



Lessons from the Learning Initiative: Promising Engagement Practices

Staff and Leadership Engagement

Lessons from the Learning Initiative

Logistics and Slide Deck

1

All attendees are muted upon entry

Please utilize the chat feature to share learnings and takeaways.

3

Please do not copy the slides

The slides are the intellectual property of the presenting hospitals.

2

Please use the Q&A function

We will do our best to answer any questions during the webinar.

4

Send us your feedback

We welcome your recommendations for improving future webinars.

Lessons from the Learning Initiative

Webinar Recordings and Slides

The webinar recording and slides will be posted within 48 hours at:
<https://www.cmqcc.org/education-research/webinars>

Lessons from the Learning Initiative

Webinar Agenda

1

Introduction to the Learning Initiative

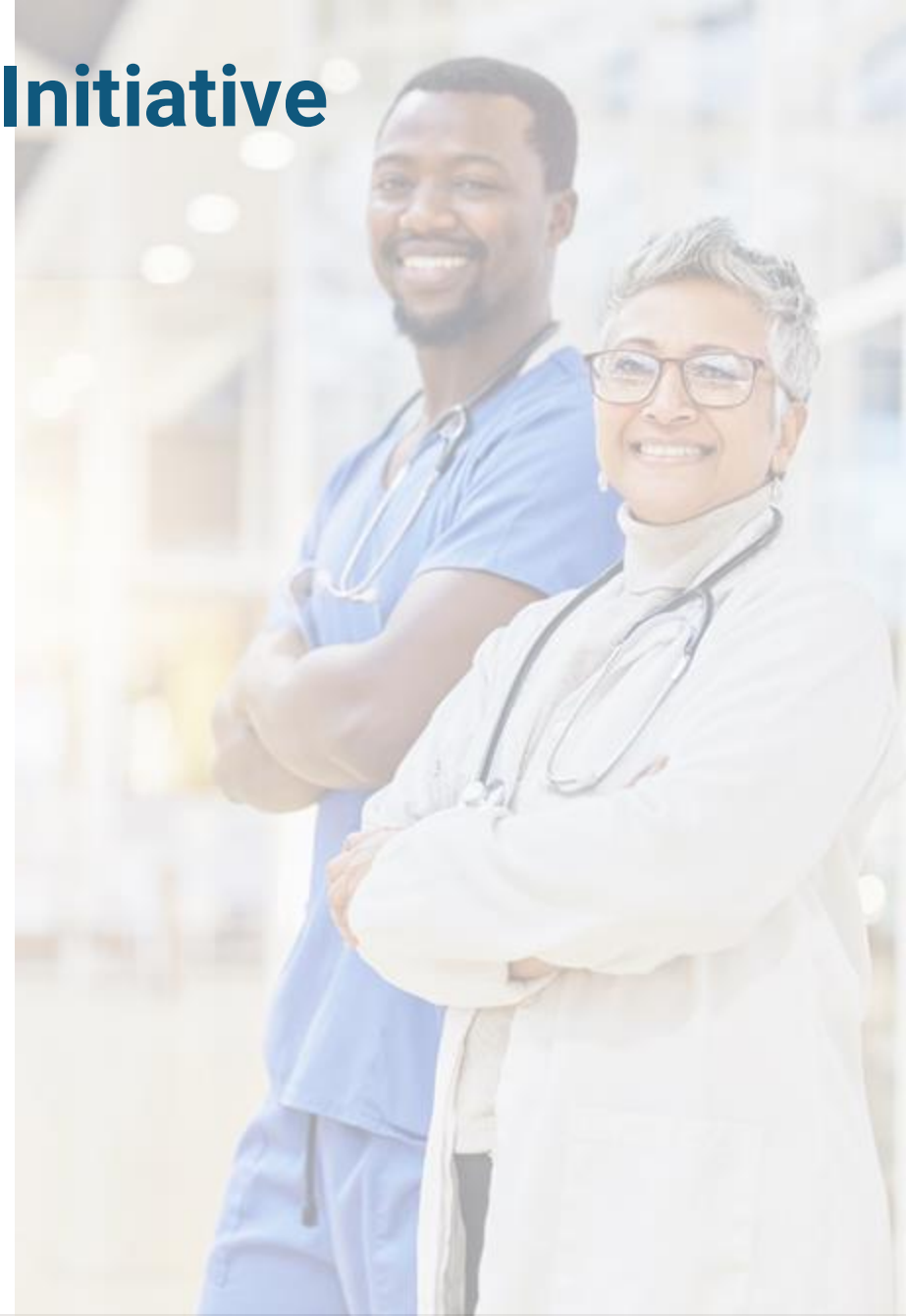
2


Hospital Presentations:

- UC San Diego
- Hoag Hospital

3

Q & A





Introduction to CMQCC's Learning Initiative

Introduction to the Learning Initiative

The Learning Initiative to Support Vaginal Birth Through An Equity Lens (LI)

- CMQCC Quality Improvement Initiative
- Funded by the Centers for Disease Control and Prevention (2022-2027)
- Five cohorts, 18-months long each
- Built upon learnings from previous CMQCC collaboratives
 - Supporting Vaginal Birth Collaborative (2017-2019)
 - Pilot Birth Equity Collaborative (2019)



Introduction to the Learning Initiative

The Learning Initiative Goals

Goal: reduce disparity gaps in low-risk cesareans with a goal of all patient groups reaching or exceeding the Healthy People 2030 target rate of 23.6%.



