

California Birth Equity Collaborative

Improving Care, Experiences and Outcomes for Black Mothers

BACKGROUND

What is the California Birth Equity Collaborative?

The California Birth Equity Collaborative is a California Maternal Quality Care Collaborative (CMQCC) quality improvement initiative to improve birth care, experiences and outcomes for Black mothers and birthing people in California. Our team is comprised of partnerships among CMQCC, participating hospitals and their local communities and state/national and local experts.

What is the goal of the California Birth Equity Collaborative?

The goal of the Collaborative is to improve care, experiences, and outcomes for Black mothers and birthing people during hospital births. We will facilitate shifts in birth culture and care in the hospital setting by prioritizing the voices and lived experiences of Black people who have given birth in California.

Over the course of the pilot initiative, the Collaborative is working together with five hospitals and community stakeholders with the goal of developing and testing a patient-reported experience metric (PREM), identifying online interactive interprofessional educational resources, and demonstrating best practices for interventions for addressing hospital culture leading to supporting birth equity. The goal of the Collaborative is the development of a Birth Equity Quality Improvement Toolkit, or “how-to guide,” reflecting learnings and tested interventions appropriate for widespread dissemination.

Who is leading this Collaborative?

CMQCC is leading this work in partnership with our pilot hospitals, CMQCC is a multi-stakeholder group based at Stanford University that focuses on improving hospital-based maternity care in California. CMQCC has previously managed data-driven projects that incorporated best practices, learning collaboratives, and brought together existing and new partnerships in order to sustain and advance maternal health. Through our ongoing efforts and partnerships, CMQCC has helped California to produce one of the [lowest overall maternal mortality rates in the country](#).

What is the core value of the Collaborative?

A core value of the Collaborative is cultural humility. Cultural humility is one of the principles that informs the ways in which people build trusting and intentional relationships with each other. Cultural humility governs our language, behavior and interactions with our partners within the Collaborative. Two Black women physicians and public health scholars, Dr. Melanie Tervalon, MD, MPH, and Dr. Jann Murray-Garcia, MD, MPH, first defined [cultural humility, which requires a commitment to three core tenets](#):

- 1) critical self-reflection and lifelong learning
- 2) recognizing and mitigating inherent power imbalances
- 3) developing mutually beneficial non-hierarchical clinical and advocacy partnerships with community members
- 4) creating institutional alignment and accountability

How will our core value inform the Collaborative's approach to Birth Equity?

The California Birth Equity Collaborative is approaching this work with an evolving practice of cultural humility as we partner with hospitals and their local communities, to advance a culture of birth equity and respectful and dignified birth care.

The California Birth Equity Collaborative has adopted the [Women's Health Organization definition of respectful maternity care](#) – which refers to care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth, regardless of their race, ethnicity, nationality, gender, religion, sexuality, age, disability, HIV status, immigration status, housing status, income or insurance status and type.

Together with our partners, the California Birth Equity Collaborative prioritizes the voices, knowledge, and lived experiences of Black mothers and birthing people to develop and implement tools that advance respectful and dignified care, trusting relationships, responsive listening, and shared decision-making between Black birthing people, hospitals and the community.

EQUITY IN QI

Why focus on equity now?

Since 1999, the reported maternal mortality data in California show a persistent 3-4x gap between Black mothers and mothers from all other racial groups. Also, maternal mortality rates nearly doubled in California between 1999 and 2006. CMQCC was founded in 2006 at Stanford University School of Medicine together with the State of California. Since CMQCC's inception, California's maternal mortality rate has declined by 55 percent while the national maternal mortality rate continued to rise. The expectation was that widespread adoption of CMQCC's clinical safety bundles would reduce the gap in the number of maternal deaths among Black women. However, despite the reduction in overall black maternal deaths, the difference in outcomes for Black mothers compared with all other racial groups has persisted.

