

## California Maternal Quality Care Collaborative (CMQCC) Updates and Strategies

Amanda Williams, MD, MPH, FACOG

Clinical Innovation Advisor

California Maternal Quality Care Collaborative, Stanford University School of  
Medicine

Rev. Dr. Candace Kelly, D.Min., M.Div., GC-C, BCC

Board Certified Chaplain

Memorial Care Millers Children's and Women's Hospital Long Beach



1

## Conflict of Interest Disclosure

Amanda Williams, MD, MPH, FACOG has disclosed the following relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.

Advisor: RiskLD



2

## Conflict of Interest Disclosure

Rev. Dr. Candace Kelly, D.Min., M.Div., GC-C, BCC reported no relevant financial relationships or relationships she has with ineligible companies of any amount during the past 24 months.



3

**CMQCC**  
California Maternal  
Quality Care Collaborative



Let's talk **perinatal equity** and  
moving beyond implicit bias training

4

## Inclusive Language Notice

Currently recognized identifiers such as **“birthing people,” “mother,” “maternal,” “they,” “them,” “she,” “her”** and **“pregnancy-capable person”** are used in reference to 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.

5

## Improving Maternal Health Equity at Scale *Where do we stand in California and how can CMQCC help?*



**Amanda P. Williams, MD, MPH, FACOG**

Clinical Innovation Advisor, California Maternal Quality Care Collaborative  
Adjunct Clinical Associate Professor, Dept. of OB GYN, Stanford University

Medical Director, Mahmee

6

# Disclosures

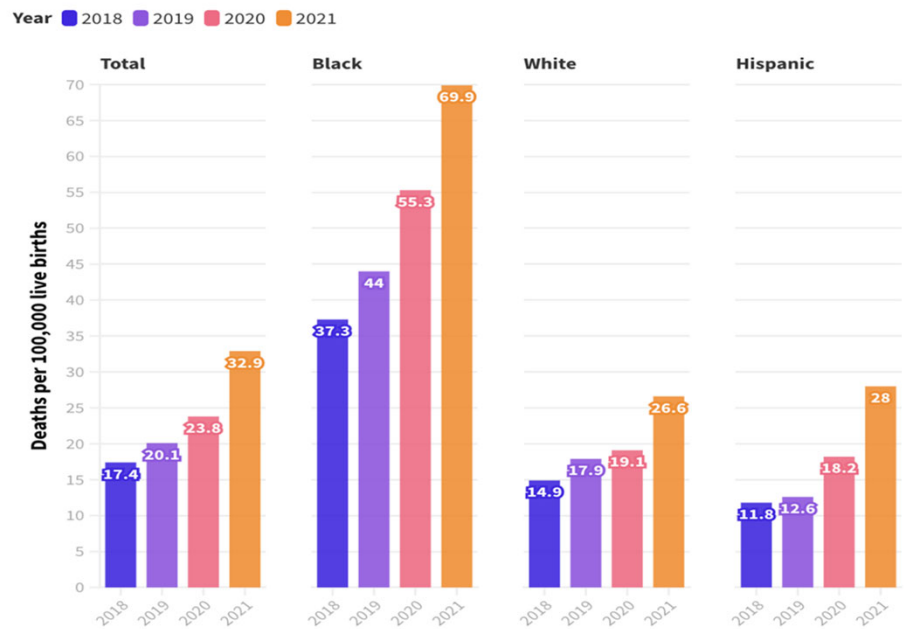
- Medical Director, Mahmee
  - *venture backed, tech-enabled pregnancy and postpartum wrap around services company aimed at elevating maternal health equity and supplementing traditional perinatal care*
- Clinical Advisor, RiskLD
  - *obstetric alerts and decision support software*

