

Overview

In recognition of California's leadership and historical innovations 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) cooperative agreement in September 2023. The state's Perinatal Quality Collaborative – [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 California MHI Program is to align California's opportunities and assets to improve the prenatal and postpartum care experiences, reduce maternal mortality and morbidity rates, address California's 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 (see Appendix) and Subcommittees was formed in Fall 2024 with the task of informing the development of a statewide Strategic Plan. California-specific reports and data were identified and reviewed with Steering Committee input to provide a comprehensive assessment of the state's maternal health priority needs and offer evidence-based strategies to reduce maternal mortality and morbidity. The resulting five priority goals and proposed strategies, outlined below in this brief, will be considered by the MHTF 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, 12 pm PT through Friday July 25, 12 pm PT.

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

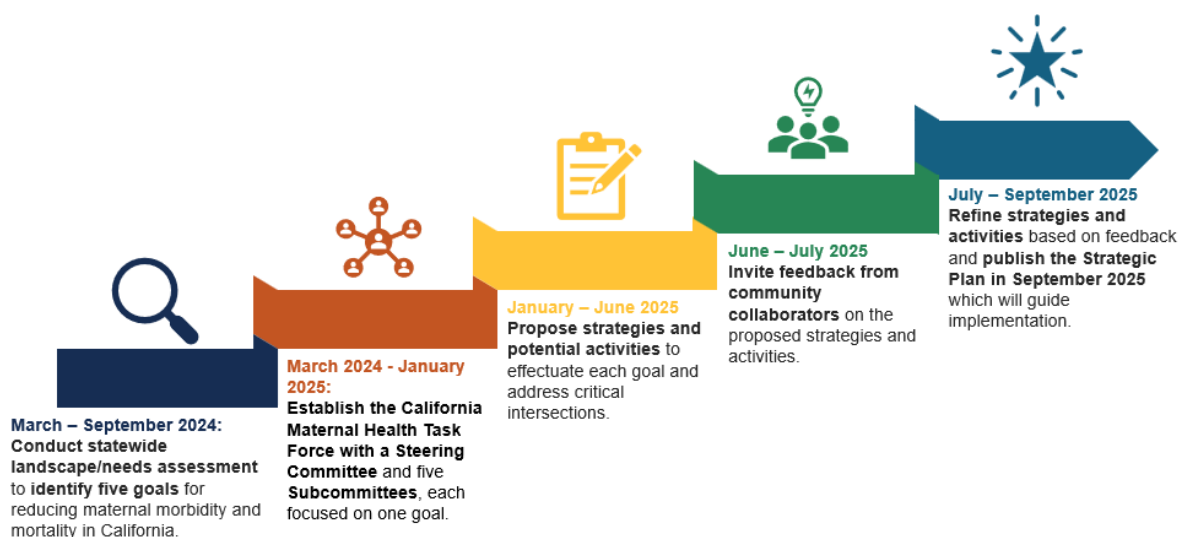
Proposed Strategies to Address Maternal Health Needs

California recognizes the importance of a systems approach – the knitting together of health care, public health, and community to meaningfully advance the care experience and risk appropriate services and supports necessary to improve physical health, behavioral health, and health-related social needs for pregnant and postpartum women, their newborns, and their families. Under each of the five goal areas, **proposed strategies and potential activities** were identified in pursuit of each goal, aligning with known disparities in California perinatal outcomes, data gaps, and HRSA’s stated maternal health priorities (community engagement, clinical care, maternal health data enhancements, and workforce training).

These proposed strategies will be further refined and informed by community collaborators, which will be critical to establishing meaningful and measurable objectives for the final Strategic Plan. **The overarching vision is to ensure all postpartum women and babies are thriving at 12 months in California.**



Figure 2: Developing the California Maternal Health Strategic Plan



The California MHTF will partner, lead, fund, and/or support other entities to implement the below proposed strategies to reduce and prevent maternal mortality and morbidity:

Goal 1: Care Experience

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

Strategy: Implement Trauma-Informed Care Training

- **Upstream Training.** Provide trauma-informed care training earlier in the education and training process to become a clinician, with potential opportunities being at the undergraduate education level in pre-med/nursing courses or the graduate education level and training with medical school, nursing school, dental school, and/or residency programs.
- **Adverse Childhood Experiences (ACEs) Aware.** Promote OSG's first-in-the-nation statewide [ACEs Aware](#) training, which covers ACEs, toxic stress, and trauma-informed care to encourage trauma-informed care practices for pregnant and postpartum women.
- **Provider Training & Simulations.** Encourage or require hospitals to conduct provider simulations as part of regular hospital training in the delivery and postpartum settings based on real, traumatic experiences patients report at that hospital.

