

Perinatal Equity Initiative: Addressing Racial Disparities in Maternal and Infant Health Outcomes

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Lafayette Library & Learning Center

Christina M. Oldini, RN, MBA, CPHQ
Associate Director, Programs

CMQCC

California Maternal
Quality Care Collaborative

Natalie Berbick, MSW, Director, Family, Maternal, and Child Health
Adiam Mengis, MPH, LLB, Public Health Program Specialist





CMQCC
Perinatal Equity
Portfolio

Christina Oldini, RN, MBA, CPHQ
Associate Director, Programs



What is CMQCC?

Inclusive Language Notice

Currently recognized identifiers such as “**birthing people**,” “**mother**,” “**maternal**,” “**they**,” “**them**,” “**she**,” “**her**,” and “**pregnancy-capable person**” are used about a person who is pregnant or has given birth.

We recognize not all people who become pregnant and give birth identify as mothers or women and will use the above-recognized terms interchangeably to represent all those present in this space receiving care for pregnancy services. All persons are equally deserving of respectful patient-centered care that helps them attain their full potential and live authentic, healthy lives. The healthcare team should respect individual patient preferences regarding gendered language throughout the course of their care.

The term “**family**” is used to refer to any persons the pregnant or postpartum patient designates as such (alternatives: partners, husbands, wives, support persons, loved ones).

The term “**clinician**” is used to denote nursing and medical staff, whereas the term “**provider**” refers to a clinician with diagnosing and prescribing authority.

Perinatal Quality Collaboratives (PQCs)

Perinatal Quality Collaboratives: Working Together to Improve Maternal Outcomes



Overview

[Perinatal Quality Collaboratives \(PQCs\)](#) serve an important role, providing infrastructure that supports quality improvement efforts addressing obstetric care and outcomes. State-based PQCs partner with hospitals, providers, nurses, patients, public health, and other stakeholders to provide opportunities for **collaborative learning**, **rapid response data**, and **quality improvement science support** to achieve systems-level change.



Collaborative
Learning



Rapid Response
Data



Quality Improvement
Science Support

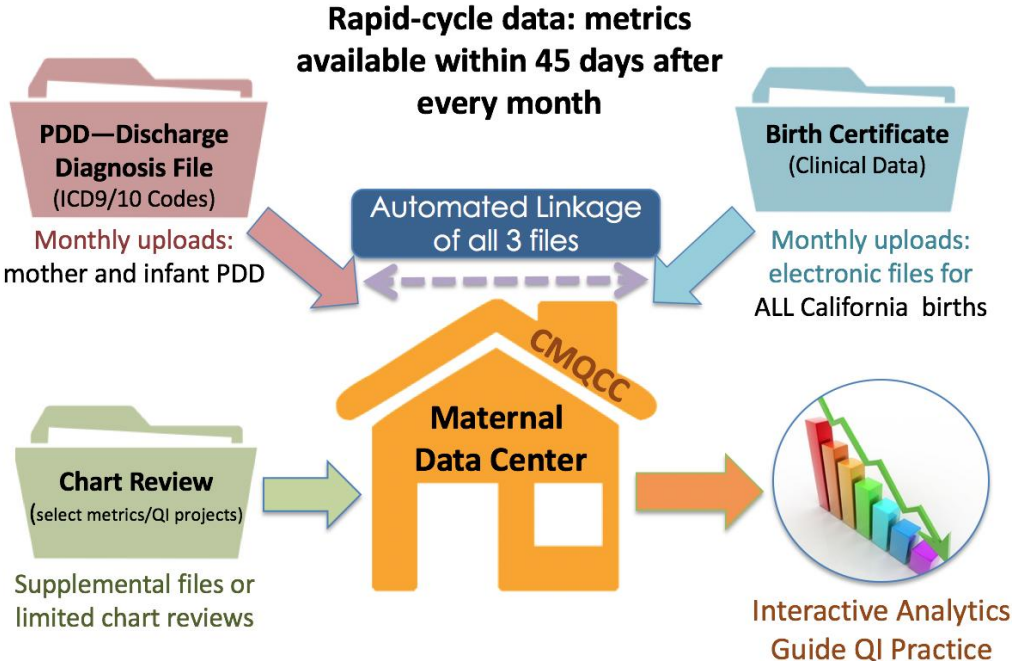
<https://www.cdc.gov/maternal-infant-health/pqc/index.html>

CMQCC was founded in 2006 at Stanford Medicine together with the State of California in response to rising maternal mortality and morbidity rates

Driving Maternity QI at Scale

 TOOLKITS Evidence-based toolkits on leading causes of preventable maternal morbidity and mortality	 MATERNAL DATA CENTER Near real-time benchmarking data to support hospitals' quality improvement
 IMPLEMENTATION Coaching on how to implement best practices and sharing among member hospitals	 ENGAGEMENT Engaging partners around aligned goals and promoting patient awareness

Maternal Data Center



Links over 1,000,000 mother/baby records each year!