7

# U.S. Maternal Mortality Rates by Race and Ethnicity

2018-2021

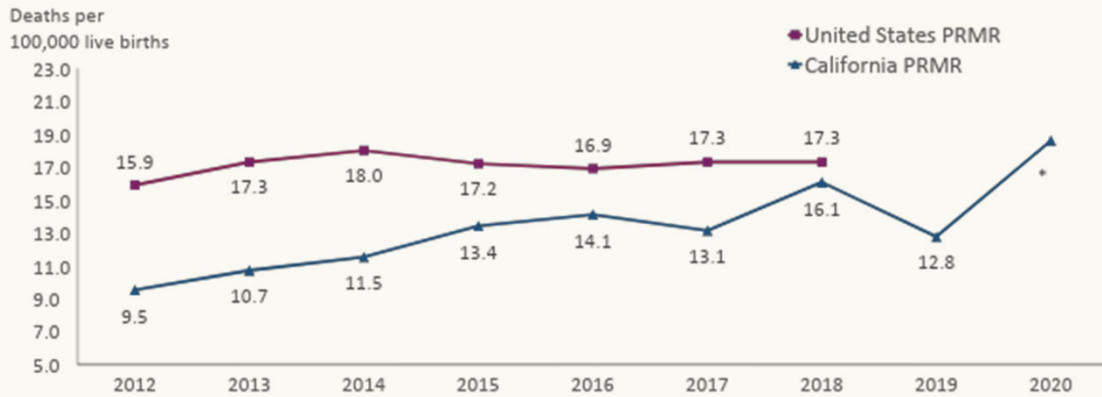
CMQCC



Source: National Center for Health Statistics, National Vital Statistics System, Mortality • Visualization: E. Otwell, D.L. Hoyert/Division of Vital Statistics/National Center for Health Statistics

8

# Pregnancy-Related Mortality Ratio in U.S. and California 2012-2020



Pregnancy-related mortality ratio (PRMR) = Number of pregnancy-related deaths per 100,000 live births, up to one year after the end of pregnancy. Pregnancy-relatedness determinations were made through a structured expert committee case review process. Data on U.S. PRMR are published by CDC Pregnancy Mortality Surveillance System (accessed at [Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC](#) on February 7, 2023).

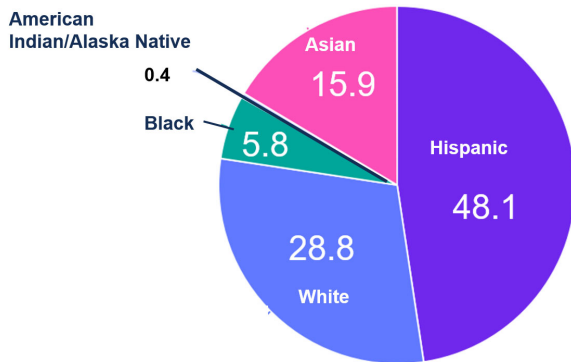
\* The 2020 PRMR is significantly higher than the PRMRs in 2012 and 2013



9

# California: Births by Race/Ethnicity 2018-2020

2020 Total California Births: 420,259



All race categories exclude Hispanics. Percentages will not total 100 percent since missing ethnicity data are not shown. National Center for Health Statistics, final natality data. Retrieved March 29, 2023, from [www.marchofdimens.org/peristats](http://www.marchofdimens.org/peristats).

10

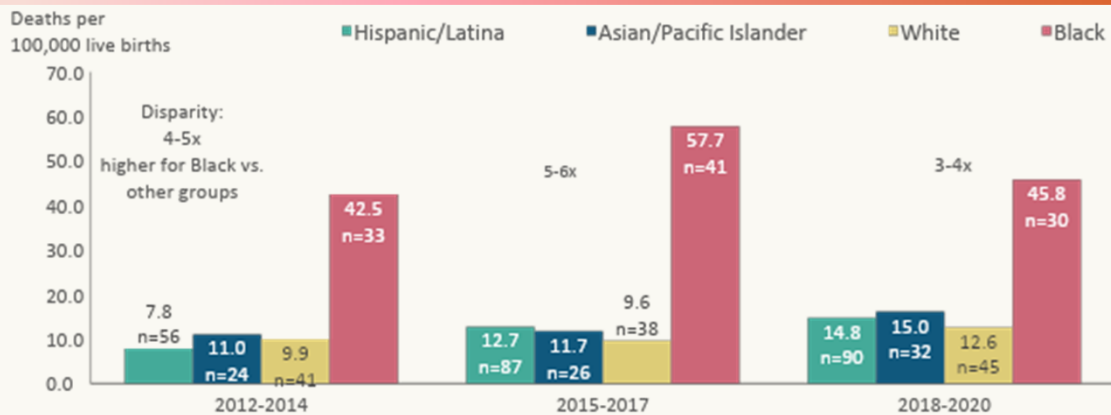
But are these improvements for all Californians?