- Data shows that even in the absence of risk factors such as maternal age over 35 years, lack of health insurance, inadequate or no prenatal care, and less than high school education, the U.S. system of health care is not protecting Black mothers and birthing people from experiencing higher numbers of deaths or life-threatening complications during pregnancy and childbirth.
- Increasing evidence points to [racism within and across multiple levels](#), and not race, as a key cause of these birth disparities.
- Data also show variations in outcomes across hospitals in California, highlighting opportunities for advancing equity in quality improvement.

The success that California has achieved in the significant reduction in maternal mortality rates is a direct reflection of the outcomes that are possible when collaboration exists around a patient safety concern. The existing data and literature evidence has provided the impetus to formalize an action plan to address this racial equity issue. With our California Birth Equity Collaborative pilot, CMQCC aims to transform birth care for Black mothers and birthing people together with our hospital partners and their local communities.

What is the current rate of maternal mortality or pregnancy-related deaths in the United States (U.S.) and California?

Maternal mortality or pregnancy-related deaths is defined as deaths during any pregnancy or within 42 days after a pregnancy ends. The pregnancy-related death ratio is an estimate of the number of pregnancy-related deaths for every 100,000 live births. The pregnancy-related death ratio in California is 7.3/100,000 live births. The pregnancy-related death ratio in the U.S. is 20.7/100,000 live births based on 2018 data.

The pregnancy-related deaths organized by race in the U.S. is described below, based on 2015 data:

- 47.2 deaths per 100,000 live births for Black women
- 38.8 deaths per 100,000 live births for American Indian/Native Alaskan women
- 18.1 deaths per 100,000 live births for White women
- 12.1 deaths per 100,000 live births for Hispanic women
- 11.6 deaths per 100,000 live births for Asian/Pacific Islander women

When it comes to disparities in quality of care and outcomes, why focus on hospitals?

We know from our data that many outcomes vary significantly across hospitals in California. We know from our past work that it is possible to address this variation. We fully recognize that the origins and effects of inequities impact Black mothers and birthing communities far before, during, and after pregnancy and childbirth. As a start, our intent is to focus this work on a discrete, manageable setting (the hospital) where we believe we can make a significant impact in birth care and outcomes.

Hospitals are a critical, nearly universal site of maternity care; [more than 98% of births occur there nationally](#). Hospital providers need to provide holistic, culturally congruent care that is both evidence-based and personalized to the needs of individuals and communities within the context of their lived experiences. Hospitals are an important setting in which it is possible to significantly impact birth care and outcomes. Additionally, CMQCC has the expertise, existing data tools and relationships focused on improving clinical care in the hospital setting. However, we anticipate that most, if not all, of our approaches will also be applicable to the outpatient setting in the future.

PARTNERS

Who is the Collaborative partnering with?

The California Birth Equity team is comprised of partnerships among:

- CMQCC
- Participating hospitals and their local communities
- State/national and local experts

What is the relationship between CMQCC and the California Department of Public Health?

Over many years, CMQCC, in partnership with CA Department of Public Health (CDPH), methodically identified the key drivers of maternal mortality (or pregnancy-related deaths) and morbidity (severe complications) through CDPH's [maternal mortality reviews](#). CMQCC then developed toolkits, or "how-to guides" to address these drivers, and worked with hundreds of hospitals in the state to implement them. All of the maternal quality improvement toolkits are available at no cost [here](#).

ACTION PLAN

How will the Collaborative achieve its goal?

We envision this project will have three key steps:

1. Mobilizing hospital partners to work together in collaboration with their community members to care and advocate for Black mothers and birthing people
2. Utilizing hospital-level data to inform the quality improvement initiative
3. Implementing multi-partner, large-scale pilot interventions (see below) that integrate hospital clinical providers and the community with public health, community health, and perinatal services

More specifically, what will the Collaborative be doing?

The Collaborative will partner with our pilot hospitals and their local communities in the following:

1. Development and testing of a patient-reported experience metric (PREM)
2. Identification of online interactive and interprofessional educational resources.
3. Demonstrating best practices for interventions for addressing hospital culture leading to supporting birth equity.