The Maternal Data Center: 2024 Hospital Members



Launched 2014
38 Hospitals
~70% of Delivery Volume

Launched in 2015
29 Hospitals
~75% of Delivery Volume

Launched in 2012
209 Hospitals
~ 99% of CA Delivery Volume

NEW! National MDC
5 Hospitals to Date
Hawaii (1) New Mexico (1) Texas (3)



**281
Hospitals**

**500,000
deliveries
per year**

**~15% of
births
nationally**

Counts as of 2/28/24

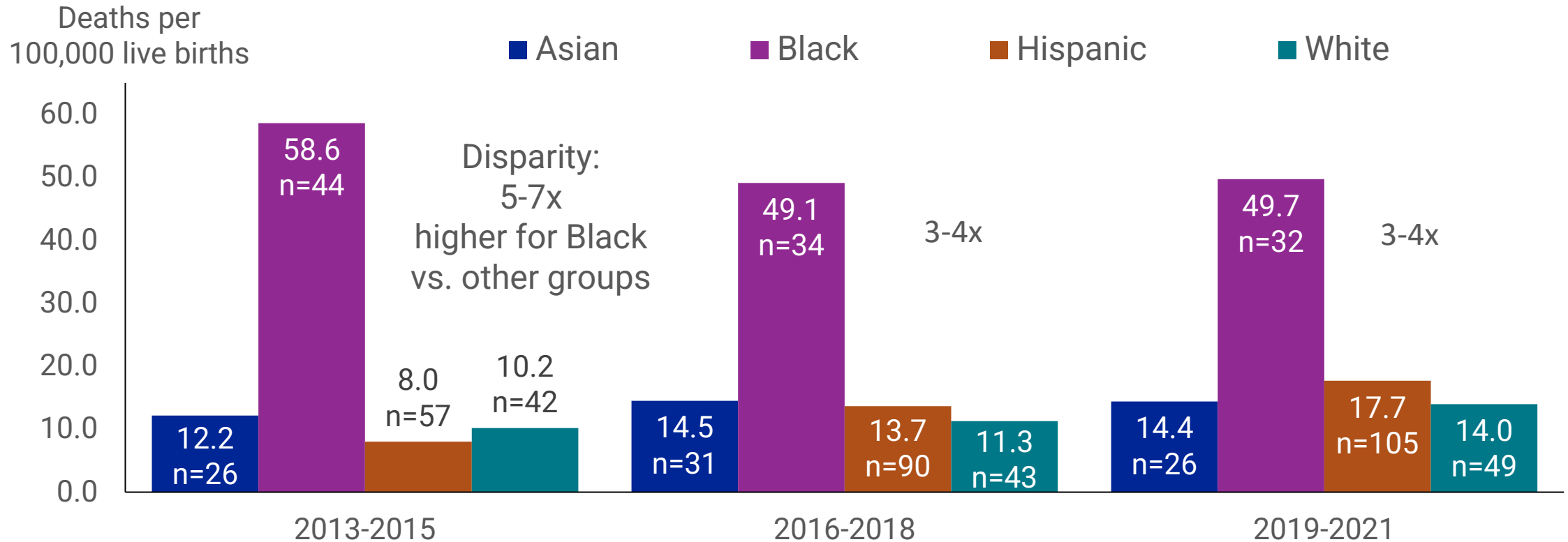
CMQCC Mission Statement

Commitment to Maternal Health Equity and Advancing Our Mission:

**Our mission is to eliminate preventable morbidity, mortality,
and racial disparities in maternity care across California.**

Pregnancy-Related Mortality Ratio by Race/Ethnicity

California 2013-2021 (N=607*)