CMQCC

11

## Pregnancy-Related Mortality Ratio by Race/Ethnicity

California 2012-2020



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.



12

## Building Upon Past Improvements to Achieve Equity-Centered Obstetric Care

### ● Hemorrhage Collaborative

- 28% reduction in Severe Maternal Morbidity among Black gravidas and 50% reduction in B:W differences

### ● Cesarean Collaborative

- 15% reduction in NTSV CS rates among Black gravidas and but only a limited reduction in B:W differences

### ● Pregnancy-related Mortality (1yr)

- After initial 30% reduction among Black gravidas, rates have remained static without reducing B:W differences
- Shift to postpartum deaths away from L&D

### Role of Quality Improvement

- Care can be improved by QI initiatives (and variation reduced), BUT don't fully address inequities
- Equity initiatives when combined with clinical QI projects can have the greatest impact on disparities

### Key Connections are Lacking

- Connect communities and health systems
- Connect medical model and the public health model
- Connect in-patient with out-patient worlds
  - Equity, prevention of anemia, preeclampsia and cardiac complications all need to start in the office

13

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

--Martin Luther King Jr, 1966



14



## LOST MOTHERS

Maternal Care and Preventable Deaths

The U.S. has the highest rate of deaths related to pregnancy and childbirth in the developed world. Half of the deaths are preventable, victimizing women from a variety of races, backgrounds, educations and income levels.

**FEATURED**

**We're Investigating How Insurance Gaps Endanger Mothers. This Is Why.**

Women are getting kicked off Medicaid quickly after giving birth or aren't qualifying for care to begin with.

by Nina Martin, ProPublica, and Julia Belluz, Vox, April 25, 2019, 9 a.m. EDT

**Nothing Protects Black Women From Dying in Pregnancy and Childbirth**

Not education. Not income. Not even being an expert on racial disparities in health care.

by Nina Martin, ProPublica, and Renee Montagne, NPR News, Dec. 7, 2017, 8 a.m. EDT

**Lost Mothers**

An estimated 700 to 900 women in the U.S. died from pregnancy-related causes in 2016. We have identified 120 of them so far.

