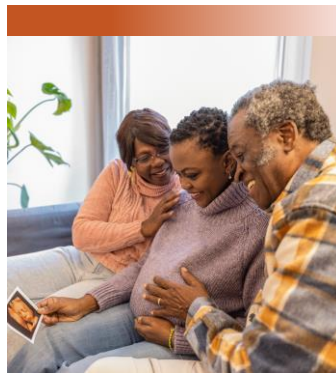
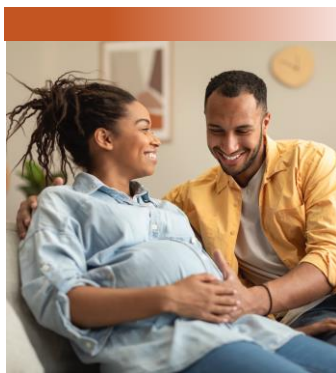
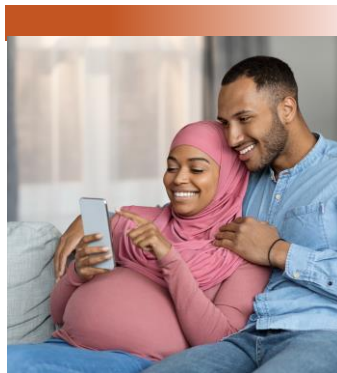


# California Maternal Health Task Force Launch Event

Friday, June 27, 2025

11:30am – 1:00pm PT



# Today's Speakers



**Diana E. Ramos,  
MD, MPH, MBA**  
California Surgeon  
General



**Susan Perez, PhD,  
MPH**  
Research Consultant  
CMQCC



**Leslie Kowalewski**  
Executive Director of Maternal  
Child and Family Health  
CPQCC/CMQCC



**Karen Ramstrom,  
DO, MSPH**  
Chief, Maternal/Infant  
Health Branch  
CDPH



**Anna Sutton,  
RN, PHN, MSN**  
Associate Director  
CMQCC



**Brenda Jones, DHSc, LSSGB,  
CCHC, WHNP, CPPS, RN**  
Regional Senior Director Maternal Child  
Health Kaiser Permanente | NCAL

# A Note About This Topic

This presentation discusses topics about maternal health, including morbidity and mortality. These topics may make it difficult for some to engage with and hear this content.

For more information on resources for yourself and your communities, please visit the California Department of Public Health [Injury and Prevention Website](#) where there are lists of warm lines, hotlines, and crisis resources. Most of these resources are free and available 24/7.







# Welcome

California Surgeon General

*Diana E. Ramos, MD, MPH, MBA*



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# Webinar Objectives

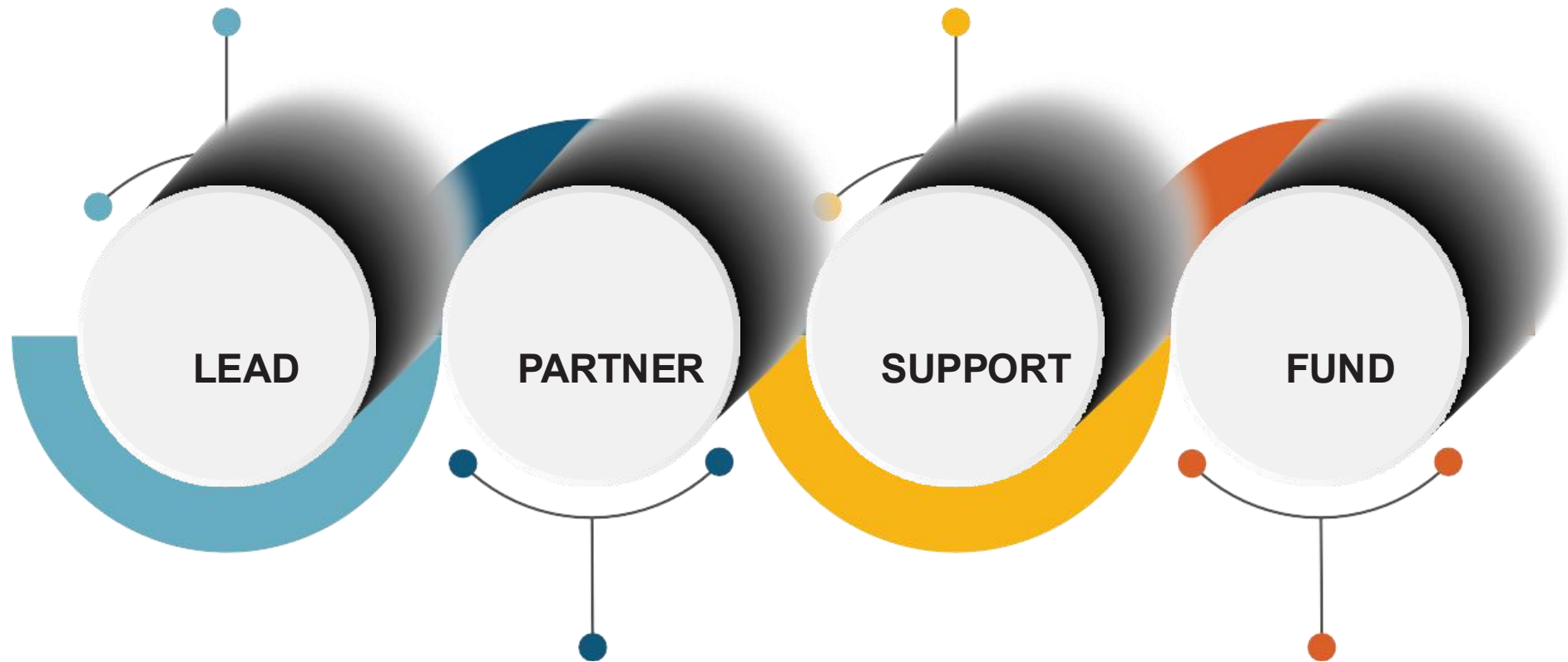
- Update community collaborators on the state of maternal health in California and provide an overview of the California Maternal Health Innovation (MHI) Program.
- Unveil the coordination and proposed strategies and activities that the California Maternal Health Task Force (MHTF) can pursue to reduce severe maternal morbidity and mortality statewide.
- Invite feedback from community collaborators and identify opportunities for continued engagement with the California MHTF and the Strategic Plan.

# Purpose & Funding Acknowledgement

- This cooperative agreement is supported by the U.S. Health Resources & Services Administration (HRSA) through a five-year, \$10 million State MHI award to the California Maternal Quality Care Collaborative (CMQCC), California Department of Health Care Services (DHCS), California Department of Public Health (CDPH), and Office of the California Surgeon General (OSG).
- We extend our deepest gratitude to our generous funder for their transformative support.
- This game-changing investment empowers California to help reduce maternal mortality and morbidity, unite maternal health efforts, and elevate impact to improve maternal health outcomes through improved coordination of existing systems.
- Thanks to this funding, the state will be equipped to enhance community, public health, and health care coordination and quality of maternal health services across California.