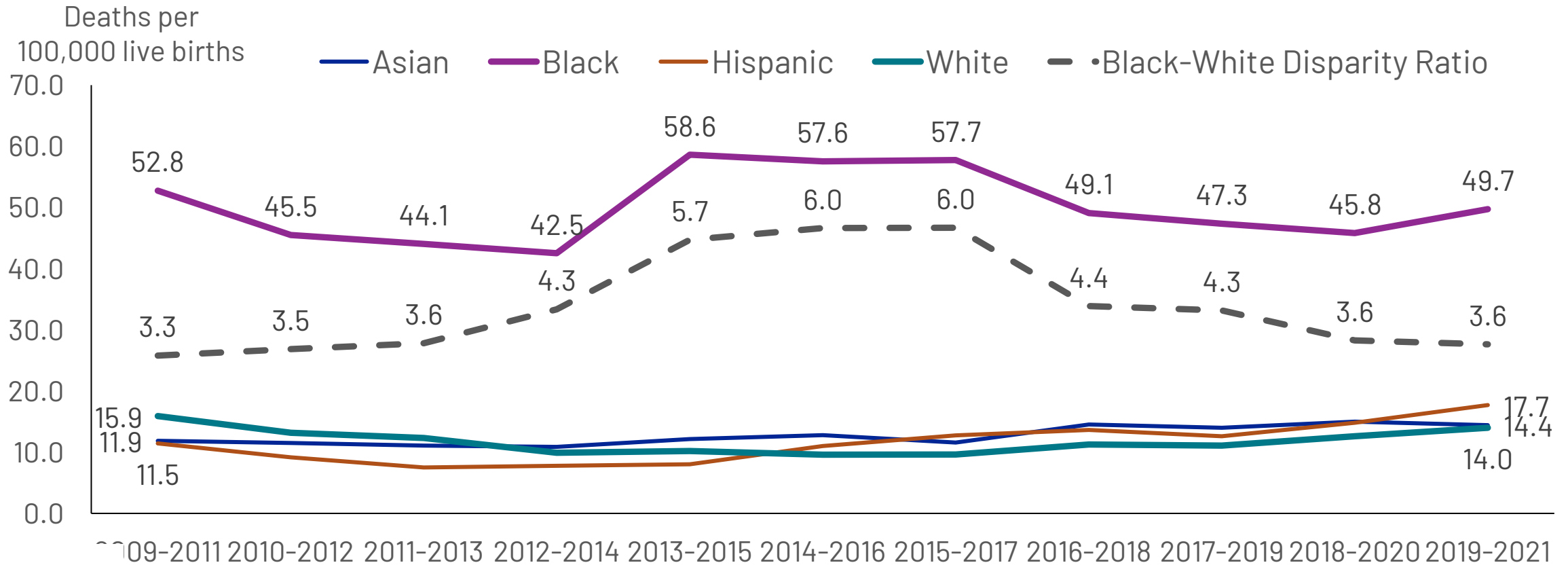


Pregnancy-related mortality ratio (PRMR) = Number of pregnancy-related deaths per 100,000 live births. Pregnancy-related deaths include deaths within a year of pregnancy from causes related to or aggravated by the pregnancy or its management, as determined by expert committee review. *PRMRs for American Indian/Alaska Native (n=0,0,1 for 2013-2015, 2016-2018, and 2019-2021, respectively), Native Hawaiian/Pacific Islander (n=0,1,3 for 2013-2015, 2016-2018, and 2019-2021, respectively), Multiple-race (n=8,4,10 for 2013-2015, 2016-2018, and 2019-2021, respectively), and other races (n=0,1,0 for 2013-2015, 2016-2018, and 2019-2021, respectively) are not shown due to small counts.

