s ability to access their rights. See Figure 1 for a summary of these rights. Awareness of and access to rights can only be understood by placing them within wider context, and acknowledging social and institutional inequality. We frame farmworker rights and maternal health within broader systems, including the policy and legal environment in which farmworkers live and work, the farm workplace, and the health system (Figure 2). We also affirm a reproductive justice lens, which extends beyond rights to acknowledge histories and systems of inequality that can contribute to disempowering women and birthing people.⁸

Figure 2. Framework for Maternal Rights Awareness, Access, and Health Outcomes



Evaluation Approach

A team of researchers from University of California, Los Angeles (UCLA), University of California Berkeley, and University of California Santa Barbara (UCSB) conducted 15 in-depth, qualitative interviews with farmworker women in Santa Barbara County during July-September 2023. Interviews were conducted in Spanish or with Mixteco interpretation, with 10 conducted in-person and 5 conducted by phone. Interviews lasted about 1.5 hours each and consisted of a short interviewer-administered questionnaire and open-ended questions to elicit conversation. All interviews were audio-recorded, transcribed, and translated into English before being coded for themes relevant to the study aims.

Participants, who were referred through community partners, had been pregnant in the past five years, were 18-49 years old, and were engaged in farm work on the Central Coast of California. All participants identified as either Hispanic/Latina, Mixtec, or both (though some expressed uncertainty or discomfort around these categories). After the interview, participants received information and referrals on rights and community resources, as well as a \$50 gift card in appreciation of their time. The team also reviewed program data from the Children and Family Resource Center (CFRS) in partnership with the Santa Barbara Promotores Network (SBPN) to look at the reach of community outreach efforts based on the KYR training. Finally, the research team shared findings with community partners and *promotores* through a participatory workshop, and incorporated their feedback into this report.ⁱⁱⁱ

The Workplace Environment & Farmworker Rights

Farmworker community awareness of these maternal workers' rights is not enough. Agricultural employers^{iv} and the health system must also be knowledgeable and supportive of these rights. We found that while individual farm supervisors, and individual doctors or clinicians, may be supportive, these systems have a long way to go to truly support farmworker rights.

Farmworker women shared their experiences in the workplace, including both supportive and non-supportive experience that pertains to their maternal health and rights. All 15 respondents had worked tending or picking strawberries, and some had also worked in blackberry picking, tending and harvesting carrots or other vegetables, or tending grapes. **At work, the *campesina* community was noted to be a key source of support** across all interviews, with co-workers sharing information on resources, doctors, rights, and risk factors with each other. Additionally, individual farmworkers mentioned things like informational workshops on pesticides and heat (though not specific to pregnancy or breastfeeding), signs marking slippery paths or areas with pesticides, and consistent access to clean drinking water as supportive factors experienced by some. **Six out of 15 interviewees shared a story of a supportive field supervisor who gave them workplace accommodations during pregnancy or were supportive of time off for prenatal care.** These actions were viewed as kindness, rather than a legal responsibility, by most respondents.

I have heard [field supervisors say] well, "why do you come to work, if you just want to go to appointments and do not want to work the day." Eh, because according to them, they say that "one comes to fulfill the hours they give you at work. So, if you don't want to work, why do you come to work?" they say. But they don't really know the needs that exist among farmworker women. That we have to take care of ourselves... and take care of the children too. And many of the times there are men who, well, don't think that.

- Female Farmworker

ⁱⁱⁱ This evaluation was approved as a research study by the UCLA Institutional Review Board and followed all ethical standards for ensuring the safety and welfare of research participants.

^{iv} The term "agricultural employers" is used to encompass those who hire farmworkers broadly (including growers of all sizes, farm labor contractors, other agent/third party arrangements, etc.). Since certain alternative terms have been defined under the law (with implications regarding their obligations), the team wanted to be broad here.