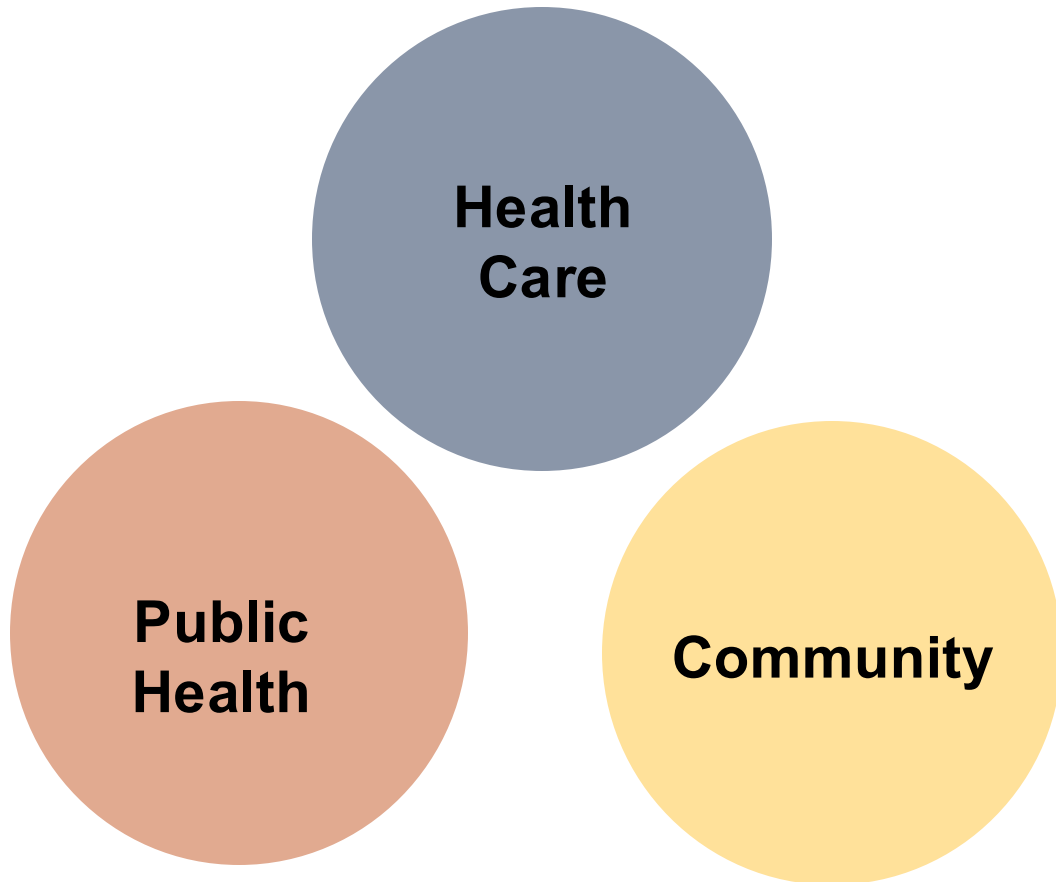


# Role of the MHI Program

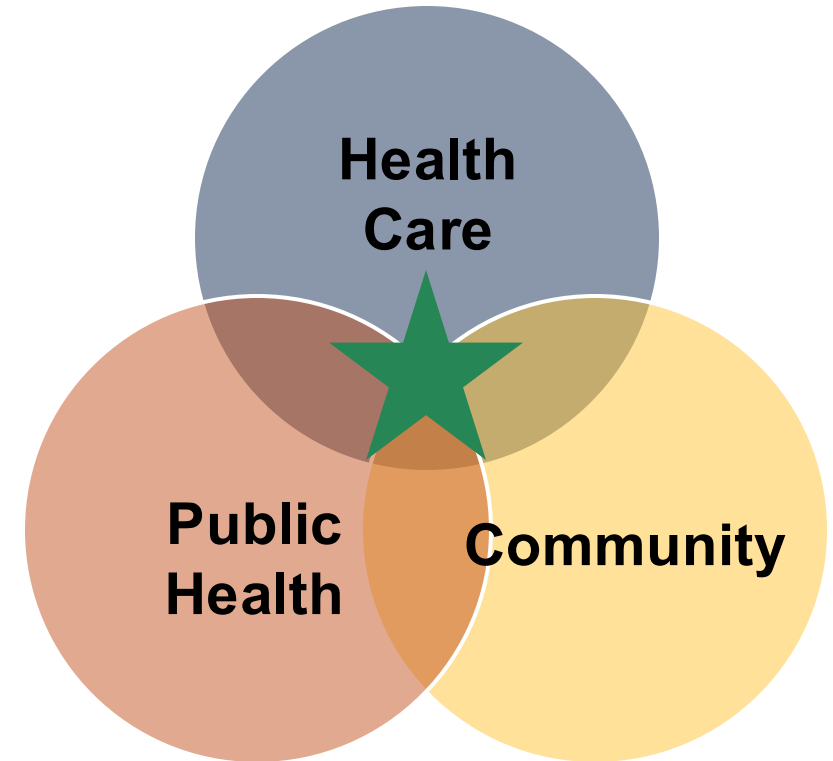


# Vision for Maternity Care in California

## Current State



## Goal







# Agenda

- State of Maternal Health in California
- Proposed Strategic Plan Priorities & Activities
- Upcoming Milestones & Opportunities for Continued Engagement

# MHTF Steering Committee



**Curtis Chan, MD, MPH**

California Conference of Local Health Officers (CCLHO) Co-Chair,  
Maternal Child & Adolescent Health Committee  
Deputy Health Officer, San Mateo County Health



**Karen Ramstrom, DO, MSPH**

Branch Chief, Maternal & Infant Health  
MCAH Division, CA Dept of Public Health



**Mashariki Kudumu, MPH**

Founder,  
Kudumu Partnerships for Equity and Justice



**Jeffrey Gould, MD, MPH**

Senior Advisor, CMQCC/CPQCC



**Ajira Darch**

Job PosCreative, Liberation Strategist, Full Spectrum Birthworker  
Executive Director, Roots of Labor Birth Collective  
Podcast Co-Host, Doula Stories  
Founder, Bay Area Bodymilk Cooperativeition



**Priya Batra, MD, MS**

Deputy Director, Health Promotion Bureau Los  
Angeles County Department of Public Health



**Cristina Gamboa, MD**

OBGYN and Director, Ambulatory Women's  
Health Services Salud Para La Gente



**Brenda Jones, DHSc, LSSGB,  
CCHC, WHNP, CPPS, RN**

Clinical Director of Maternal and Child Services,  
Kaiser Permanente Medical Center in San  
Francisco