Reduce **racial and ethnic differences** in NTSV Cesarean rates



Increase **participation of hospitals** with high NTSV Cesarean rates



Increase **community and patient awareness** of existing racial disparities in NTSV rates



Increase the number of hospitals with **patient and community engagement practices**



Introduction to the Learning Initiative

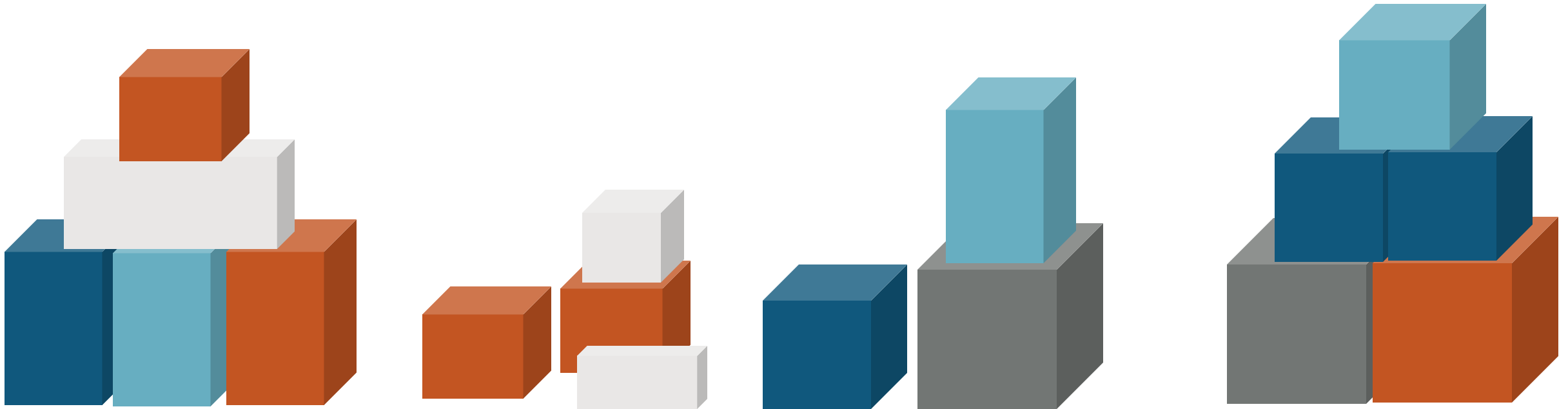
Curriculum education and training

- Monthly coaching providing education and capacity building
 - Quality Improvement Fundamentals
 - Baseline Assessments
 - Implementation Science
 - Principles of Respectful Care
 - Technical assistance in leveraging CMQCC tools
 - Maternal Data Center (MDC)
 - Hospital Action Guide for Respectful and Equity-Centered Obstetric Care
- Quarterly webinars on health equity and cesarean rate reduction tools

Introduction to the Learning Initiative

Building Blocks of Culture Change

It is a long-term effort to shift culture towards one that supports, promotes and embodies respectful care. It takes testing and iteration of the different building blocks to create your own culture.



Introduction to the Learning Initiative

Today's Presenters

UC San Diego

- San Diego, CA

Presenters:

Ala Garza

April Ricotta

LI Round 1



Hoag Hospital

- Newport Beach, CA
- Irvine, CA

Presenters:

Tiffany Stewart

Trina Rains

LI Round 2



UC San Diego

California Maternal Quality Care Collaborative

CMQCC

From Evidence to Action: Expanding Doula Support to Transform Birth Outcomes

April Ricotta, RN, CNM, MSW

Doula Program Manager

Hearts & Hands Doula Program

Ala Garza, RN, MSN, DHAc, NEA-BC

Sr Nursing Director

Obstetrical, Newborn, & Neonatal Nursing

From Inquiry to Sustainability

The journey to designing an
evidenced-based program

1

Creating
Momentum

2

Evidence-Based
Designing

3

Dissemination of
Project Plan

4

Implementation
Strategy

5

Evaluation Plan

6

Key Takeaways

Part 1: Creating Momentum

Part 1: Creating Momentum

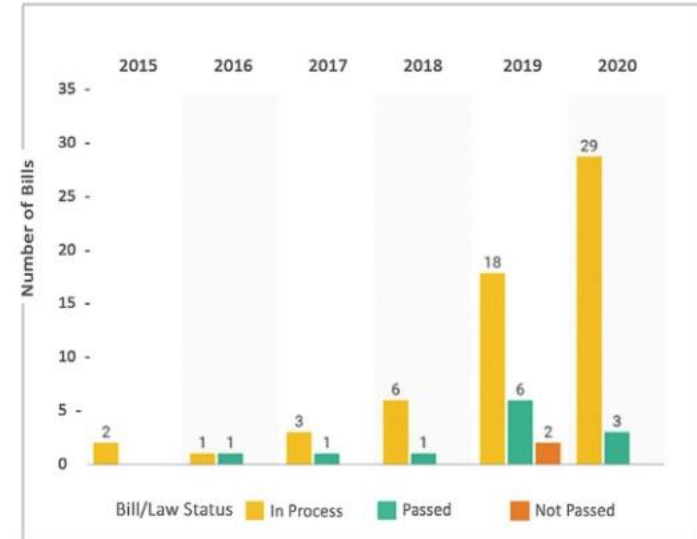
Understanding the need for change

Maternal health equity is a critical public health concern.

Increasing health policy support for doula care.

Practice gap identified but little guidance how to integrate policies into practice.

Literature review to seek guidance on creating an evidence-based program.



- UCSDH's volunteer doula program is well-positioned to respond to the call-to-action with evidence-based interventions.