In terms of workplace difficulties, women talked about a range of **risk factors** they experienced (Figure 2) and described strenuous physical conditions and a fast-paced work environment with pressure to keep up and fill quotas. They are given short break times (10 minutes twice a day and a 30-minute lunch), and much of the work involves crouching or bending over. Extreme heat and sometimes rainy or muddy conditions were cited as dangers, and a third of the interviewees had experienced falls. Women also described a lack of clean or private bathrooms, and a general lack of privacy particularly for expressing breastmilk.[∨] **Retaliation** or threats of retaliation by supervisors for taking too much time off was described as common. Both the risk factors and the retaliation were noted to be worse in Cuyama than in Santa Maria. Tragically, there was one story of a pregnant farmworker death that occurred while working in high temperatures and fainting. While we do not know the specific cause of this person's death, we do know that exposure to extreme heat can pose significant risks for pregnant women.

I worked in the carrots and like, the, like, the temperature would go up to like 105 or like 110. And there was one time where this woman, she was working there, she was also pregnant. And it was really hot and she was feeling bad. And then she, she fainted. So, they like, they, they didn't really do anything. Like they were asking for help. And they put her and her colleague in the car and they were taking her to get help. But they said that, like on the way, she like she wasn't feeling very good and that, um, she, she died.

- Female Farmworker

The Health System & Farmworker Rights

Farmworker women reported using a variety of healthcare settings for care, including public clinics, private clinics or practices, or home-based health care. While some farmworkers we interviewed had health insurance, others did not, which limits **access to healthcare**. Based on a recent assessment of farmworkers in Santa Barbara County, about half (48%) reported having health insurance.³ Women in our evaluation shared difficulties in scheduling prenatal care visits due to limited availability and timing of appointments at clinics. In some places, like Cuyama, farmworkers reported having to travel over an hour to access a clinic. Distance and transportation were important barriers to care. Financial strain due to missing work hours, and lack of childcare, were also barriers to seeking care.

[∨] Employers having a clean, private, non-bathroom space (free from view and obstruction) is a basic minimum requirement for lactation under the law.

Oh, I insisted several times to my doctor that I rest because I felt cramps, like cramps that were not normal. And the doctor told me no, because since I was an indispensable worker, he couldn't give me a break. And then it happened that I had a miscarriage. I had the miscarriage in 2020, since the doctor didn't want to give [Disability] to me. And I had symptoms of like a miscarriage... But the doctor... He didn't see it as necessary for a break.

- Female farmworker

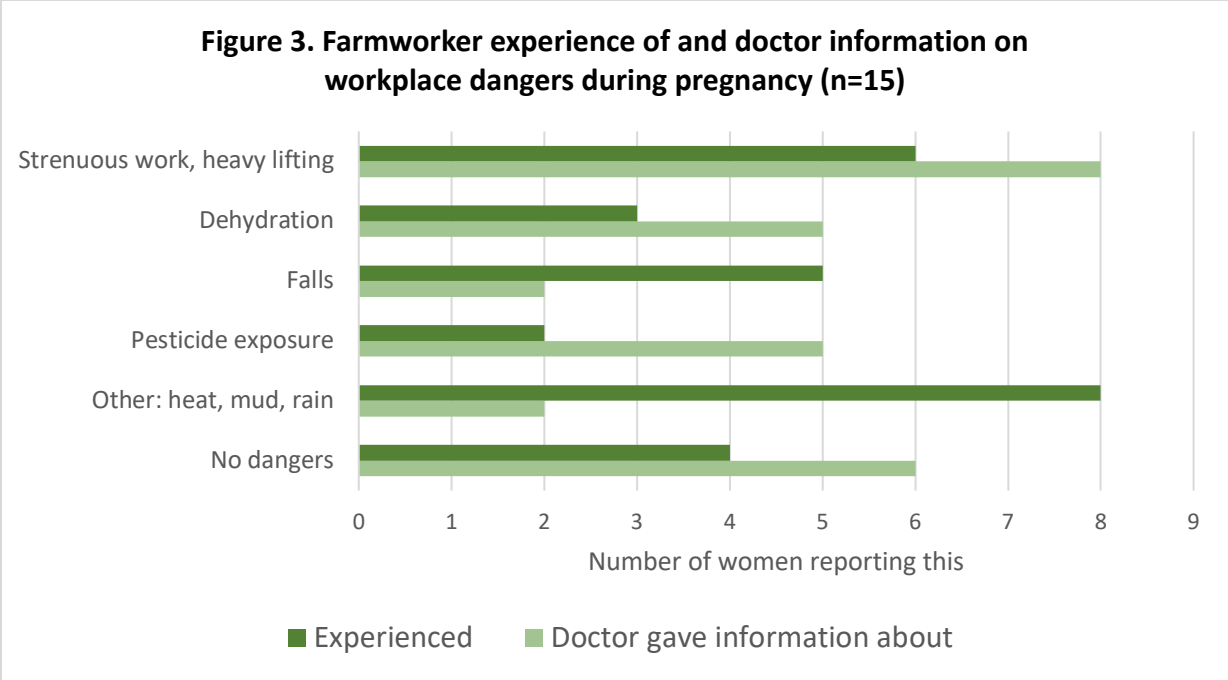
Note: Miscarriages can occur for multiple reasons, however, it is important that this woman's perception was that her miscarriage resulted from not being given disability leave.