www.cdph.ca.gov/ca-pmss

Pregnancy-Related Mortality Ratio by Race/Ethnicity

California 2009-2021



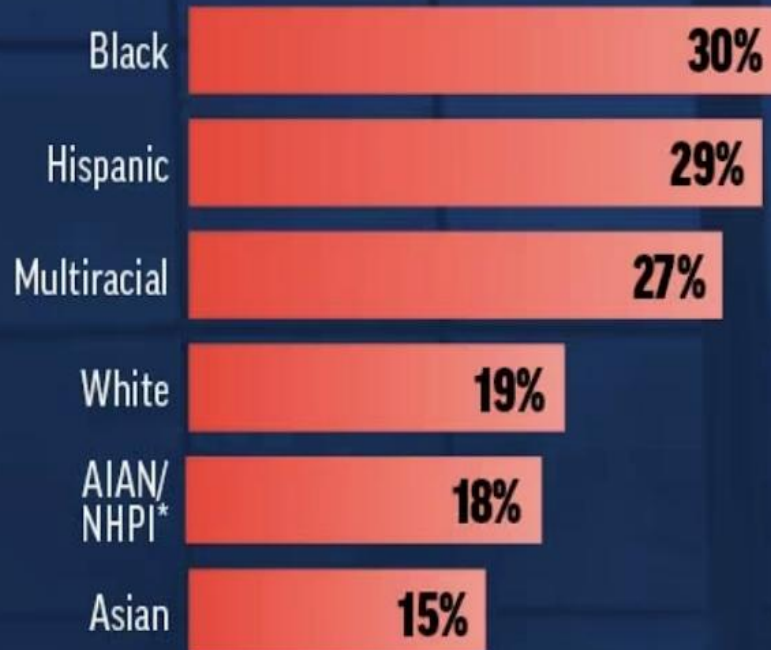
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www.cdph.ca.gov/ca-pmss



Women Report Mistreatment During Maternity Care

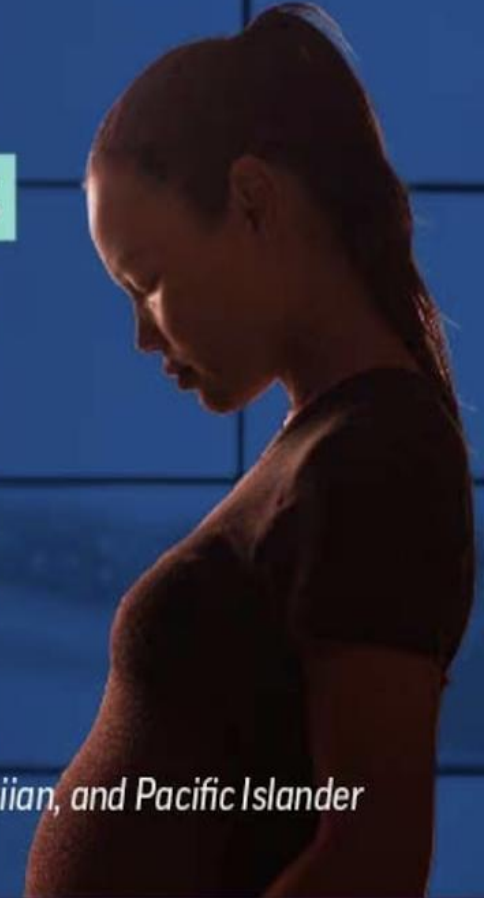
By race/ethnicity



By insurance type†



*American Indian, Alaska Native, Native Hawaiian, and Pacific Islander
 †At the time of delivery



Source: CDC Vitalsigns, August 2023; <https://www.cdc.gov/vitalsigns/respectful-maternity-care/index.html>, accessed 1/17/25.

Pregnancy-Related Deaths by Timing to Death

California 2013-2021 (N=607)



During pregnancy (n=93)

15%

Day of delivery (n=143)

24%

After pregnancy:

1-6 days (n=151)

25%

7-42 days (n=131)

22%


43-365 days (n=89)

15%

Pregnancy-related deaths include deaths within a year of pregnancy from causes related to or aggravated by the pregnancy or its management, as determined by expert committee review.

*“delivery” refers to live births and other pregnancy outcomes resulting in fetal deaths

www.cdph.ca.gov/ca-pmss



Our Maternal Health Equity Portfolio

Current CMQCC Efforts

Current CMQCC efforts are imbued with a maternal health equity focus, prioritizing community partnerships and patient voice.

Comprehensive Approach to Addressing Disparities

CMQCC Initiatives & Projects in Partnership

Learning Initiative to Support Vaginal Birth Through an Equity Lens

Anemia

Community Birth Partnership

- Team-Based Care
- Midwife Integration
- Partnering with Doulas
- Improving Transfer of Care

Preeclampsia: Low-Dose Aspirin Campaign

CA Department of Public Health Pregnancy-Associated Review Committee

Sepsis

Post Partum Re-design

Pilot Birth Equity Initiative Tools Used By Five Pilot Hospitals

Move Beyond Implicit Bias Training

- Hospital Action Guide for Respectful and Equity Centered Care

Instill accountability

- Sharing “Commitment to Safe and Equitable Care”
- Collection of patient narratives/stories