Strategy: Conduct Hospital Patient Feedback After Labor & Delivery

- **Listening Sessions & Member Feedback.**
 - Conduct listening sessions with the care team and with pregnant and postpartum women to share their care and birth experiences directly with labor and delivery hospital leadership.
 - Leverage the Community Advisory Committees each Medi-Cal managed care plan (MCP) is required to convene and/or the Community Health Needs Assessments and Community Benefit Assessments hospitals must complete for patients to share feedback with Medi-Cal MCP and hospital leadership.
- **Inpatient Maternal Health Care Survey.** Partner with the U.S. Agency for Healthcare Research and Quality (AHRQ) to pilot their [Inpatient Maternal Health Care Survey](#) that is currently under development to gather feedback on birth experiences in hospitals and freestanding birth centers (FBCs).
- **Community Health Workers (CHWs), Doulas, & Cultural Navigators.** Implement CHWs, doulas, or "cultural navigators" to support pregnant and postpartum women in understanding the processes for a labor and delivery hospital setting and conduct surveys to receive feedback on care experience.
- **Community Engagement.** Host meetings with maternal health community-based organizations (CBOs) onsite with and at local labor and delivery hospitals to engender trust across entities, and swap hosting sites at CBOs.



Goal 2: Increase Access & Links to Risk Appropriate Care

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.

Strategy: Establish California Levels of Maternal Care

- **Verification Pathway.** Establish methodology for achievement of the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) [Levels of Maternal Care](#) for California hospitals.
- **Provider Partnerships.** Partner with California's hospital, provider, and midwife associations to build support for Levels of Maternal Care.
- **Collaborative Learning.** Collaborate with other states who have established Levels of Maternal Care for their hospitals for lessons learned.

Strategy: 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

- **Hospital Technical Assistance Bundle.** Develop and pilot in select California labor and delivery hospitals a bundle of technical assistance supports to: (1) strengthen maternal transport systems, (2) establish consultation processes for peer-to-peer consultations, and (3) collaborate with MHTF Subcommittee #3 to utilize tools to predict and prevent poor maternal outcomes (e.g., [Obstetric Comorbidity Index](#) tool).



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

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

Strategy: Improve Medical, Social, and Behavioral Risk Factor Assessment at Points of Transition During Pregnancy and Through One Year Postpartum

- **Roles and Responsibilities.** Summarize requirements and responsible agencies for risk assessment and/or linkages to appropriate care at transition points during pregnancy and through one year postpartum.
- **Strengthening Connections.** Identify gaps and innovations to improve linkages to appropriate referrals and service penetration.
- **Patient-Centered Innovations.** Partner with DHCS to pilot and provide feedback on:
 - DHCS' [Transitional Care Services](#) (TCS) policy for pregnant and postpartum Medi-Cal members transferring from one setting or level of care to another (e.g., hospital to home).

- DHCS' [Risk Stratification, Segmentation, and Tiering](#) (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.
- The [Obstetric Comorbidity Index](#) to identify women at higher risk for adverse outcomes during pregnancy.
- **Best Practices.** 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.



Goal 4: Data & Data Transparency

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

Strategy: Collect Pregnant & Postpartum Women's Reported Birth Experiences

- **Patient Experience & Outcomes Data.** Identify established patient experiences and outcomes survey metrics currently being collected and recommend piloting additional survey metrics to deepen understanding of women's prenatal, birth, and postpartum experiences and solicit feedback.