We asked about farmworker women's experience of **person-centered care**, or care where the patient feels respected, listened to, informed, and able to make decisions about their own care. It also includes elements of trust, autonomy, and a welcoming and supportive healthcare environment. Women reported some supportive experiences, including free clinic transportation for farmworkers and supportive experiences with individual doctors, clinicians, or clinical staff. Doctors who were considered supportive were those who listened and were responsive to women's requests for help in accessing paid or unpaid leave during pregnancy and surrounding birth. Many interviewees reported that doctors gave them information about workplace risks to their pregnancy, such as heavy lifting or dehydration. However, not all women received this information and risks such as falls and heat were under-discussed (Figure 3).

Beyond these supportive factors and individuals, the health system was largely described as a place where women did not feel listened to, understood, or supported. This ranged from feeling misunderstood to difficulty navigating systems to overt discrimination. A signed note from a doctor is necessary for a woman's access to leave during pregnancy and birth. **Doctors, however, were widely cited as the primary barrier to accessing leave – particularly during pregnancy.** Doctors often told pregnant women they could keep working, even when the patients expressed that their work was difficult and they felt unsafe. While some farmworker women said they received information from their doctor about some of the dangers during pregnancy at work (60%), others did not (40%).

We also looked at **language access** in the healthcare setting and found that while Spanish language interpretation and printed information were widely available, language access for Mixteco-speakers was very limited. Women who prefer speaking Mixteco often end up requesting Spanish language services because it is faster to access and there is often a mismatch between Mixteco variants when a Mixteco interpreter is available.^{vi}

^{vi} There are a number of different variants of spoken Mixteco, with estimates ranging from 14 to over 50 variants, making it difficult to ensure interpretation matches the variant spoken by the patient.



Health-related outcomes: During this evaluation, farmworkers reported experiencing a number of maternal health issues, including: [anemia](#), [hyper- and hypotension](#), [preeclampsia](#), [gestational diabetes](#), [other pregnancy complications](#), [intimate partner violence](#), and even an [observed death of another pregnant farmworker woman](#). Due to the disparities identified at the county level in [access to early prenatal care](#) by race/ethnicity, we also explored this topic. Of the 15 interviewees, 8 had attended early prenatal care (note that all either had given birth already or were in their 2nd or 3rd trimester when asked). Farmworker women identified both barriers and facilitators to accessing early prenatal care (Figure 4).

Figure 4: Barriers and Facilitators to Farmworker Access to Early Prenatal Care

Barriers:	Facilitators:
Lack of insurance or time to apply and wait	Supportive husband
Lack of respect, feeling listened to at clinics	Clinic-run transportation
High cost of private clinics	Other farmworkers
Scheduling issues with clinics	Previous experience
First time mom or didn't know was pregnant	Health concerns/ issues
Did not want to reveal pregnancy to employer	Desire for ultrasound
Financial concerns around missing work	Desire for physical check-up
Fear of employer retaliation	Supportive supervisor
Lack of knowledge of job protections right	
Embarrassment to be checked by a doctor	

Farmworker Awareness of Rights

Promotor/a outreach: Since the KYR training in April 2023, the KYR-trained *promotores* have shared key messages and materials on maternal health and rights in the farmworker community widely, with over one thousand contacts between April and October 2023 (based on CFRS monitoring data).