**Antoinette Medina, MPA**

Program Coordinator, California  
Tribal Epidemiology Center



**Leslie Kowalewski**

Executive Director of Maternal, Child and  
Family Health, CMQCC/CPQCC and PRC



**Diana Ramos, MD, MPH,  
MBA, FACOG**

California Surgeon General,  
Office of the California Surgeon General



**Palav Babaria, MD**

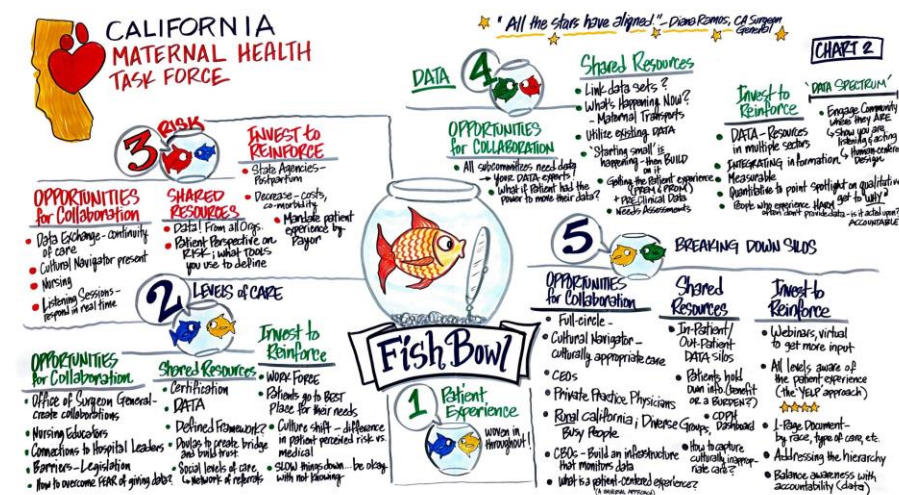
Chief Quality Officer and Deputy Director of Quality  
and Population Health Management, California  
Department of Health Care Services



# MHTF Subcommittee Meeting



June 3-4, 2025  
Sacramento, CA







# State of Maternal Health in California



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# Areas of Collaboration

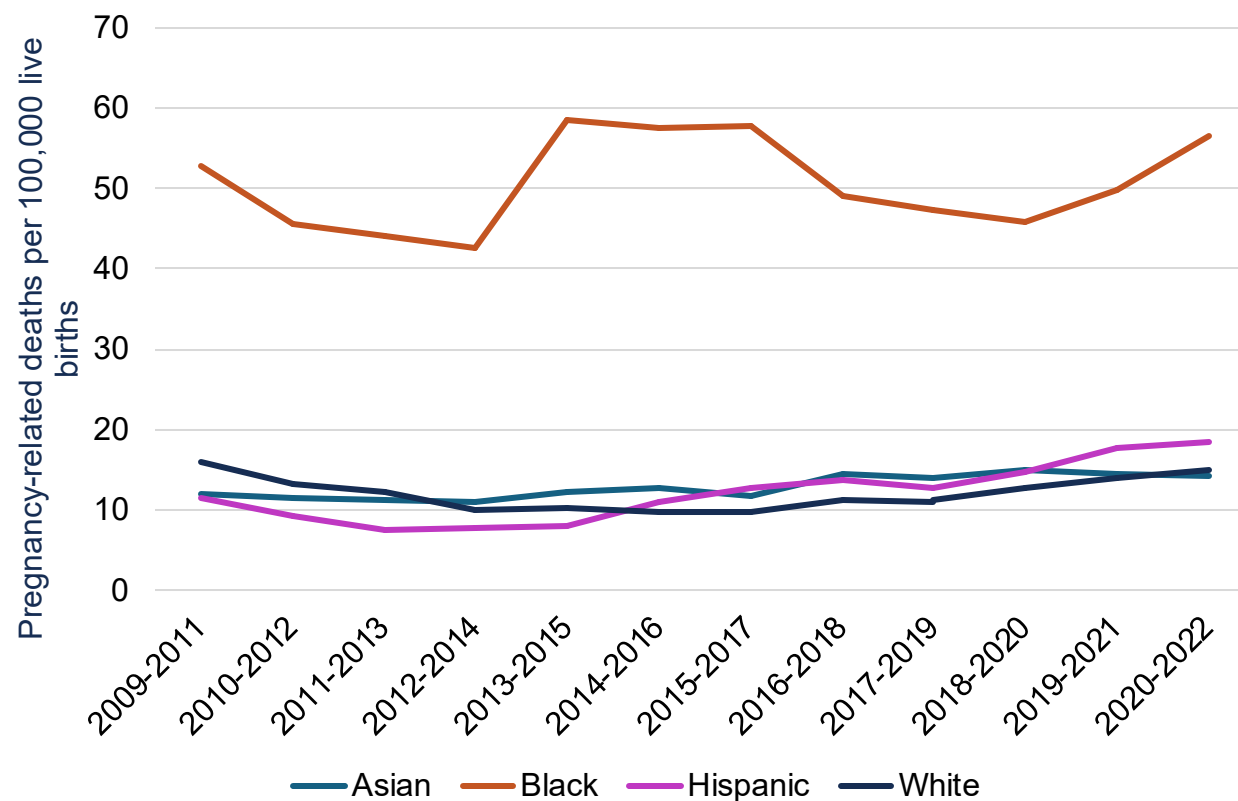
- DHCS [Birthing Care Pathway](#)
- National Academy for State Health Policy: Advancing State Strategies to Address Maternity Care Deserts Policy Academy (with DHCS, CDPH, CMQCC, the California Department of Health Care Access and Information, and Medi-Cal managed care plans (MCPs))
- CMQCC Postpartum Landing Page (in development)
- OSG [Strong Start & Beyond](#)
  - Launch of [Preconception Medical Assessment](#)
- [California Pregnancy-Associated Review Committee](#) Recommendations
- CDPH Maternal, Child, and Adolescent Health Division [Data Dashboards](#)
- [Title V](#) Priorities (updated five-year plan to be submitted in July 2025)
- Birthing Services/Hospital Closures