Strategy: Implement & Strengthen California's Existing Data Frameworks & Platforms

- **Increase Data Access & Transparency.** Identify existing and potential stratified maternal health data indicators that can be shared and promoted through a Maternal Health Data Dashboard, identifying data gaps – including community needs – to track progress, and devise a plan to close the gaps.
- **California Data Exchange Framework (DxF).** Support listening sessions – in partnership with the [DxF](#) which is working to provide secure, real-time data exchange for health and social services entities – to identify what frontline maternal health clinicians and CBOs need in the field to ensure access to data across multiple health and social systems.
- **Evaluate Progress on Risk Assessment & Referral Programs.** 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. Coordinate with DHCS in reviewing lessons learned from California's Women, Infants, and Children (WIC), CalFresh (California's Supplemental Nutrition Assistance Program (SNAP) Program), and Medi-Cal pilot programs maximizing enrollment across these critical public programs in select counties in order to implement statewide, in alignment with DHCS' [Birthing Care Pathway](#).



Goal 5: Breaking Down Silos & Integrating Systems

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.

Strategy: Design a Health Systems Framework

- **Leaders & Levers.** Intentionally apply a systems approach to coordinate California's assets to improve maternal health care experiences and outcomes (see Figure 1).

Strategy: Deepen Impact of the Maternal Health Task Force

- **Collaborative Partnerships.** Promote use of the MHTF as a space to share, coordinate, integrate, elevate, and break down silos to improve integration of healthcare, public health and community systems to advance respectful and joyful births in California.
- **In-Person Summits.** Convene a California Maternal Health Summit to unite systems of care working to reduce maternal mortality and morbidity and present at other relevant meetings and conferences to connect audiences with the MHTF.

Request for Feedback

To inform the final Strategic Plan, the California MHI Program welcomes your feedback and insights on the proposed strategies described above, particularly:

1. Which proposed strategy or strategies do you believe will be most impactful for pregnant and postpartum women in California?
2. Are there additional strategies that would better knit together health care, public health, and community to benefit pregnant and postpartum women that you think should be considered?
3. What key considerations, questions, or concerns do you have regarding implementation of a proposed strategy or strategies, including connections between strategies, objectives, and goals?
4. Is there anything else you think is important for the California MHI Program to consider?

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

Scan
the QR
Code



Access the
CA MHI
Program
website

<https://bit.ly/ca-mhi>

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

Appendix

California MHI Program Maternal Health Task Force Steering Committee Roster

Name	Community Organization(s) & Position(s)
Palav Babaria, MD, MHS	<ul style="list-style-type: none"> Chief Quality and Medical Officer and Deputy Director of Quality and Population Health Management, DHCS
Priya Batra, MD, MS	<ul style="list-style-type: none"> Health Promotion Bureau, Los Angeles County Department of Public Health
Curtis Chan, MD, MPH	<ul style="list-style-type: none"> California Conference of Local Health Officers Co-Chair, Maternal Child Adolescent Health Committee Deputy Health Officer, San Mateo County Health
Ajira Darch	<ul style="list-style-type: none"> Creative, Liberation Strategist, Full Spectrum Birthworker Executive Director, Roots of Labor Birth Collective Podcast Co-Host, Doula Stories Founder, Bay Area Bodymilk Cooperative
Cristina Gamboa, MD	<ul style="list-style-type: none"> OB/GYN Director, Ambulatory Women's Health Services, Salud Para La Gente
Jeff Gould, MD, MPH	<ul style="list-style-type: none"> Senior Advisor, California Perinatal Quality Care Collaborative (CPQCC)/CMQCC
Brenda Jones, DHSc, LSSGB, CCHC, WHNP, CPPS, RN	<ul style="list-style-type: none"> NCAL MCH Regional Director, Patient Care Services, Kaiser Permanente Medical Center in San Francisco
Leslie Kowalewski	<ul style="list-style-type: none"> Executive Director of Maternal, Child and Family Health, CPQCC/CMQCC
Mashariki Kudumu, MPH	<ul style="list-style-type: none"> Founder, Kudumu Partnerships for Equity and Justice
Antoinette Medina, MPA	<ul style="list-style-type: none"> Program Coordinator, California Tribal Epidemiology Center
Diana Ramos, MD, MPH, MBA, FACOG	<ul style="list-style-type: none"> California Surgeon General
Karen Ramstrom, DO, MSPH	<ul style="list-style-type: none"> Chief, Maternal Infant Health Branch, California Department of Public Health