Part 2: Developing an Evidence-Based Plan

Part 2: Evidence as a Strategy

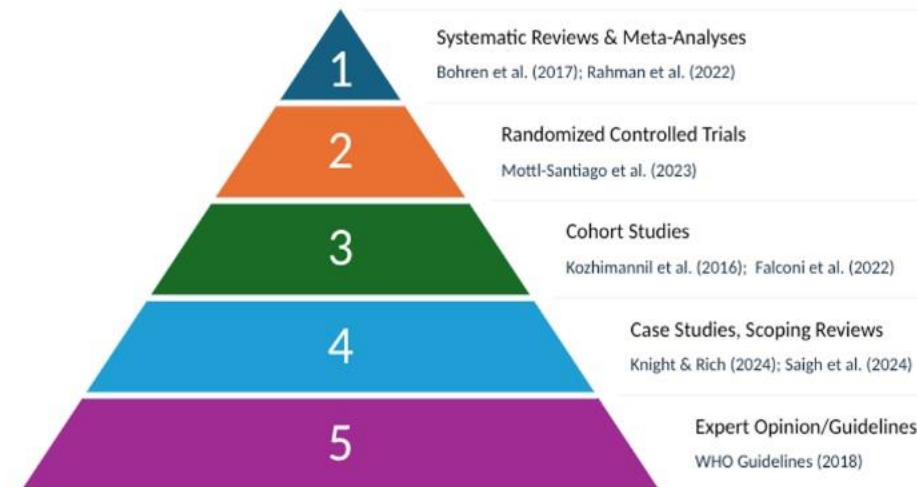
Ensuring the program is evidence-based is a key strategy for leadership engagement with a clear plan for accountability.

1 Evidence has limitations: inability to control confounding variables, selection bias, generalizability, training standards, length of support.

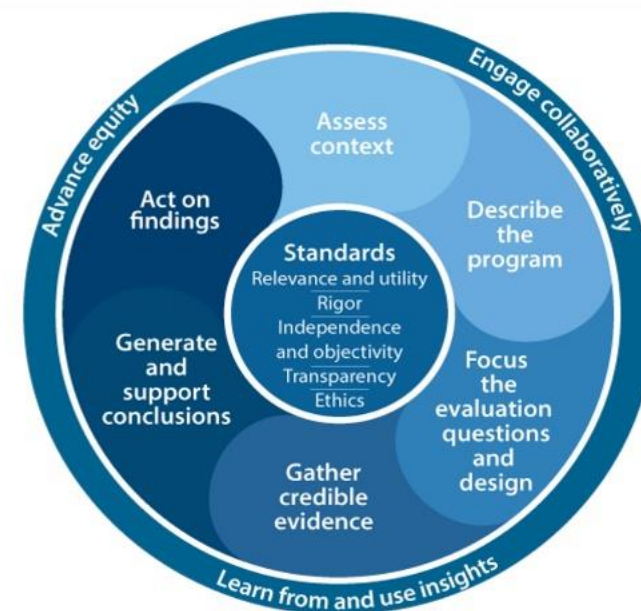
2 Evidence of doula support is more consistently conclusive when filtered to Black birthing people and publicly-funded births.

3 Doula support is associated with physical & psychological benefits without harm, findings are not consistent.

4 Community doulas and BPOC face systemic barriers and institutional barriers. Doula work should be reimbursed.



Level of Evidence Pyramid with Reviewed Articles



Part 3 : Dissemination Strategy

Part 3: Dissemination Strategy: Assess the internal environment for readiness

UC San Diego Health

Jacobs Medical Center: 4790 annual births

Hillcrest Medical Center: 629 annual births

Organizational Highlights

Decentralized decision-making

Mission & goal focused

Culture of innovation & change

Established doula program



Part 3: Dissemination Strategy

Political environment and community context must be considered for the implementation & dissemination strategy.

San Diego County

- 22% immigrant & refugee population
- 41% speak language other than English at home

NEWS: POWER & GOVERNANCE

Trump admin reviews San Diego migrant shelters, suggests violation of smuggling laws