# Pregnancy-Related Mortality in California

~63

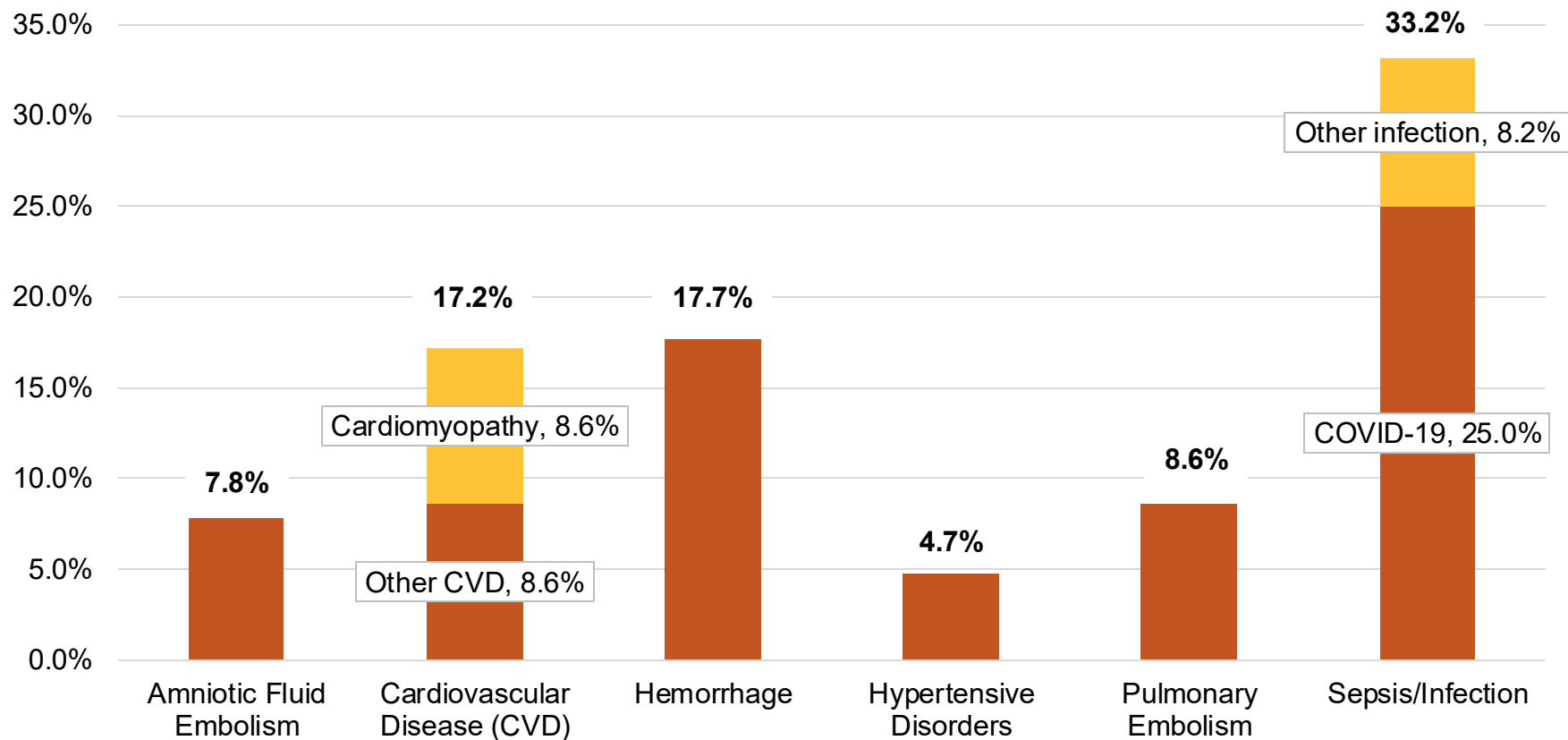
annual deaths from pregnancy-related complications in California (2022)

- More than half (59.5%) of California's pregnancy-related deaths – 15.0 per 100,000 live births – occur during the postpartum period.
- Black Californians are three to four times more likely to die of pregnancy-related complications than other races/ethnicities for whom data is available.



**Source:** "Pregnancy-Related Mortality," CDPH Maternal, Child, and Adolescent Health Data Dashboards, updated May 21, 2025, <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx>.

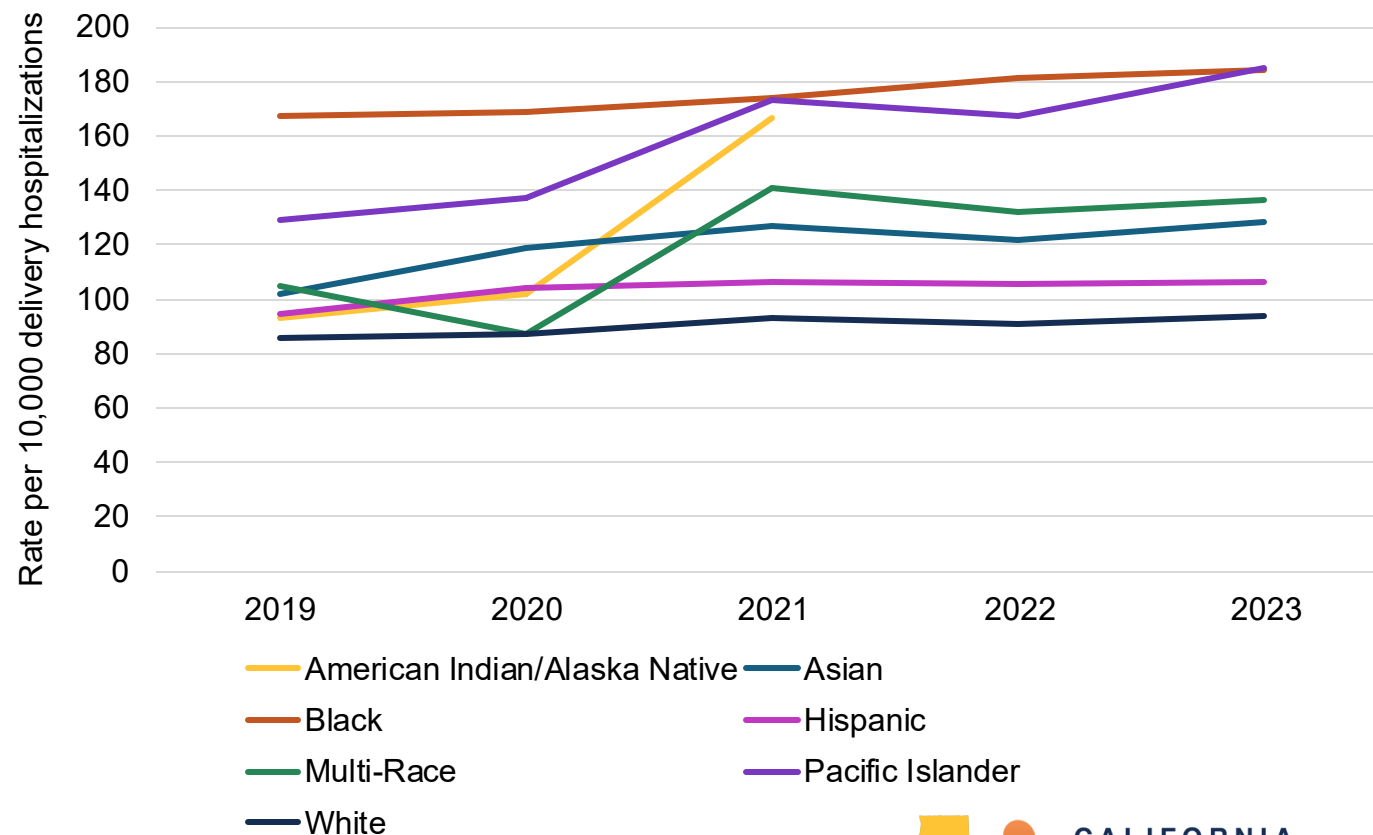
# Pregnancy-Related Deaths by Cause, California, 2020-2022 (N=232)



**Source:** "Pregnancy-Related Mortality," CDPH Maternal, Child, and Adolescent Health Data Dashboards, updated May 21, 2025, <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx>.

# Severe Maternal Morbidity in California

- California's severe maternal morbidity rate – 111.6 events of unexpected and potentially life-threatening complications per 10,000 delivery hospitalizations – has been rising in recent years (2023).
- Racial and ethnic disparities persist, with Pacific Islander and Black Californians facing the highest rates.



**Source:** "Severe Maternal Morbidity," CDPH Maternal, Child, and Adolescent Health Data Dashboards, updated May 16, 2025, <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Severe-Maternal-Morbidity.aspx>.



# Findings from Pregnant and Postpartum Medi-Cal Members



**Feeling respected and heard by health care providers is critical** to a Medi-Cal member's perinatal experience. Members often feel that their birth plans and breastfeeding choices are not respected.



Some members **experienced discrimination in their health care encounters** during all three perinatal phases; members felt connected to their providers and better supported when they received **racially concordant care, per DHCS data**.