Knowledge of the right to leave: In the *campesina* community, there is **general awareness about paid maternity leave**. The term “disability” is used (the English word) by most, but the details of State Disability Insurance (SDI) are not clearly understood. Also, many do not know that access to leave surrounding birth, and in some cases during pregnancy, is a workers’ right. Most are aware that the doctor is the one who decides whether to certify you to gain access to disability. While some understand strategies for obtaining a doctor’s note for disability certification, including highlighting risks they face at work, others do not know what information is important to share with their doctors. **Doctors are often not asking patients enough about their work conditions to understand the risks**. Many interviewees are unsure about the different types of leave available, how exactly to get leave, when in the perinatal period they can ask for leave, and the specifics of funding source for paid leave. In contrast to general knowledge of paid disability leave, there is a general **lack of awareness of the right to unpaid leave with job protections**, such as that provided through Pregnancy Disability Leave and CA Family and Medical Leave. Additionally, knowledge of all types of leave is lower among **new arrivals** to the US or California, and there is uncertainty about whether **undocumented** people can access this leave.

I went to a women’s clinic...One doctor would see you in one appointment, and another for a different appointment... I asked [the doctor] if they couldn't give me my disability soon, for the reason being that I worked in the fields, and she told me that being pregnant was not a disease, that I could continue working... In that clinic they are giving you your disability like at seven and after eight months... So, I contacted another doctor, like I said, a private doctor, yeah with the gynecologist, and then I [transferred] my records. I told them I wanted to change doctors... the few months of pregnancy I still had... And then at the first appointment that I had with the doctor there, she said, "You know what? If you don't want to work anymore [due to nausea and difficulty working in the field], that's fine," she said, "I'll help you get your disability." And then they gave it to me soon after.

- Female Farmworker

Knowledge of the right to workplace accommodations: **Most interviewees were unaware of the right to pregnancy or breastfeeding accommodations at the workplace**. And there was no common information source for these rights. While WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) was mentioned across most interviews as a source of knowledge on breastfeeding, and some interviewees said they were given a pump, no one reported receiving information on breastfeeding accommodations from WIC or any other source. Women generally perceived pumping at work to be impossible.

Knowledge of the right to a discrimination-free workplace: Although women expressed frustration with discrimination they faced at work, it was not recognized as something that violates a legal right. **Employer retaliation was spoken about as simply a difficulty farmworkers face, but not something they have the right or ability to contest.**

Information sources: **The main sources of information on these rights were other farmworkers, doctors, family, and friends.** The organizations *MICOP* and *Herencia Indígena* were also noted as sources of information on rights among farmworkers. Despite mentioning doctors as important sources of knowledge, seven of the 15 interviewees said that the clinic they go to did not offer them information about workers' rights that pertain to the perinatal period.

Farmworker Access to Rights & Rights Violations

General awareness of rights does not lead to the ability to realize those rights; systemic and institutional barriers stand in the way. Women mentioned 20 different barriers to accessing their rights. Farmworker women talked about barriers to access their rights an average of 12 times per interview (ranging from 5 to 21 mentions during a single interview).

Accessing leave: Most, but not all, farmworker women interviewed had accessed some type of disability leave, and a few had husbands who had accessed Paid Family Leave. While some women were able to access Pregnancy Disability Leave and/or State Disability Insurance during pregnancy, many were told by doctors to wait until months 7 or 8 of their pregnancies to apply for these types of leave. On many accounts, even if the patient asked the doctor to help them get leave earlier in their pregnancy due to occupational risks, the doctors refused. **Eleven of the 15 interviewees named the clinic, doctor, or other clinician as a barrier to accessing leave or workplace accommodations.**

For those who did apply to access any type of paid leave, most spoke of confusion and significant delays. **Bureaucratic barriers** such as paperwork and navigating social and health systems made it difficult to access leave. This was heightened during the COVID-19 pandemic. **Low literacy and lack of material or support in their preferred language** kept some women from completing leave paperwork. Women sought help with leave-related paperwork from their family members, someone working in social services (EDD and other offices), and sometimes paying out of pocket for a local service to help them. New immigrants, undocumented people, and uninsured people faced greater difficulty in accessing leave. Finally, **financial concerns** are important, and many did not want to give up work hours or the opportunity to be paid to go to prenatal care. Others returned to work early after giving birth due to financial concerns.