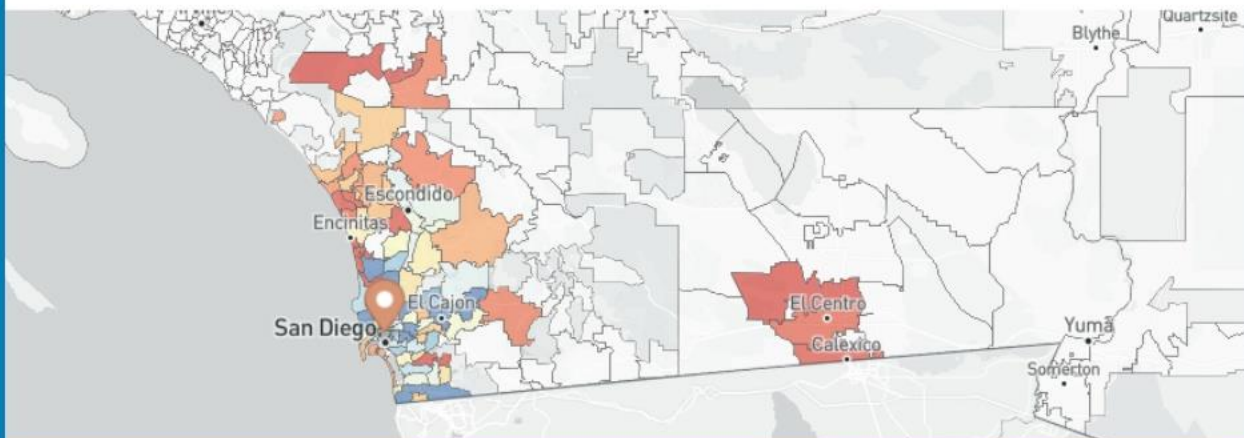
by Sofia Mejias-Pascoe

March 20, 2025

Why you can trust inewssource



UCSDH map of delivery zip codes

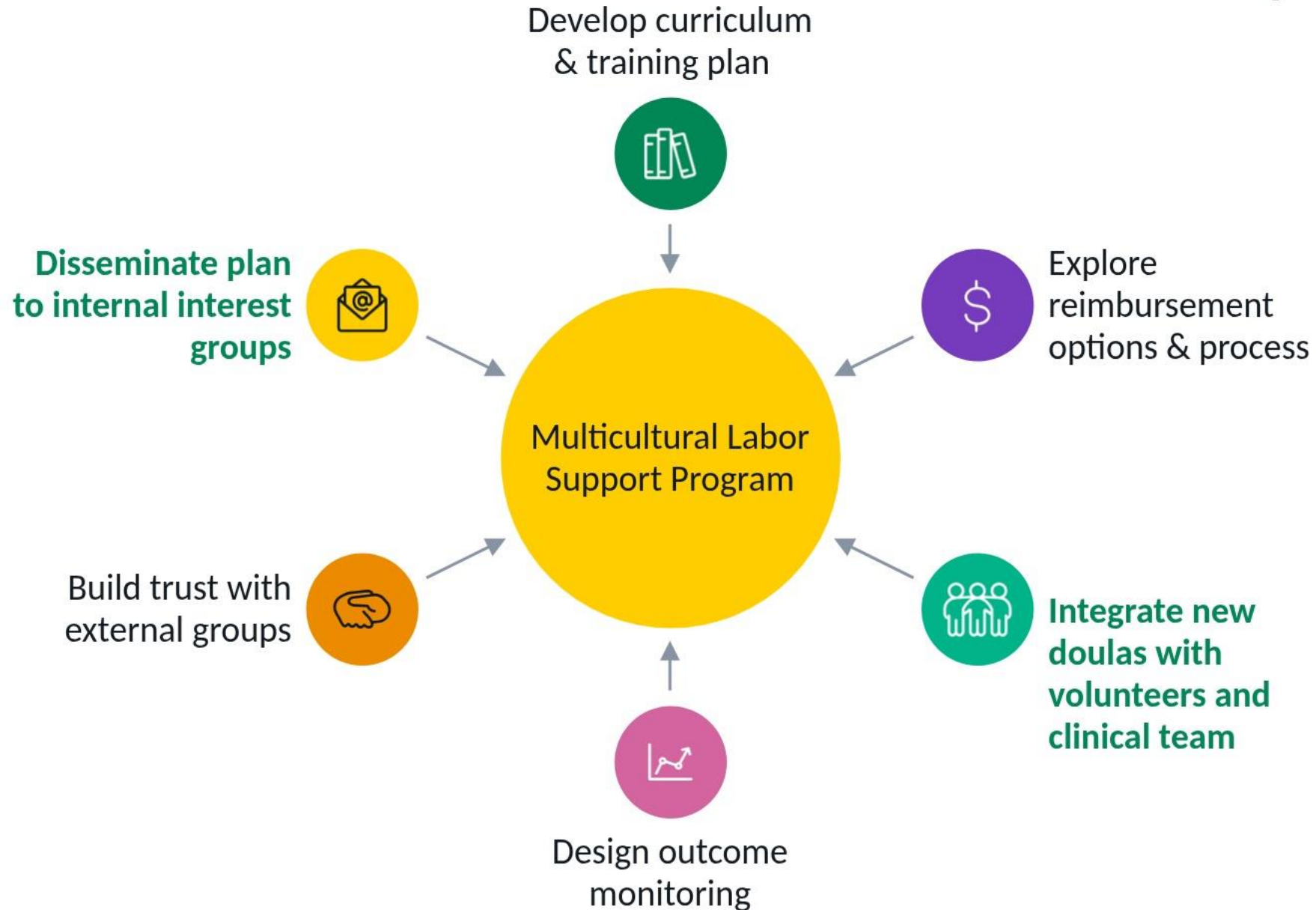


Our Best Practices

- Promote cultural sensitivity in all venues
- Obtain consent for photos
- Advertise with specificity and care

Part 4: Implementation Roadmap

Essential interventions to translate evidence to practice.



A Collaborative Effort

Breaking down organizational silos and seeking innovators and influencers to drive change.