**Key moments for trust building with members are often missed**, particularly around mindful discussions on behavioral health screening results and referrals to services.



The onus is on members to independently navigate and coordinate many aspects of their **perinatal care**, e.g., coordinating across different providers and ensuring Medi-Cal coverage for themselves and their newborns.



**Finding mental health providers that accept Medi-Cal, are taking new patients, and have perinatal experience is difficult**; members want more frequent and intensive mental health supports.



Members often **do not understand what Medi-Cal benefits and public benefits/social services are available** to them in pregnancy or during the postpartum period.

# Q&A



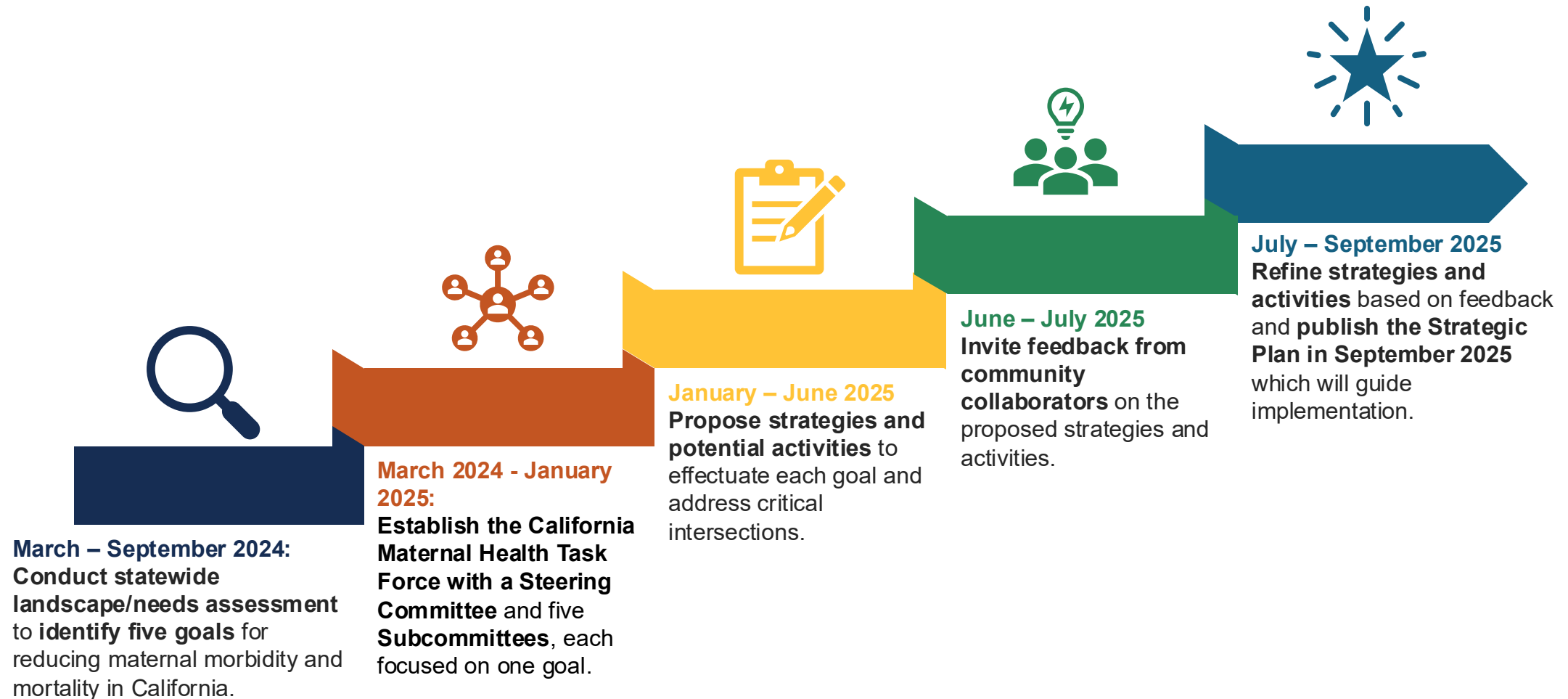


# Proposed Strategic Plan Priorities & Activities



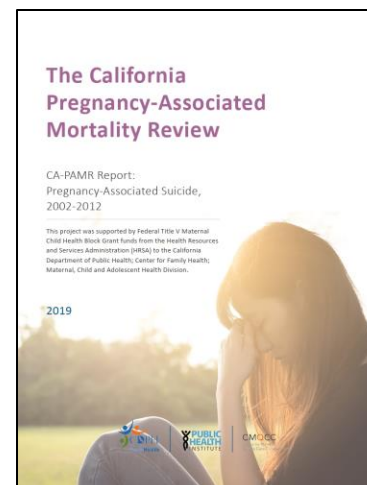
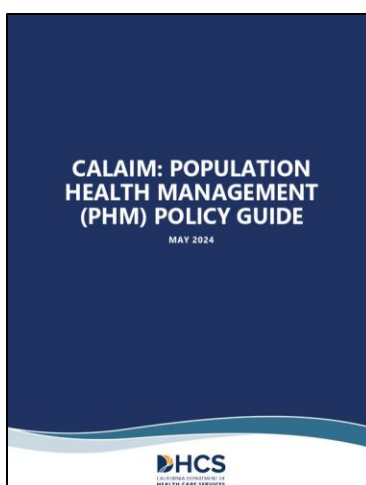
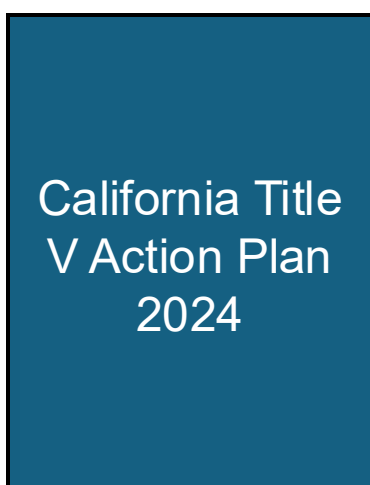
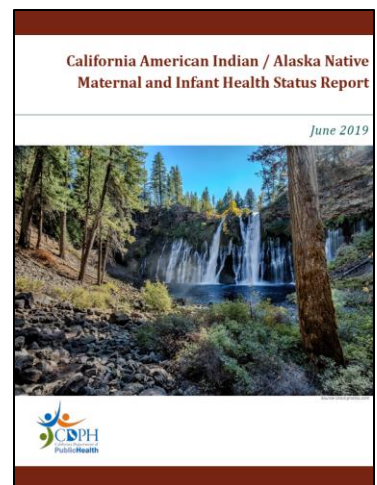
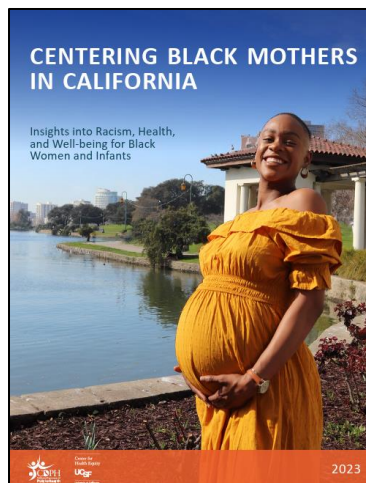
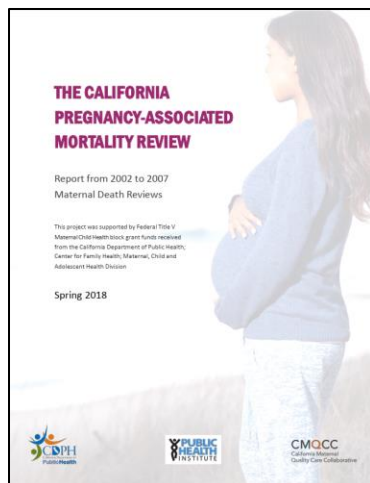
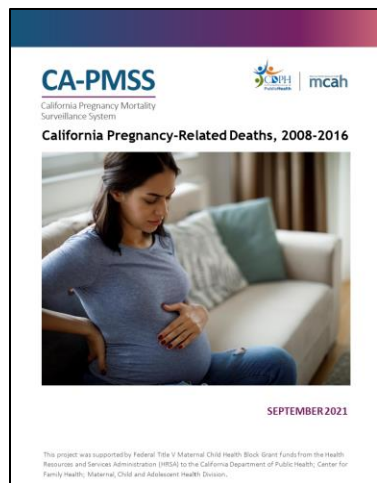
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Administration (HRSA)*