Accessing workplace accommodations: Most farmworker women had no access to **pregnancy accommodations**. Some experienced threats or actual retaliations for requests for changes to their work during pregnancy. While some individual supervisors were noted as kind and supportive (e.g., ensuring they had water, carrying a box for them), no one spoke of pregnancy accommodations as an expected right. Positive experiences (mentioned in three interviews) entailed adjustments like longer breaks, working in the shade, or receiving lighter work.

Farmworker women did not have access to postpartum or breastfeeding accommodations and were often not able to breastfeed as long as they wanted to, resorting to giving their babies formula sooner than they wanted in order to return to work. Some women shared that they would go back to work after a month or two after giving birth. Many were still lactating and reported breast pain and engorgement. All agreed, however, that pumping at work simply “can’t be done” due to workplace norms, embarrassment, lack of sufficient breaktime, or lack of a clean or private place to pump. Still, many women reported needing to express milk to make it through the day, while others said they let their milk supply dry up in anticipation of returning to work (even though their babies were still under six months old). One woman also expressed concerns about whether her breastmilk would be safe for the baby if she breastfed her at the end of the day, due to working out in the heat. Another said that due to pesticides it is not safe to pump milk at work.

Employer retaliation: Retaliation was reported in 5 of the 15 interviews. One woman expressed that while she would like for the supervisors to give them “some minutes out in the fields so that we can have time to pump out our milk,” some supervisors are very strict about start times and “if we take too long, then maybe they will fire us.” Another shared that field supervisors get angry and fire women who leave too often for prenatal care appointments:

Yes, they [field supervisors] get angry and they fire them [pregnant workers]... If they don't fire [you] in that moment, then they send [you] home very soon before the work is finished because they say you do not work very well, they don't have much time, and then they let [you] go. Because, as they see it, “no I will no longer give work because she no longer has the motivation or energy to work”... but that's not why, well, you have a lot of [prenatal] appointments. That's why you can't go to work every day, even if you wanted to, but you can't.

- Female Farmworker

A third woman shared that during her first two pregnancies, due to comments from her supervisors about missing work and leaving early, she did not feel comfortable and had to move companies. The most egregious workplace rights violations reported occurred in Cuyama. One woman shared that while her field supervisors in Santa Maria would give her smaller 10-15 minute breaks to drink water during pregnancy, in Cuyama they “sometimes out there they don’t give you breaks... for your meal time.” She reported that there is more pressure to work harder and faster, and that women who received calls to pick up children early from school would be fired if they went.

Bureaucratic Hurdles and Delays in Accessing Leave

Farmworkers face challenges, bureaucratic hurdles, and delays to accessing leave payment that are both time consuming to address and result in loss of income. Over half of the interviewees spoke of difficulty navigating systems and paperwork to access leave. While hospitals and clinics are often the source of information on leave for farmworkers, they do not provide assistance to

complete paperwork. Women noted going to social workers and social services offices, as well as some community organizations, to get [assistance in completing paperwork](#). State Disability Insurance and Paid Family Leave applications and mailed letters with information on leave payment are complex and often not in the farmworker’s preferred language (whether Mixteco or Spanish). In some cases, low literacy prevents anyone in the household from understanding it. Despite these challenges, most of the farmworkers we interviewed who had given birth submitted applications for paid leave. Cases of [delays, underpayment, or no payment](#) were reported.