Practice Active Listening

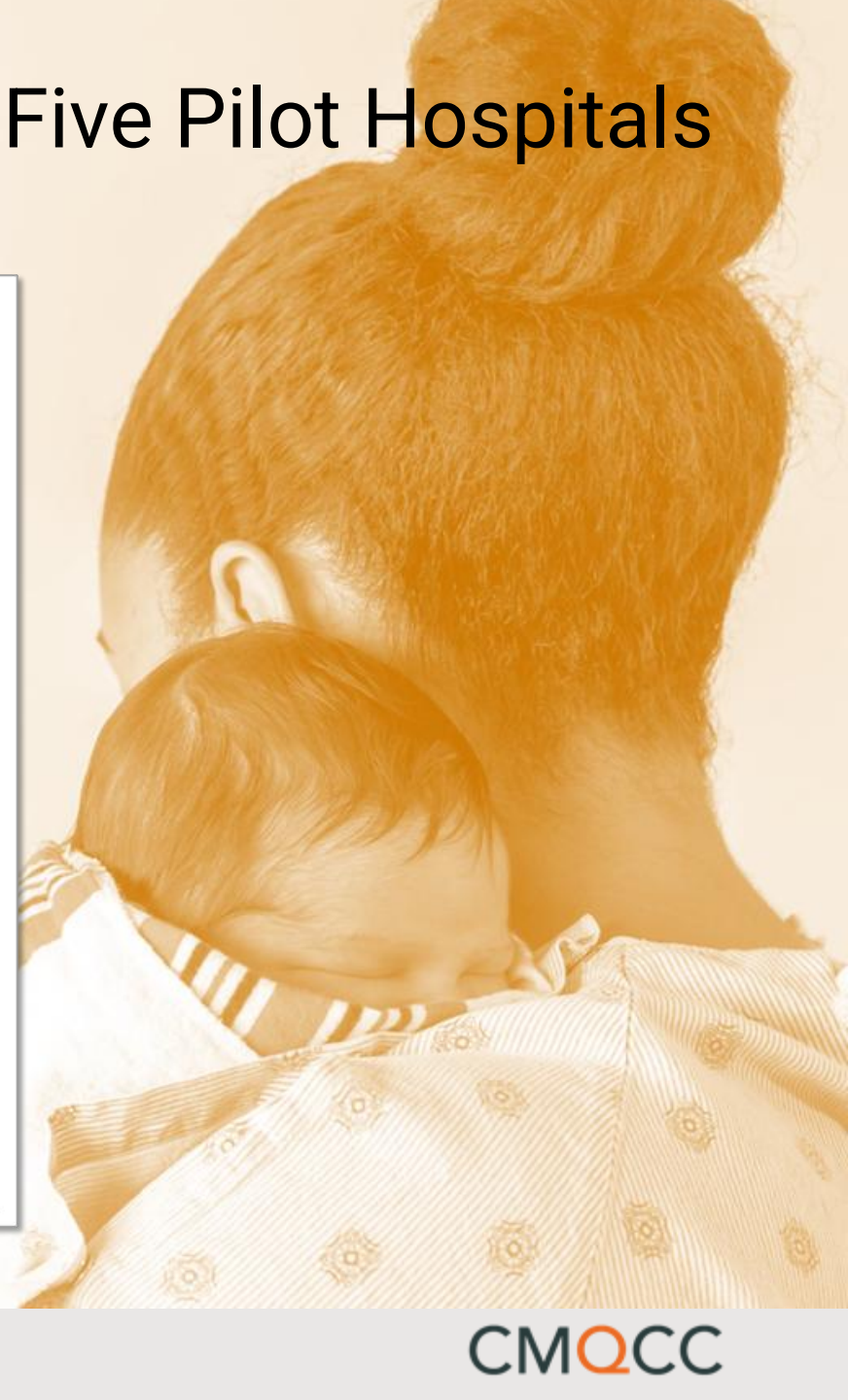
- CDC Hear HER Campaign

Use Data to Drive Change


- Stratify outcomes by race/ethnicity (CMQCC Maternal Data Center)

Change Unit Culture

- Culture of equity survey
- Address microaggressions



Our Commitment to Safe and Equitable Birth
Nuestro compromiso para un parto seguro y humanizado



We Promise:
Prometemos:

To care for you with dignity and respect.
Atenderla con dignidad y respeto.