# Developing the California Maternal Health Strategic Plan





# Publicly Available Reports Reviewed



The existing reports are far from comprehensive in representing the lived experiences and needs of pregnant and postpartum Californians.

# California's Assets



# Strategic Priorities & Subcommittee Focuses

Each of these priorities aligns with a Maternal Health Task Force Subcommittee focus. Each Subcommittee has identified one or more key strategies and potential activities to effectuate the strategies over the remaining three years of the Maternal Health Innovation grant.

## Care Experience



## Increase Access & Links to Risk-Appropriate Care



## Universal Risk Assessment (Medical/Behavioral/ Social) & Appropriate Follow-Up



## Data & Data Transparency



## Breaking Down Silos & Integrating Systems



## Community

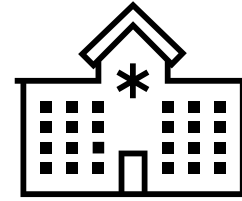
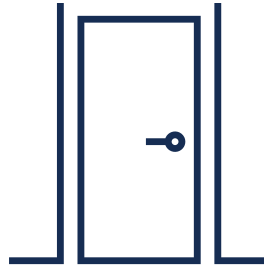


Community,  
providers, and  
public health

PRENATAL  
CARE



Admission

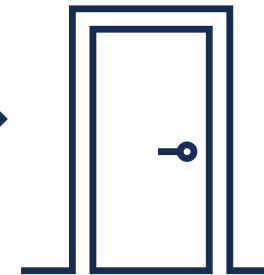


Birthing Facility

LABOR,  
DELIVERY &  
IMMEDIATE  
POSTPARTUM  
CARE



Discharge



Community,  
providers, and  
public health

POSTPARTUM  
TO ONE YEAR





# Subcommittee #1: Care Experience

*GOAL: Systems are held accountable for providing high-quality, respectful, and trauma-informed care for pregnant and postpartum women and infants.*

Key Strategy	Potential Activities
Implement Trauma-Informed Care Training	<ul style="list-style-type: none"><li>• Provide upstream trauma-informed care training during undergraduate, medical school, and/or residency programs.</li><li>• Promote the statewide <a href="#">ACEs Aware</a> training which covers adverse childhood experiences (ACEs), toxic stress, and trauma-informed care.</li><li>• Encourage or require hospitals to conduct provider simulations and trainings based on patient reported experiences.</li></ul>
Conduct Hospital Patient Feedback After Labor & Delivery	<ul style="list-style-type: none"><li>• Conduct listening sessions with pregnant and postpartum women and labor and delivery hospital leadership.</li><li>• Leverage Medi-Cal MCPs' member advisory committees and hospitals' member feedback assessments to provide feedback to MCP and hospital leadership.</li><li>• Pilot the federal <a href="#">Inpatient Maternal Health Care Survey</a> on patient birthing experience.</li><li>• Implement community health workers (CHWs), doulas, or "cultural navigators" within hospitals to support pregnant and postpartum women.</li><li>• Host meetings with maternal health community-based organizations (CBOs) onsite at local labor and delivery hospitals to engender trust, and swap hosting sites at CBOs.</li></ul>



# Subcommittee #2: Increase Access & Links to Risk-Appropriate Care

*GOAL: Pregnant and postpartum women and infants are provided quality, risk appropriate access with smooth transitions in care to the perinatal and postpartum care team and services they desire and need to ensure a healthy and joyous birth outcome.*

Key Strategy	Potential Activities
<b>Establish California Levels of Maternal Care</b>	<ul style="list-style-type: none"><li>• Establish methodology for achievement of the American College of Obstetricians and Gynecologists (ACOG)/Society of Maternal-Fetal Medicine (SMFM) <a href="#">Levels of Maternal Care</a> designation for California hospitals.</li><li>• Partner with California’s hospital, provider, and midwife associations to build support for Levels of Maternal Care.</li><li>• Collaborate with other states who have established Levels of Maternal Care for their hospitals for lessons learned.</li></ul>
<b>Improve and Broaden California’s System of Integrated Perinatal Care to Promote Access to the Right Level of Care that Meets Patient Need and Preferences</b>	<ul style="list-style-type: none"><li>• Pilot a bundle of technical assistance supports for labor and delivery hospitals to strengthen maternal transports processes, establish peer-to-peer provider consultations and collaborate with MHTF Subcommittee #3 to utilize tools to predict and prevent poor maternal health outcomes</li></ul>



# Subcommittee #3: Universal Risk Assessment (Medical/Behavioral/Social) & Appropriate Follow-Up

*GOAL: Medical, social, and economic needs are systematically and universally identified through universal risk assessment and comprehensively met in the community where they live.*

Key Strategy	Potential Activities
Improve Medical, Social, and Behavioral Risk Factor Assessment at Points of Transition During Pregnancy and Through One Year Postpartum	<ul style="list-style-type: none"><li>Summarize requirements and responsible agencies for risk assessment and/or linkages to appropriate care at transition points during pregnancy and through one year postpartum.</li><li>Identify gaps and innovations to improve linkages to appropriate follow up at transition points to ensure that risk assessment leads to appropriate referral, linkage and service penetration.</li><li>Partner with DHCS to pilot and provide feedback on the below innovations:<ul style="list-style-type: none"><li>DHCS' <a href="#">Transitional Care Services</a> (TCS) policy for pregnant and postpartum Medi-Cal members transferring from one setting or level of care to another (e.g., hospital to home).</li><li>DHCS' <a href="#">Risk Stratification, Segmentation, and Tiering</a> (RSST) tool to identify potential high-risk pregnant and postpartum Medi-Cal members for Medi-Cal managed care plans to provide additional support and care.</li><li>The <a href="#">Obstetric Comorbidity Index</a> to identify women at higher risk for adverse outcomes during pregnancy.</li></ul></li><li>Summarize and share on MHTF website best practices within California for risk assessment and linkages at transition points during pregnancy and through one year postpartum.</li></ul>