For example, one woman whose first language was Mixteco told us the story of how her leave paperwork was never fully processed despite seeking help both over the phone and in person at multiple offices, and enlisting help from a relative with better Spanish language skills. She sought help at either California EDD or Department of Social Services (DSS) offices multiple times. At the first office she was told, “I don’t know what happened to your case because they didn’t respond.” At the second office she was told, “it looks like you will no longer be paid,” due to the fact that her social security number matched another social security number in the system. She was then told to put in another application to Paid Family Leave, but when she went to submit, they told her, “you cannot submit it because if you do, then the one you put in for Disability Leave... they have not finished paying you.” Another woman went to the EDD office in Santa Maria, near her home, to follow up on a delayed leave payment after the birth of her child and was told she needed to drive to the Santa Barbara office (about 2 hours away) to follow up on her leave request there.

Community Resources Identified

Women were aware of a variety of resources in the community. Beyond the support provided by trusted farmworkers, family, and friends, the following sources were mentioned: [WIC](#) (as source of breastfeeding knowledge, pumps, and formula), [clinics](#) (women mentioned “CHCs” and private practices), [home-visiting nurses](#) after birth, [MICOP](#) (a trusted source of farmworker rights information and advocacy), [Herencia Indígena](#) (also a trusted source of support for farmworker rights and access to resources), [Facebook](#) organization sites (e.g. United Farm Workers), state programs such as [Medi-Cal](#) and [CalFresh](#), [chiropractors](#), and [sobadores](#) (traditional healers who provide massage during pregnancy).

Recommendations for Taking Action

Recommendations for action are based on farmworker requests and input from a participatory workshop to interpret findings with community partners and *promotores*:

- 1) Expand outreach to farmworker communities via social media, community radio and other grassroots outreach strategies to provide low-literacy, visual and audio-visual resources in Spanish and multiple indigenous languages regarding safety risks for pregnant and postpartum farmworkers. Promote knowledge of the relevant rights and resources for pregnant, postpartum, and breastfeeding farmworkers. Incorporate testimonials from farmworkers to make a stronger case.

- 2) Provide information, materials, and training directly to agricultural employers and supervisors in the field on safety risks for pregnant and postpartum farmworkers and rights that farmworkers have during the perinatal period.
- 3) Advocate with employers for farm-based workplace changes, many of which are already required by law, and others which would be good for their business. Examples include: workplace accommodations for pregnant women, hourly rather than contract work for pregnant women, longer breaks and paid breaks, and a private space to pump breastmilk at work that complies with the law.
- 4) Provide directly to doctors, other clinicians, and clinical staff information, materials, and training on farmworker rights and evidence-based standards of care for pregnant and postpartum farmworker women.
- 5) Collaborate with health plan payors to provide training for hospital and clinic administrators, and medical directors on evidence-based standards of care they can institutionalize to support pregnant farmworkers (citing the American College of Obstetrics and Gynecology, ACOG) and provide information on farmworker rights (citing the California Employment Development Department, EDD). This includes standards of care to promote early prenatal care, support pregnant farmworkers with disability certification (including in the first trimester), and provide information on occupational risks for pregnant farmworkers. Each clinic should assess and address the question: why is there a wide variety of practice patterns among clinicians seeing pregnant farmworkers?
- 6) Provide help to fill out paperwork for leave benefits in farmworkers' preferred languages, particularly at the hospital after birth, at clinics during prenatal care visits, and through California Employment Development Department offices.
- 7) Ensure language access for farmworkers at all clinics. In particular, ensure that clinics serving farmworkers have enough interpreters available (either in person or by phone) who speak the variants of Mixteco spoken by farmworkers.
- 8) Address other barriers to farmworkers accessing clinical services: support early access to health insurance/Medi-Cal for pregnant women, expand hours of service to include evenings, provide transportation, etc.
- 9) Provide a list of trusted doctors and community resources who support farmworker rights. Additionally, provide Know Your Rights training to other trusted service providers who can also be a source of rights information and support for pregnant farmworkers.
- 10) Offer culturally and linguistically centered, community-based perinatal support groups for farmworker women.
- 11) Offer additional services for new mothers and single mothers in the farmworker community: group childcare and transportation to allow new mothers to go to appointments and work, financial and in-kind support (diapers and food) for single mothers.
- 12) Develop and launch a program of culturally and linguistically centered perinatal *promotores* who focus specifically on Know Your Rights education, organizing, advocacy, and support for pregnant and postpartum farmworkers.

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