To partner with you to understand any social and emotional concerns you may have.
Trabajar con usted para entender cualquier preocupación de carácter social y emocional que pueda tener.

To learn how we can best support your goals for your birth experience.
Aprender cómo apoyarla mejor para que la experiencia del parto sea tal como la imaginó.


To ask permission before any examinations and procedures.
Pedirle permiso antes de hacerle cualquier examen o procedimiento.

To respect your modesty and protect your personal boundaries.
Respetar su intimidad y proteger sus límites personales.

To recognize the importance of your support persons and value their role in your birth experience.
Reconocer la importancia de sus personas de apoyo y el valor que tienen en la experiencia del parto.

To explain information in the language of your choice, so you can make informed decisions that are right for you.
Brindarle información en el idioma que prefiera, para que pueda tomar las decisiones informadas adecuadas para usted.

We want you to have a safe and empowering birth experience!
¡Queremos que tenga una experiencia de parto segura y empoderadora!

 **Sutter Health**
Alta Bates Summit Medical Center

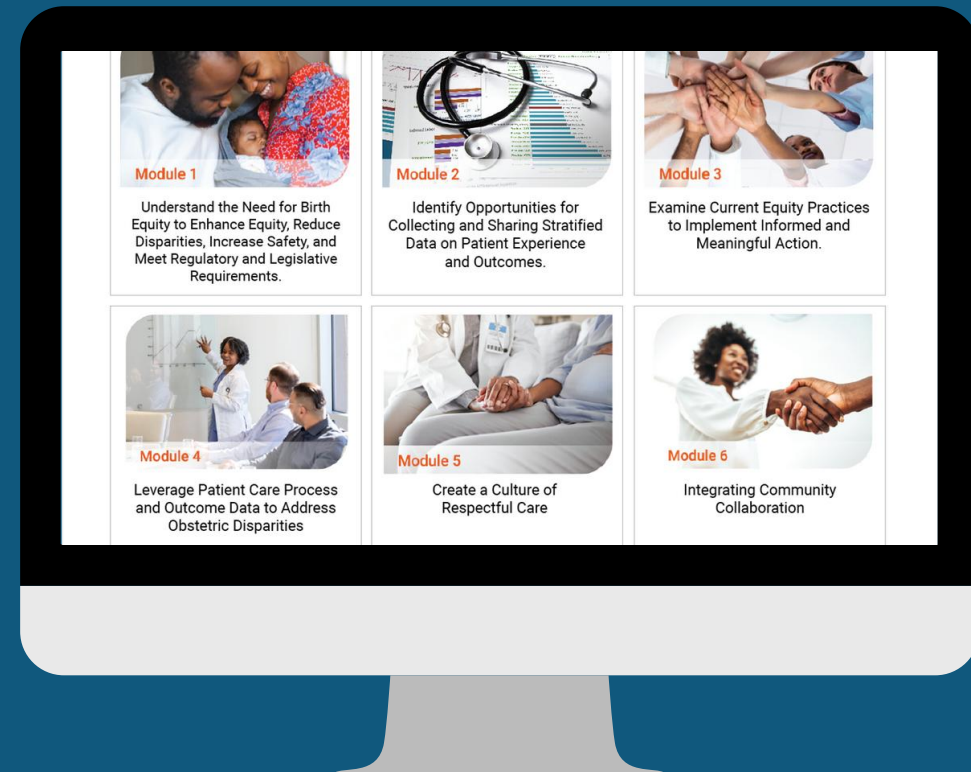
© 2018 Sutter Health

Support for Hospitals

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

New Equity Tool:
Now available to
California Hospitals

SCAN ME



Funding for this guide was provided (in part) by [The Joseph and Vera Long Foundation](#).

California Maternal Quality Care Collaborative

CMQCC

Module Overview



Start Here

Welcome to the Hospital Action Guide for Respectful and Equity-Centered Obstetric Care

Learn how this guide is structured and how best to use it.



Module 1

Understand the Need for Birth Equity to Enhance Equity, Reduce Disparities, Increase Safety, and Meet Regulatory and Legislative Requirements

Shape your understanding of the problems that exist and then prepare to do the work identified in the following modules.



Module 2

Identify Opportunities for Collecting and Sharing Stratified Data on Patient Experience and Outcomes

Learn how both quantitative and qualitative data play a role in your quality improvement efforts.