**REFUGEE &
IMMIGRANT
HEALTH UNIT**

UC San Diego

CENTER FOR COMMUNITY HEALTH



UC San Diego

EXTENDED STUDIES



**Women & Infants
Nursing Services**
UC San Diego Health

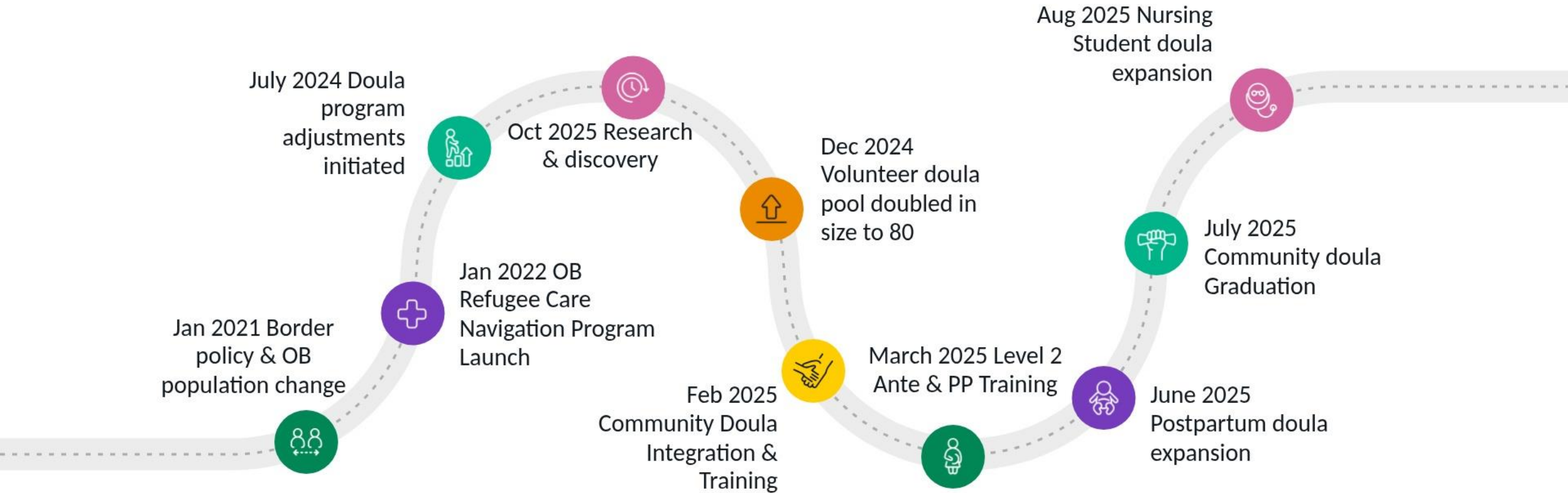
UC San Diego

**Altman Clinical and Translational
Research Institute**

UC San Diego Health
Human Resources

Doula Program Expansion Roadmap

The project was grounded in relationship-building that needed dedicated leadership to unite essential groups, overcome barriers, and move forward for one cause.



Building Momentum ----- Evidence Based Planning ----- Disseminating the Plan ----- Implementing the Program ----- Monitoring & Evaluating ----- Knowledge Sharing

Part 5: Evaluation Plan

Goals, Objectives, & Program Logic

Goal: The Multicultural Labor Support Program aims to reduce health disparities for high-risk birthing populations at UC San Diego Health through culturally matched doula support services.

SMART Objectives	Inputs	Ouputs	Outcomes
In 12 months, demonstrate positive birth experiences and collaboration as measured through birth experience focus groups for BPOC utilizing a culturally matched doula and survey results from clinical team members supporting births with culturally matched doulas.	Training, community collaboration	experience of attended births	Enhanced birth experiences for BPOC and improved clinical team collaboration
In 9 months, fulfill 80% of culturally matched doula support requests within 1 week, measured through EHR and doula program tracking logs.	Doula-client matching	# of matched doula requests within a week	Increased # of doula-client culturally matched births
In 24 months, achieve a reduction in cesarean birth rates among BPOC receiving culturally matched doula support compared to baseline rates of cesarean births for non-BPOC, as measured through the EHR.	Retrospective data extraction	Birth outcomes by deomgraphics	Reduced cesarean birth rates in BPOC with culturally matched doula support

Part 6: Key Takeaways

Key Takeaways: Addressing Maternal Health Disparities with an Evidence-Based Practice Change

- **Use research to design an evidence-based program**
 - Prioritize, culturally or experientially match doulas to birthing persons most at risk
 - Integrate, train, & support community doulas to thrive in an inpatient clinical setting
 - Create path for reimbursement
- **Successful community doula program implementation**
 - Requires favorable internal and external environment, outreach, and engagement
 - A well- designed dissemination, implementation, and evaluation plan
 - Essential steps to contribute to the body of knowledge in the literature to increase doula access
- **Ongoing work is necessary to address structural racism**
 - Doula support alone will not fix structural racism and health disparities that BPOC experience

Appreciation to our Essential Collaborators



- L to R, Top to Bottom
- Dr. Audra Meadows
- Eliza Garay
- April Ricotta
- Dr. Cynthia Gyamfi
- Farhat Popal
- Ala Garza
- Hoda Shawky
- Doug Levine
- Blanca Melendrez

