

Executive Summary: The Hospital Action Guide for Respectful and Equity-Centered Obstetric Care

California Perinatal Quality Collaborative

Executive Summary

With the goal of improving maternal outcomes for all women and birthing people, the California Perinatal Quality Collaborative (CA-PQC) and its partners developed The Hospital Action Guide for Respectful and Equity-Centered Obstetric Care (the Guide). The Guide provides foundational knowledge and actionable tools for clinicians, hospital teams, and health systems committed to ensuring that every patient receives safe, respectful, evidence-based care. By helping hospitals identify and close gaps in care, the work aims to drive measurable improvements in maternal safety and advance equitable outcomes for all.

A growing body of research links racism, discrimination, and bias in obstetric care to lower-quality care and poorer patient experiences such as delays in diagnosis (Severini, 2025; Bauer, 2024), and disparities in pain management (Wang, 2023; Badreldin, 2019). Additionally, anesthesia care (Harkins, 2025), disrespect (Vedam, 2019; Reed, 2017), patients not being heard (KL Smith, 2022; S Smith, 2025), and harm (Odems, 2024), have also been identified in the research. The Guide offers a structured, equity-centered framework and practical solutions to strengthen respectful, person-centered maternity care through meaningful partnerships with patients, families, public health agencies, and community organizations. It combines evidence-based practices, implementation strategies, practical tools, reflection activities, and curated resources that hospitals can adapt to the needs of their local communities.

What information does the Guide contain?

The Guide comprises six modules featuring a range of resources, action steps, and reflections. The modules cover key concepts, including maternal health equity, bias, racism and discrimination in medical and health care settings, data-driven quality improvement, respectful maternity care, and other essential topics. Together, these resources provide learners with foundational knowledge and practical strategies to advance birth equity.

The six modules include:

- *Understand the Need for Birth Equity*
- *Collect and Share Stratified Data*
- *Examine Current Equity Practices*
- *Leverage Patient Care Process and Outcome Data to Address Obstetric Disparities*
- *Create a Culture of Respectful Care*
- *Integrating Community Collaboration*

How should the Guide be used?

For best use of the Guide, users should follow each module in chronological order, as each module builds on the previous content. However, we understand that many users will not have enough time to give each module their full attention. Users may prioritize the modules most relevant to their unit's goals and aim to complete all readings and activities in each module to get the most out of each section.

Why was the Guide developed?

Despite growing awareness of maternal health disparities, significant inequities around sexual orientation and race, persist (Everett, 2019; KFF, 2023). These disparities are driven by complex and interconnected factors, including structural barriers to accessing high-quality care, chronic stress associated with experiences of racism and oppression, and incidents of clinician bias and discrimination within health care systems (Williams, 2019).

A recent Centers for Disease Control and Prevention study found that approximately 20% of surveyed patients reported experiencing mistreatment during maternity care. This percentage increased to approximately 30% among Black, Hispanic, and multiracial birthing patients (CDC, 2023). Furthermore, the financial toll of health inequities is staggering, costing the U.S. approximately \$320 billion annually, a figure projected to exceed \$1 trillion by 2040 if unaddressed (Deloitte, 2022). These statistics underscore the urgent necessity for actionable solutions to address inequities in maternal health.

How was the Guide developed?

The Guide was developed through a comprehensive, multistep process that included assembling a multidisciplinary task force, conducting a robust review of medical and public health literature related to birth equity, integrating insights from frontline hospital teams participating in a pilot collaborative, and incorporating the lived experiences and perspectives of patients, families, and community members. During the summer of 2026, CMQCC convened a twelve member Hospital Action Guide Advisory Leadership Workgroup, to review the modules for clarity, relevance, and usability. Their feedback informed updates made before the Guide's public release.

The result is a resource designed to reflect the diversity of patient populations across California. It incorporates perspectives from individuals representing different races, ethnicities, and roles throughout the pregnancy journey. Unlike conventional toolkits that primarily present clinical best practices, the Guide uses a rigorous, comprehensive, and methodical process to evaluate, synthesize, and translate evidence-based resources, expert knowledge, frontline hospital experience, and patient and community perspectives into practical actions that advance birth equity and measurably improve patient experiences and outcomes.

Addressing bias and discriminatory behaviors, developing informed solutions to advance birth equity, and building trust with patients and communities requires a transparent, intentional, and iterative approach. This work often takes longer than traditional quality improvement work.

There is no “one-size-fits-all” approach to achieving birth equity. Every hospital and community has a unique workplace culture, set of norms, patient population, and collection of challenges. CA-PQC encourages hospital teams to investigate, implement, and assess the interventions in the Guide to determine which approaches best improve maternal health equity, respectful care, and patient outcomes within their units.

Birth equity work requires long-term commitment. The CA-PQC team is here to support California hospitals in their efforts to ensure every patient receives equitable, respectful, and high-quality maternal care.

The Guide's Reach, Engagement, and Implementation

The Guide has reached healthcare professionals and hospital teams across California. As of September 9, 2026, over 900 distinct users have accessed the Guide, representing hundreds of frontline clinicians, quality improvement professionals, clinical leaders, and hospital administrators. Engagement extends across all six modules, demonstrating the Guide's value as both an educational and a quality improvement resource.

The Guide also serves as the curriculum for the **CA-PQC Learning Initiative (LI) Supporting Safe and Respectful Vaginal Birth**, part of a five-year initiative funded by the Centers for Disease Control and Prevention (CDC). Through five rounds of an 18-month collaborative, 68 hospitals and more than 200 clinicians are working to reduce disparities in low-risk cesarean births, promote respectful obstetric care, and advance health equity.

To encourage measurable and sustainable improvement, CMQCC introduced the **Quality & Sustainability Award**. The award recognizes participating hospitals that reduce elevated NTSV Cesarean Birth (PC-02) rates or maintain rates at or below the Healthy People 2030 target, while also reducing cesarean birth rates among one or more racial or ethnic patient groups.

By connecting evidence, hospital quality improvement, and community partnership, the Guide provides a foundation for strengthening accountability and making respectful, equitable maternity care part of everyday practice. We invite every hospital team to use the Guide, take action, and commit to making these improvements sustainable.

[Learn more about our Learning Initiative and Action Guide.](#)

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