# Subcommittee #4: Data & Data Transparency

*GOAL: Establish a standard of data transparency, interoperability, and accountability for data collection, analysis, and use for serving and caring for mothers and infants.*

Key Strategy	Potential Activities
Collect Pregnant & Postpartum Women’s Reported Birth Experiences	<ul style="list-style-type: none"><li>Identify established patient experiences and outcomes survey metrics currently being collected.</li><li>Recommend piloting additional survey metrics to deepen understanding of pregnant and postpartum women’s experiences.</li></ul>
Implement & Strengthen California’s Existing Data Frameworks & Platforms	<ul style="list-style-type: none"><li>Identify existing and potential maternal health data indicators to be shared and promoted through a Maternal Health Data Dashboard.</li><li>Support listening sessions – in partnership with the <a href="#">California Data Exchange Framework</a> (DxF) which is working to provide secure, real-time data exchange for health and social service entities – to identify what maternal health providers and community-based organizations need to support data access.</li><li>Leverage available data to evaluate progress on risk assessment and referral programs for pregnant and postpartum women. This includes mapping data and developing evaluation approaches for other Subcommittees' goals and strategies.<ul style="list-style-type: none"><li>Coordinate with DHCS in reviewing lessons learned in DHCS’ Women, Infants, and Children Program (WIC); CalFresh; and Medi-Cal pilot programs to maximize enrollment across these public programs.</li></ul></li></ul>





# Subcommittee #5: Breaking Down Silos & Integrating Systems

*GOAL: Organizations and care delivery systems responsible for serving and caring for pregnant and postpartum women are coordinated and integrated across systems, programs, communities, and service leadership.*

Key Strategy	Potential Activities
<b>Design a Health Systems Framework</b>	<ul style="list-style-type: none"><li>Intentionally apply a systems approach to coordinate “California’s Assets” – the quality collaboratives, community partners, academic partners, philanthropic partners, state agencies, and federal grant awardees – to improve maternal health care experiences and outcomes.</li></ul>
<b>Deepen Impact of the Maternal Health Task Force</b>	<ul style="list-style-type: none"><li>Promote use of the MHTF to advance respectful and joyful births in California.</li><li>Convene a California Maternal Health Summit and present at other relevant meetings and conferences.</li></ul>

# Community



Community,  
providers, and  
public health



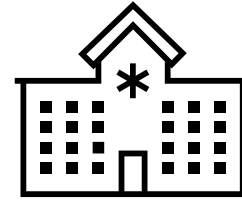
Subcommittee 3  
Prenatal Risk  
Assessment

Subcommittee 2  
Levels of Maternal  
Care & Birthing  
Services/Hospital  
Closures



Admission

Subcommittee 3  
Risk Assessment  
(Clinical and  
Social Needs)



Birthing Facility



Subcommittee 3  
Risk Assessment  
and Referrals  
(Social and  
Clinical Needs)



Discharge



Community,  
providers, and  
public health



Subcommittee 1: Provide respectful, high-quality, responsive, and aligned care.

Subcommittee 4: Data needs, informed by community, across the continuum.

Subcommittee 5: Establish the infrastructure for a sustainable MHTF that fosters effective collaboration and advances the project goal.

# Birthing Services & Hospital Closures in California

## California's maternity care crisis is worsening as Newsom decides on bills to slow closures

BY KRISTEN HWANG, ERICA YEE  
AND ANA B. IBARRA

Republish



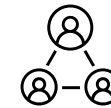
SEPTEMBER 16, 2024



More than 50 California hospitals have closed labor wards since 2012, creating maternity care deserts around the state. Photo by Jules Hotz for CalMatters



Based on the analysis of California's 56 birthing service closures, CMQCC has developed a systematic approach to assessing the potential impact of an Obstetric Birthing Service Closure on your community.

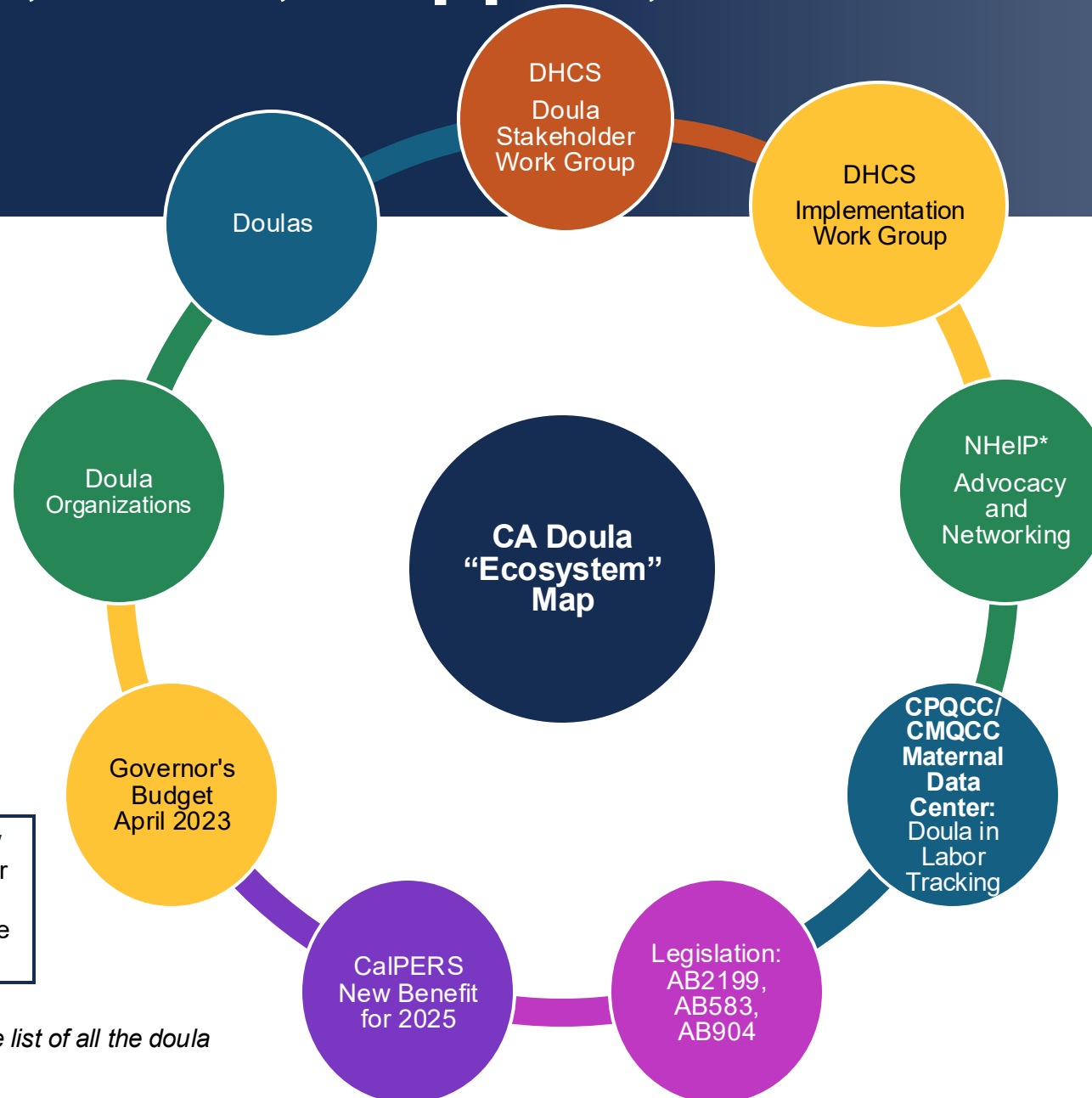


### Connect with us:

If you have a threatened service and would like to work with us to estimate the potential impact of its closure, please email us: [info@cmqcc.org](mailto:info@cmqcc.org)