References

- Alvarado, G., Schultz, D., Malika, N., & Reed, N. (2024). United States doula programs and their outcomes: A scoping review to inform state-level policies. *Women's Health Issues*, 34(4), 350–360. <https://doi.org/10.1016/j.whi.2024.03.001>
- Arteaga, S., Hubbard, E., Arcara, J., Cuentos, A., Armstead, M., Jackson, A., Gomez, A., & Marshall, C. (2023). "They're gonna be there to advocate for me so I'm not by myself": A qualitative analysis of Black women's motivations for seeking and experiences with community doula care. *Women and Birth*, 36(3), 257–263. <https://doi.org/10.1016/j.wombi.2022.08.007>
- Attanasio, L. B., DaCosta, M., Kleppel, R., Govantes, T., Sankey, H. Z., & Goff, S. L. (2021). Community perspectives on the creation of a hospital-based doula program. *Health Equity*, 5(1), 545–553. <https://doi.org/10.1089/hea.2020.0096>
- Bohren, M. A., Hofmeyr, G., Sakala, C., Fukuzawa, R. K., & Cuthbert, A. (2017). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews*, 2017(8). <https://doi.org/10.1002/14651858.cd003766.pub6>
- Bohren, M. A., Munthe-Kaas, H., Berger, B. O., Allanson, E. E., & Tunçalp, Ö. (2019). Perceptions and experiences of labour companionship: A qualitative evidence synthesis. *Cochrane Database of Systematic Reviews*, 2019(3). <https://doi.org/10.1002/14651858.cd012449>
- Falconi, A. M., Bromfield, S. G., Tang, T., Malloy, D., Blanco, D., Disciglio, R., & Chi, R. (2022). Doula care across the maternity care continuum and impact on maternal health: Evaluation of doula programs across three states using propensity score matching. *eClinicalMedicine*, 50, 101531. <https://doi.org/10.1016/j.eclinm.2022.101531>
- Gannon, M., Short, V., Becker, M., Parikh, S., McGuigan, K., Hand, D., Keith, S., & Abatemarco, D. (2022). Doula engagement and maternal opioid use disorder (OUD): Experiences of women in OUD recovery during the perinatal period. *Midwifery*, 106, 103243. <https://doi.org/10.1016/j.midw.2021.103243>
- Kang, E., Stowe, N., Burton, K., & Ritchwood, T. D. (2024). Characterizing the utilization of doula support services among birthing people of color in the United States: A scoping review. *BMC Public Health*, 24(1). <https://doi.org/10.1186/s12889-024-19093-6>
- Knight, E. K., & Rich, R. (2024). "we are all there to make sure the baby comes out healthy": Delaware Journal of Public Health, 10(1), 46–59. <https://doi.org/10.32481/djph.2024.03.08>
- Kozhimannil, K. B., Attanasio, L. B., Jou, J., Joarnt, L. K., Johnson, P. J., & Gjerdingen, D. K. (2014). Potential benefits of increased access to doula support during childbirth. *The American Journal of Managed Care*, 20(8), e340–52. <https://pubmed.ncbi.nlm.nih.gov/25295797/>
- Kozhimannil, K. B., Hardeman, R. R., Alarid-Escudero, F., Vogelsang, C. A., Blauer-Peterson, C., & Howell, E. A. (2016). Modeling the cost-effectiveness of doula care associated with reductions in preterm birth and cesarean delivery. *Birth*, 43(1), 20–27. <https://doi.org/10.1111/birt.12218>
- Marshall, C. J., Nguyen, A., Arteaga, S., Hubbard, E., Armstead, M., Peprah-Wilson, S., Britt, S., McLemore, M. R., & Gomez, A. (2024). Building capacity for research on community doula care: A stakeholder-engaged process in California. *Maternal and Child Health Journal*, 28(3), 400–408. <https://doi.org/10.1007/s10995-023-03883-2>
- Mosley, E. A., Pratt, M., Besera, G., Clarke, L. S., Miller, H., Noland, T., Whaley, B., Cochran, J., Mack, A., & Higgins, M. (2021). Evaluating birth outcomes from a community-based pregnancy support program for refugee women in Georgia. *Frontiers in Global Women's Health*, 2. <https://doi.org/10.3389/fgwh.2021.655409>
- Mottl-Santiago, J., Dukhovny, D., Cabral, H., Rodrigues, D., Spencer, L., Valle, E. A., & Feinberg, E. (2023). Effectiveness of an enhanced community doula intervention in a safety net setting: A randomized controlled trial. *Health Equity*, 7(1), 466–476. <https://doi.org/10.1089/hea.2022.0200>
- Nguyen, H., & Heelan-Fancher, L. (2022). Female relatives as lay doulas and birth outcomes: A systematic review. *The Journal of Perinatal Education*, 31(2), 111–123. <https://doi.org/10.1891/jpe-2021-0010>
- Ogunwole, S., Karbeah, J., Bozzi, D. G., Bower, K. M., Cooper, L. A., Hardeman, R., & Kozhimannil, K. (2022). Health equity considerations in state bills related to doula care (2015–2020). *Women's Health Issues*, 32(5), 440–449. <https://doi.org/10.1016/j.whi.2022.04.004>
- Roth, L., Henley, M. M., Seacrist, M. J., & Morton, C. H. (2016). North American nurses' and doulas' views of each other. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 45(6), 790–800. <https://doi.org/10.1016/j.jogn.2016.06.011>
- Safon, C. B., McCloskey, L., Gordon, S. H., Cole, M. B., & Clark, J. (2023). Medicaid reimbursement for doula care: Policy considerations from a scoping review. *Medical Care Research and Review*, 81(4), 311–326. <https://doi.org/10.1177/10775587231215221>
- Shahbazi Sigaladeh, S., Azadpour, A., Vakilian, K., Rahimi Foroushani, A., Vasegh Rahimpour, S., & Hantoushadeh, S. (2023). Comparison of maternal outcomes in caring by doula, trained lay companion and routine midwifery care. *BMC Pregnancy and Childbirth*, 23(1). <https://doi.org/10.1186/s12884-023-05987-7>
- Sobczak, A., Taylor, L., Solomon, S., Ho, J., Kemper, S., Phillips, B., Jacobson, K., Castellano, C., Ring, A., Castellano, B., & Jacobs, R. J. (2023). The effect of doulas on maternal and birth outcomes: A scoping review. *Cureus*, 15(5). <https://doi.org/10.7759/cureus.39451>
- Thomas, M.-P., Ammann, G., Brazier, E., Noyes, P., & Maybank, A. (2017). Doula services within a Healthy Start program: Increasing access for an underserved population. *Maternal and Child Health Journal*, 21(S1), 59–64. <https://doi.org/10.1007/s10995-017-2402-0>
- Van Eijk, M. S., Guenther, G. A., Kett, P. M., Jopson, A. D., Frogner, B. K., & Skillman, S. M. (2022). Addressing systemic racism in birth doula services to reduce health inequities in the United States. *Health Equity*, 6(1), 98–105. <https://doi.org/10.1089/hea.2021.0033>

Contact Us

April Ricotta: aricotta@health.ucsd.edu

Ala Garza: abgarza@health.ucsd.edu

UC San Diego Health



Hoag Hospital

California Maternal Quality Care Collaborative

CMQCC

Lessons from the
Learning
Initiative
Hoag Hospital
Newport Beach
Irvine

Trina Rains
Tiffany Stewart



Hoag's Vision for Maternal Child Health

Our vision is to be the safest place in California for childbirth, the top choice for all maternity services, and to rank in the top 5% nationally for maternal and neonatal outcomes



Supporting our patients
in the birth they choose,
driven by our delivery
care team



“It takes each
of us to make
a difference
for all of us.”