Module 3

Examine Current Equity Practices to Implement Informed and Meaningful Action

Address policies, procedures and practices that can foster respectful care.



Module 4

Leverage Patient Care Process and Outcome Data to Address Obstetric Disparities

Connect Your Data to the Work



Module 5

Create a Culture of Respectful Care

Commit to Respectful, Equitable and Safe Care



Module 6

Integrating Community Collaboration in Quality Care Initiatives

Tools and examples for creating and sustaining meaningful engagement.

Learning Opportunities & Action Steps

Learning Opportunity: Understanding How Bias Affects Patient Safety and Quality of Care

Learning Opportunity:
Understanding How Bias Affects Patient Safety and Quality of Care

Module 5:
Create a Culture of Respectful Care

- Guide Home
- Start Here
- Module 1: Understand the Need for Birth Equity
- Module 2: Collect and Share Stratified Data
- Module 3: Examine Current Equity Practices
- Module 4: Leverage Patient Care Process and Outcome Data to Address Obstetric Disparities
- Module 5: Create a Culture of Respectful Care
 - Recognizing Concepts of Respectful Maternity Care
 - Comprehending the Linkage Between Patient Data and Improvements in Respectful Care In Order to Evaluate Progress
 - Creating an Environment of Safety for Maternity Care
- Understanding How Bias Affects Patient Safety and Quality of Care
- Learning How Accountability Measures Align With a Commitment to Equity-Centered Care
- Module 6: Create Partnerships with Community
- Webinars
- Acknowledgements & Feedback
- Additional Resources
- Equity Action Guide Open Office Hours
- +

Introduction

The State of California's health and safety code (law) now includes The California Dignity in Pregnancy and Childbirth Act (SB464), which requires a hospital providing perinatal care to implement an evidence-based implicit bias program for all healthcare providers involved in the perinatal care of patients within those facilities. Ten topics are required for the program under the code, including discussing health inequities in perinatal care. Most California hospitals are in the process or have completed the required implicit bias training required by law. It is crucial that one understands that implicit bias training is just the beginning of the work required to achieve equity in healthcare. Completing the required program is a first step for many clinicians in this state. Understanding the connection between bias and its negative effect on respectful patient care reinforces the need for the U.S. healthcare system and clinicians to identify and work to eliminate biases affecting birthing people.



Action Steps +

1: Illustrate How Bias in Healthcare Affects Patient Safety and Quality of Care

While there are numerous studied effects of bias in healthcare, consider the effect on community and individual patient health when patients refuse to seek care and/or avoid speaking up due to the bias and potential discrimination they have experienced in prior exposures to healthcare providers. Delaying or avoiding seeking medical care can have potentially disastrous effects during pregnancy and the postpartum period. The Joint Commission began producing "Quick Safety" issues back in the early 2010s. These are "publications that outline an incident, topic, or trend, in healthcare that could compromise patient safety." Review the two editions regarding bias noted in the resources.

Action Step 1:
Illustrate How Bias in Healthcare Affects Patient Safety and Quality of Care

Resources to Take Action

JAMA Network
JAMA Health Forum

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Research Letter
April 14, 2023

Association of Race With Urine Toxicology Testing Among Pregnant Patients During Labor and Delivery

Marian Jarlenski, PhD, MPH¹; Jay Shroff, MS¹; Mishka Terplan, MD²; et al

> Author Affiliations | Article Information

JAMA Health Forum. 2023;4(4):e230441. doi:10.1001/jamahealthforum.2023.0441

Introduction

An estimated 16% of pregnant persons in the US use alcohol (10%) or an illicit substance (6%, including cannabis).¹ Urine toxicology testing (UTT) is often performed at the time of labor and delivery for pregnant patients to evaluate substance use.^{2,3} We sought to elucidate associations between race and receipt of UTT and a positive test result among pregnant patients admitted to the hospital for delivery.

Methods

Integrating Equity into Hospital-wide and Unit-based Policies and Practices

Evaluating Current Practices for Assessing Patient's Health-Related Social Needs and Referrals to Resources

Module 4: Leverage Patient Care Process and Outcome Data to Address Obstetric Disparities

Module 5: Create a Culture of Respectful Care

Module 6: Create Partnerships with Community

Webinars

Acknowledgements & Feedback +



3: Scan Department for Diversity in Imagery that Lends to Inclusivity and Cultural Concordance

Gather your committee to tour the unit from a customer perspective to assess for diversity in the imagery displayed. Consider marketing assets, educational materials, wall paintings, bulletin board flyers, etc. Determine if the images adequately reflect the community served. Assess whether the diversity in the staff and providers is reflected. Are the images an accurate depiction of the hospital environment? Create action plans to address identified discrepancies. Finally, consider how patients, community organizations, and frontline staff could aid this cultural shift.