The Collaborative will conclude with the development of a Birth Equity Quality Improvement Toolkit reflecting learnings from the pilot.

Which hospitals are participating in the pilot?

Five hospitals are participating in the pilot. These hospitals were chosen based on the following criteria:

1. At least 150 births per year by Black women
2. A commitment by the hospital's leadership to addressing birth equity
3. Engagement with CMQCC in prior quality improvement efforts
4. Data indicating an opportunity for improvement in their maternal outcomes for Black mothers and birthing people
5. Representation of three diverse geographic areas within the state

Do you plan to expand to other regions and hospitals?

Yes. Our intention is to create a toolkit with evidence-based quality improvement resources for hospitals that can be scaled up for implementation across the state. We will be working with the pilot hospitals to develop and test methodologies and resources. If we identify approaches that are impactful, our intent is to spread them widely to all hospitals in California.

Which hospitals are participating in the pilot?

Three hospitals are participating in the pilot. Once finalized, we will share the names and locations. These hospitals were chosen based on the following criteria:

How can CBOs participate in the pilot?

Black women-led CBOs and CMQCC can collaborate in two ways: 1) Development and testing of quality improvement tools and approaches in hospitals in four key areas: evaluation and assessments, education and training, social media and communications, and community-informed consensus building; and 2) Development of effective and sustainable community-hospital partnerships through local advisory groups for each of the pilot hospitals.

For information about CBO partnerships and the potential for grant funding from the California Health Care Foundation to advance the Collaborative's goals and activities within the hospitals or local advisory groups, please contact Karen A. Scott, MD, MPH, Project Director: kscott@cmqcc.org.

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What are the measures of success for the California Birth Equity Collaborative during the two-year pilot?

We will feel that the pilot has been successful if we — meaning CMQCC's California Birth Equity Collaborative, communities, hospitals, and advisors working together — are able to do the following:

- Show improvement in a newly developed and validated patient-reported experience metric of respect and dignity
- Create and sustain respectful and culturally responsive partnerships among Black mothers and birthing people, CBOs, the Collaborative, hospitals, and advisors
- Have the e-learning course completed by hospital staff at each of the pilot hospitals
- Build pilot hospital capacity to view and interpret their Birth Equity dashboard; co-identify strategies to advance birth equity; and incorporate regular data metric presentations and techniques to achieve key birth equity goals
- Observe and characterize change in birth culture and staff knowledge, attitudes, and skills in advancing a culture of birth equity

If we are successful with our Collaborative goals, we expect to reduce the variation in maternal outcome measurements for Black mothers and birthing people compared with all other races in the long term.

What is necessary for the Collaborative to be successful?

It will only be possible to achieve the aims if we, the Collaborative and our partners, successfully:

- Develop and utilize a shared language and understanding about what birth equity means, and appreciate the medical and social context of birth care, experiences, and outcomes in the U.S. and California
- Acknowledge and amplify the resilience and community-informed knowledge of Black childbirth expectations, needs, experiences, and outcomes
- Establish strategies to create and assess sustainable and respectful community-hospital partnerships
- Identify opportunities in orientation and ongoing education for clinicians and staff in advancing a culture of birth equity in hospital births
- Develop community-informed meanings and measurements of respectful and dignified culture and care during hospital births

LEARN MORE

How will you be sharing findings from the pilot?

- Hosting webinars to share our learnings
- Sharing progress and stories on CMQCC's website
- Sharing experiences, lessons learned, high-level information on best practices, and the stories of community members and clinicians via the state and local community advisory groups and through activities such as town hall meetings

How can my organization learn more?

For information about the pilot, please contact Cathie Markow, Administrative Director: cmarkow@stanford.edu.

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To learn more about CMQCC and stay up to date with our latest news, please [create an account](#) on our website to subscribe to our newsletter and webinar announcements.