Hoag Hospital Newport Beach

<https://www.youtube.com/watch?v=U4OzwDFMgEs&t=1s>





Hoag Hospital Irvine

<https://youtu.be/AkFjRMFvYkM>



Hoag Has The Distinction Of Being The Highest Volume Birth·ng Program In TlleState Of California

Here are all the hospitals with >5,000 births in 2022:

Sum of Vol	YR_DSCH									
FACILITY_NAME	DBA_CITY	2014	2015	2016	2017	2018	2019	2020	2021	2022
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	NEWPORT BEACH	6,256	6,125	6,624	6,815	6,838	6,844	6,272	7,382	7,887
KAISER FOUNDATION HOSPITAL - FONTANA	FONTANA	5,906	6,041	6,715	6,697	6,918	7,070	7,148	7,403	7,253
SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS	SAN DIEGO	9,649	9,667	9,376	8,871	8,220	7,603	7,083	7,471	7,242
KAISER FOUNDATION HOSPITAL - ROSEVILLE	ROSEVILLE	5,419	5,644	5,867	6,127	6,373	6,724	6,561	7,071	6,958
KAISER FOUNDATION HOSPITAL - ORANGE COUNTY - ANAHEIM	ANAHEIM	5,833	6,233	6,410	6,449	6,550	6,626	6,435	6,572	6,448
CEDARS-SINAI MEDICAL CENTER	LOS ANGELES	6,659	6,837	6,736	6,412	6,238	6,275	6,059	6,378	6,252
SUTTER MEDICAL CENTER, SACRAMENTO	SACRAMENTO		2,726	6,827	6,783	6,395	6,158	5,805	5,713	5,821
MEMORIALCARE MILLER CHILDREN'S & WOMEN'S HOSPITAL LONG BEACH	LONG BEACH	5,976	6,037	6,159	5,793	5,466	5,726	5,523	5,901	5,710
EL CAMINO HEALTH	MOUNTAIN VIEW	5,305	4,575	3,100	4,689	4,386	4,410	4,240	4,767	4,993
KAISER FOUNDATION HOSPITAL - SAN DIEGO - ZION	SAN DIEGO	4,345	4,398	4,620	4,593	4,878	4,951	4,984	4,948	4,979
POMONA VALLEY HOSPITAL MEDICAL CENTER	POMONA	7,111	7,561	7,122	6,313	5,902	5,549	4,723	4,857	4,944
LUCILE PACKARD CHILDREN'S HOSPITAL STANFORD	PALO ALTO	4,263	4,545	4,322	4,406	4,474	4,414	4,392	4,678	4,880
UC SAN DIEGO HEALTH HILLCREST - HILLCREST MEDICAL CENTER	SAN DIEGO	2,500	2,486	2,717	3,027	3,182	3,533	3,816	4,334	4,822

What Respectful Maternity Care Means at Hoag

- ◆ A foundational part of Hoag's culture and maternal care philosophy
- ◆ Ensures every patient is treated with dignity, empathy, and respect
- ◆ Promotes shared decision-making, cultural humility, and safe outcomes for all birthing people



Supportive Awareness



Data



ACOG



Stakeholders- make sure to include frontline team members and leadership.



Champions- Find people who are passionate!



Dr Brooks (Provider Champion)

Leadership buy-in is key.



Goal setting

Utilize Available Resources

AWHONN Respectful
Maternity Care Toolkit free for
members

ACOG position statement

CMQCC

AIM and
<https://saferbirth.org/>

CDC Maternal Warning Signs
<https://www.cdc.gov/health-equity/in-action/assistance-in-maternity-care.html>

Institute for Perinatal Quality
Improvement- Black Maternal
Health Week
<https://www.perinatalqi.org/>

Anti-Racism Challenge

AS A TRANSFORMATIONAL LEADERSHIP TEAM, WE ARE DEDICATED TO
PROFESSIONALISM, TRANSPARENCY & UNITY

WE FOSTER AN ENVIRONMENT WHERE STAFF REPORT FEELING

SUPPORTED & VALUED

AND EVERY PATIENT RECEIVES

EQUITABLE, HIGH-QUALITY, SAFE CARE

DELIVERED WITH

DIGNITY & RESPECT

Newport LDR Leadership 2025

Be Gentle



Teach questioning and curiosity



Work with the assumption that no one wants to be intentionally discriminatory (Your slip is showing)



Nurses innately care about other people



There will be some push back. Use data and patient feedback to drive conversations. Utilize your leadership skills – tell me more about that, help me understand statements.



Most Impactful Intervention Leveraging Strengths

ACKNOWLEDGEMENT

EDUCATION

BIRTH EQUITY STEERING COMMITTEE

IT TAKES ALL OF US MENTALITY

CLINICAL LADDER CHAMPIONS



Utilize Real Case Studies



Use story telling to create engagement



Case studies that occurred in your own organization if possible



This humanizes patients and does not minimize them in statistics or groups.



Clinical Ladder Nurses are frontline and hear the conversations and situations occurring in our units.



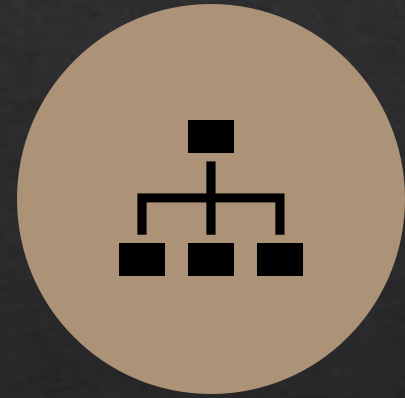
Clinical Ladder Impacts



ACCOUNTABILITY IS KEY.



LARGE NUMBER OF NURSES
WITH ADVANCED DEGREES TO
CRITICALLY READ RESEARCH.



CLINICAL LADDER CULTURE
IS STRONG AND DRIVES
CHANGE AND OUTCOMES.