Resources to Take Action +



Article: Association of Race With Urine Toxicology Testing Among Pregnant Patients During Labor and Delivery

Findings of a cohort study that found the probability of receiving a urine toxicology test at delivery was higher for Black patients compared with White patients and other racial groups. Black patients did not have a higher probability of testing positive.

Jarlenski M, Shroff J, Terplan M, Roberts SCM, Brown-Podgorski B, Krans EE. Association of Race With Urine Toxicology Testing Among Pregnant Patients During Labor and Delivery. *JAMA Health Forum*. 2023;4(4):e230441. doi:10.1001/jamahealthforum.2023.0441



Case Study: Promoting Diversity, Equity, and Inclusion Through Art

This case study shares the work of a physician-led art program to better reflect the diversity of clients, staff and community. The program team plans to utilize patient satisfaction scores to gauge impact.

Edwards, M. (2021). Imaging 3.0: Promoting diversity, equity, and inclusion through art. American College of Radiology.



December 2021

Case Study: Promoting Diversity, Equity, and Inclusion Through Art

IMAGING 3.0

A radiologist at Massachusetts General Hospital organizes art installations throughout the hospital's buildings.


By Meghan Edwards

Key Takeaways:

- A radiologist saw an opportunity to showcase diverse art, allowing the hospital to better engage with patients and make its spaces more inclusive.
- He partnered with colleagues and a local nonprofit organization to create an art exhibit that reflects the community that the hospital serves.
- With thoughtful art displayed, the hospital's community centers create empathy among staff and combat health disparities.

On the wall of a typical office or healthcare center, one might see painted landscapes or abstract art in soothing blue tones meant to calm patients. The walls of Massachusetts General Hospital's (MGH) Chelsea HealthCare Center, however, look a bit different.

Large pictures of brightly colored murals hang throughout the building. One features the owner of a local yoga studio watering her flowers; she's framed by an enormous lace doily. Another features a Latina woman facing away from the camera, a rooster on her shoulder and an aloe plant in her hand — symbols of protection and healing. A third shows a Black child playing the violin as sparrows fly out of a broken vase.



These works are part of The People's heART, a physician-led art program that works with local, national,

This mural, called *Drifta Parita* by Everette Anguiano, is located in Lynn, Massachusetts. A large print of the mural now hangs in one of MGH's community health centers. Photo: Courtesy of MGH.

What Is Respectful Care?

What does it look like at the bedside?

Respectful & Equity-Centered Care

- Patient voice
- Data stratification
- Welcoming Doulas

Hospital Action Guide for Respectful & Equity-Centered Obstetric Care:

Module 5: Create a Culture of Respectful Care

“The content in this module includes the hallmarks of respectful care, linking the data to improvements in respectful care, creating a **safe and equitable environment**, and understanding how **listening and health literacy offer improved opportunities to offer respectful care.**”

CMQCC Is Here to Support

Respectful & Equity-Centered Care

- Patient voice
- Data stratification
- Welcoming Doulas



Familiarize. Focus. Collect.



Action Steps+



1: Familiarize Yourself with Current Activities Related to Respectful Care in the Obstetric Care Space

The goal of a respectful care focus is to center the patient as the personal expert on bodily autonomy. Furthermore, it would create space in the healthcare team for the voices of patients and their support systems to achieve improved clinical outcomes and birthing experiences. We highlight the work of several organizations below as resources for teams working on developing a respectful culture in their organizations. You may find other examples that will inform your work in creating a culture that respects the opinions and decision making contributions of all healthcare team members.

We'd Love to Meet with Your Team

- Grand Rounds
- Perinatal Equity Workgroup
- Staff Meeting
- Senior Leadership Team



Email Christina Oldini, RN, MBA, CPHQ, at cmoldini@stanford.edu

Let's Talk

Contact Us



Info@CMQCC.org
(or your
email/Helpdesk)

www.CMQCC.org

@CMQCC

@CMQCC

@CMQCC

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