**Sources:** Kristin Hwang, Erica Yee, and Ana B. Ibarra, "California's maternity care crisis is worsening as Newsom decides on bills to slow closures," *CalMatters*, September 16, 2024, <https://calmatters.org/health/2024/09/new-maternity-care-closures/>; "Maternity Care in California: An Environmental Scan," California Hospital Association, February 2025, [https://calhospital.org/wp-content/uploads/2025/02/CHA\\_Environmental-Scan\\_Maternity-Care\\_Final.pdf](https://calhospital.org/wp-content/uploads/2025/02/CHA_Environmental-Scan_Maternity-Care_Final.pdf)

# Lead, Fund, Support, Partner *in Action*



Special thanks to **National Health Law Program's Doula Medicaid Project** for engaging and listing the efforts and partners in CA working to implement the Doula Medicaid Benefit.

*This is an example and not an exhaustive list of all the doula stakeholders in California.*



# Q&A





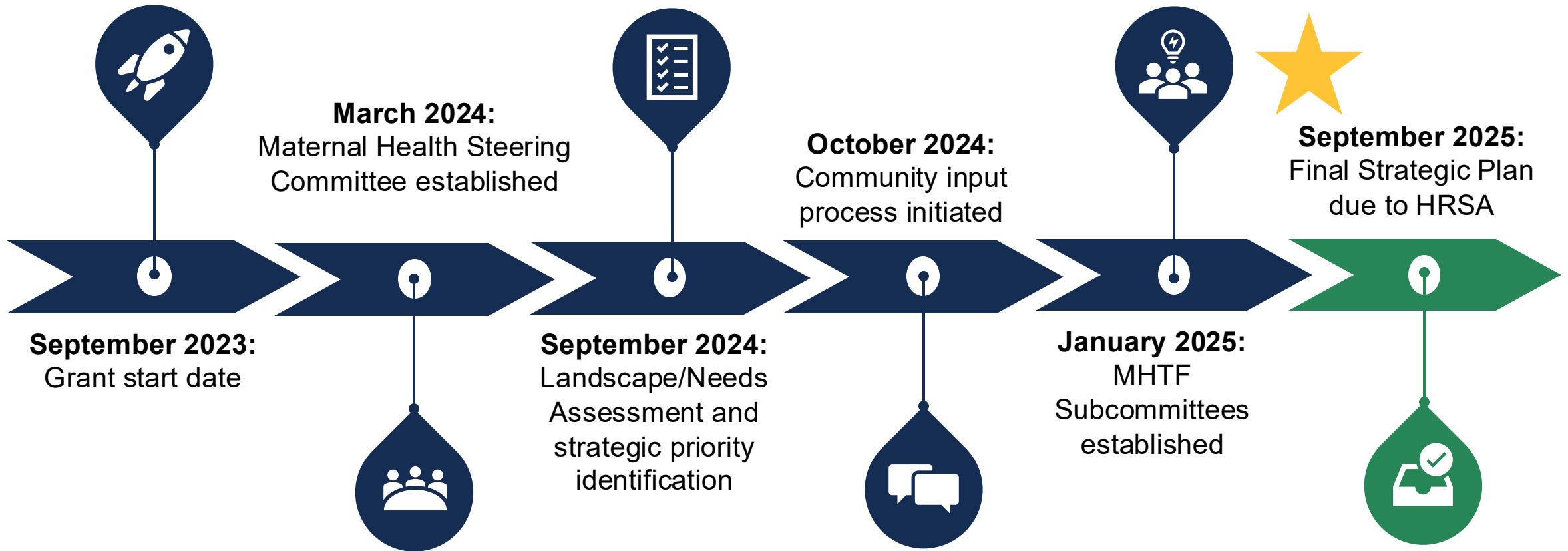
# Upcoming Milestones & Opportunities for Continued Engagement



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# MHI Program & MHTF Timeline



# Provide Feedback

California Maternal Health Strategic Plan  
Summary for Public Comment & Feedback  
June 2025



## Overview

In recognition of California's progress and leadership in improving maternal health outcomes, the U.S. Health Resources & Services Administration (HRSA) awarded California a five-year, \$10 million State Maternal Health Innovation (MHI) coordinating grant in September 2023. The state's perinatal quality collaborative – the [California Maternal Quality Care Collaborative](#) (CMQCC) – is the award recipient and is collaborating with the [California Department of Health Care Services](#) (DHCS), [California Department of Public Health](#) (CDPH), and [California Office of the Surgeon General](#) (OSG) to launch the [California MHI Program](#). The goal of the MHI Program is to align California's opportunities and assets to improve the prenatal and postpartum care experience, reduce maternal mortality and morbidity rates, address California's racial and ethnic disparities in maternal health outcomes, and boost infant health and birth outcomes statewide through broad-based, multidisciplinary collaboration. Nearly one in eight U.S. [births](#) occur in California and the State has a crucial opportunity to move the needle on maternal health.

Core components of the California MHI Program build off California's years-long, robust history of prioritizing maternal health across "California's Assets" (see Figure 1). Leveraging voices and representation from California's Assets, a Maternal Health Task Force (MHTF) with a Steering Committee and Subcommittees (see Appendix) was formed in Fall 2024 with the task of informing the development of a statewide Strategic Plan. The Steering Committee identified and reviewed California-specific reports and data that provide a comprehensive assessment of the state's maternal health needs and offer evidence-based strategies to reduce maternal mortality and morbidity. These proposed strategies, outlined below in this brief, will be considered by the Maternal Health Task Force as a foundation for the final Strategic Plan.

Figure 1: California's Maternal Health Assets



To inform the final Strategic Plan, the California MHI Program welcomes your feedback and insights to the proposed strategies noted below.



Submit feedback from Tuesday, July 1, 12pm PT through Friday July 25, 12pm PT.

[Subscribe](#) to the California MHI Program email listserv for more updates.

## California Maternal Health Strategic Plan Summary for Public Comment and Feedback



Access the summary and submit feedback from  
Tuesday, July 1, 12pm PT through Friday July 25, 12pm PT  
You may also access the website directly: [bit.ly/ca-mhi](https://bit.ly/ca-mhi)



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# Connect With Us



Tell us about yourself and how you would like to be involved.

**Email us at**  
[info@cmqcc.org](mailto:info@cmqcc.org).



**Subscribe to MHI  
Program Updates**





# Together We're Stronger

**Brenda Jones, DHSc, RN, MSN, CPPS, LSSGB**

**Regional Senior Director Maternal Child Health & Early Start Substance Use  
Intervention Program | Kaiser Permanente | NCAL Regional Patient Care Services**



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