Clinical Ladder Impacts

Utilize a framework
for a guide and
inspiration for topics

AWHONN –
Respectful Maternity
Care Toolkit

Speak Up Campaign

Conferences,
Educational
Seminars, Webinars
and Articles are low-
cost options.

Determine cadence
of meeting

Utilize team members
to provide education
via emails, staff
meetings, simulations
etc.

Clinical Ladder team
members should act
as resource for staff.



The Secret Sauce

Clinical Ladder

- ◆ 108 LDR RNs Hoag Newport
- ◆ 60 LDRP RNs Hoag Irvine
- ◆ Front Line Ambassadors
- ◆ Sharing OFI in debriefs

One of the Biggest Barriers

- ◆ Approval process for our DEI patient survey
- ◆ Approval of our birth preference sheets
- ◆ Getting information aligned with our Nona app
- ◆ Leadership Changes
- ◆ Slow momentum at first
- ◆ Realization of biases and addressing change

DEI Patient Survey



How was your recent patient experience?

At Hoag Hospital, we are committed to delivering high-quality and compassionate care. We invite you to complete a brief survey about your recent experience. Please know your feedback matters and helps us improve the service we provide to our patients.

What to Expect:

- Your valuable insights will guide our initiatives.
- The survey is anonymous, ensuring your privacy and confidentiality.
- It takes just a few minutes to complete.



Scan the QR code by hovering your iPhone or Android camera over the QR code.

Thank you for being part of the Hoag Community.

hoag
Women's Health
Institute

© 2024, Hoag is a registered trademark of Hoag Memorial Hospital Foundation. All Rights Reserved.
www.hoagmemorial.org

Timeline





Next Steps

Next Steps..

- ❖ Continue to share quality and data monthly
- ❖ Brainstorm on how to expand out of MCH at Hoag



Thank You



Q & A

Please submit questions in the chat!

Lessons from the Learning Initiative

Join us!

Interested in joining a Learning Initiative cohort group?

- Round 4 launching Fall 2025
- Round 5 launching Winter 2026

Please contact info@cmqcc.org for more information.

*Only for California CMQCC-member hospitals

A photograph of a man and a pregnant woman in a garden. The man, wearing glasses and a purple t-shirt, is looking down at the woman's hand. The woman, with long dark hair and wearing a yellow plaid dress, is looking down at her belly. They are both smiling and appear to be in a moment of connection. The background is filled with green foliage.

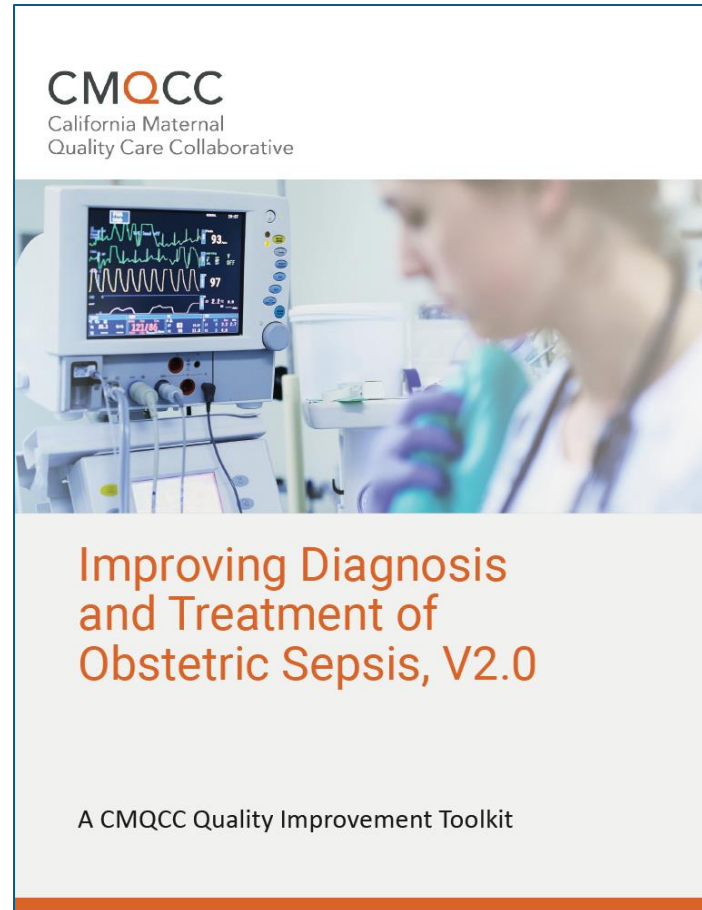
Revised CMQCC Sepsis Toolkit

“Improving Diagnosis
and Treatment of
Obstetric Sepsis, V2.0
Toolkit”

Overview Webinar & Toolkit Release: September 5th

Webinar 12:00-1:30 pm PT

**Download the
Toolkit starting
September 5:**



**Register now
for the 9/5
webinar:**



Thank you for joining us!

Stay involved with CMQCC



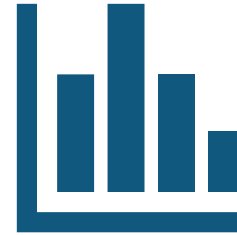
TOOLKITS

Evidence-based toolkits on leading causes of preventable maternal morbidity and mortality.



IMPLEMENTATION

Coaching on how to implement best practices and sharing among member hospitals.



MATERNAL DATA CENTER

Near real-time benchmarking data to support hospitals' quality improvement.



ENGAGEMENT

Engaging partners around aligned goals and promoting patient awareness.

Contact Us and Follow



Info@CMQCC.org

www.CMQCC.org

[**@CMQCC**](#)

[**@CMQCC**](#)

[**@CMQCC**](#)

CMQCC

California Maternal
Quality Care Collaborative