by Nina Martin, July 17, 2017, 8 a.m. EDT

15

MDC
CMQCC

## The Maternal Data Center: 2023

Launched 2014  
43 Hospitals  
~75% of Delivery Volume

Launched in 2015  
29 Hospitals  
~75% of Delivery Volume

Launched in 2012  
216 Hospitals  
99% of CA Delivery Volume

**NEW!**  
National MDC  
1 Hospital To Date

**288  
Hospitals**

**500,000  
deliveries  
per year**

**~15% of  
births  
nationally**

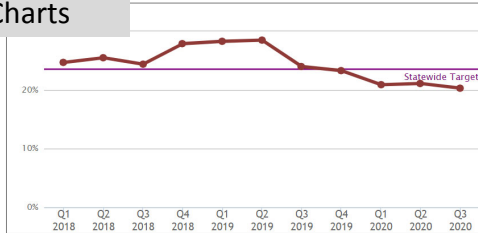
Counts as of 3/10/23

16

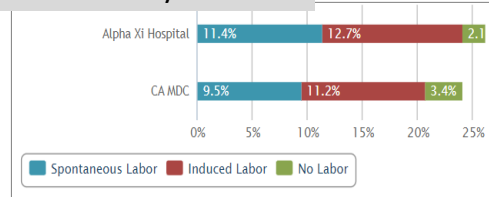


## MDC Tools to Support Hospital QI

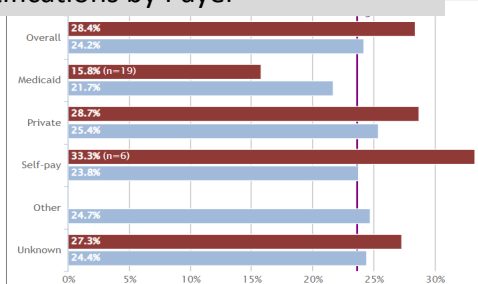
### Run Charts



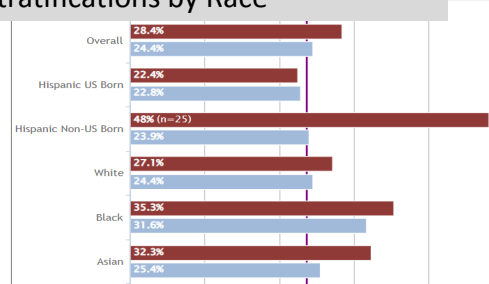
### Measure Analysis Tools



### Stratifications by Payer

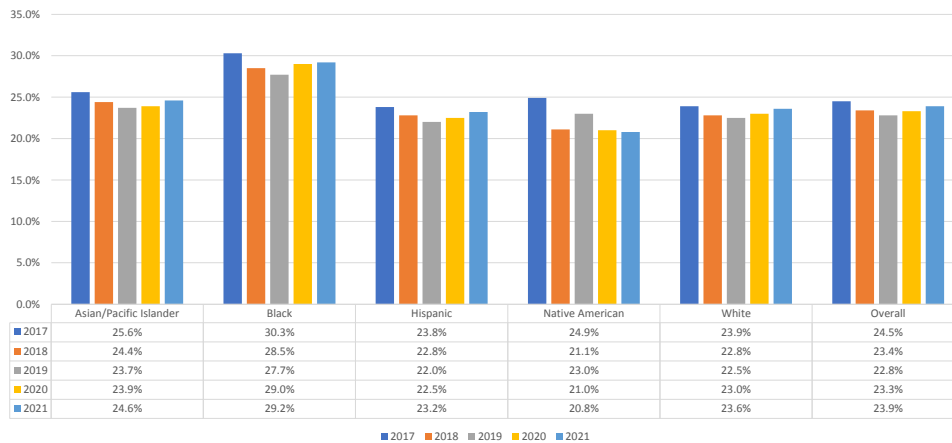


### Stratifications by Race



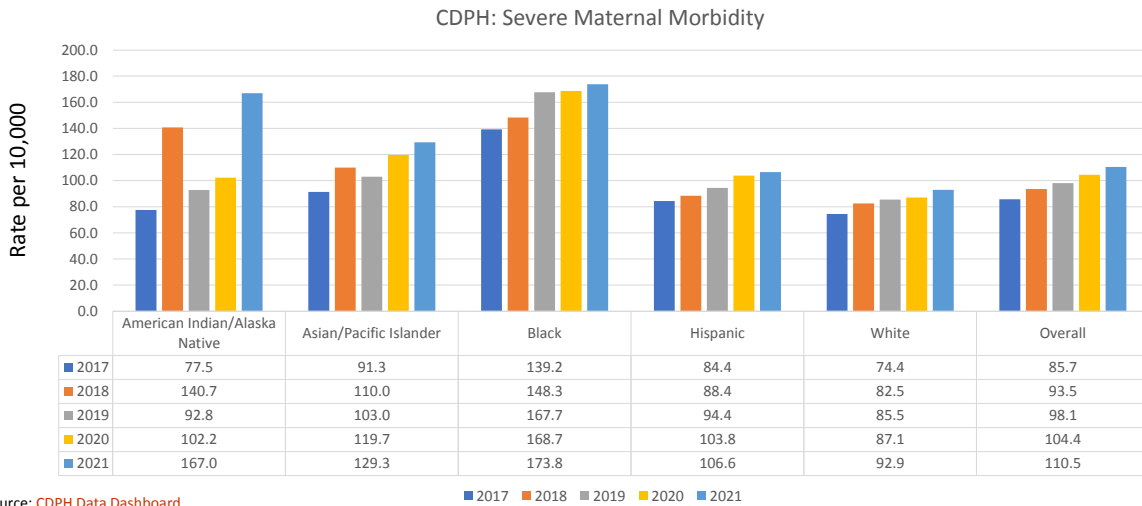
## NTSV Cesarean Birth (PC-02: Period Specific)

NTSV Cesarean Birth (PC-02: Period-Specific)



Source: The California Maternal Quality Care Collaborative (CMQCC) based on 2017-2021 Patient Discharge Data from the Department of Health Care Access and Information linked to Birth Certificate Data from the California Department of Public Health-Vital Records.  
 Note: These numbers are unofficial estimates; due to differences in data sources and/or methods of data cleaning, the numbers may not align with other current or future publicly-available estimates. Any analyses, interpretations, or conclusions reached regarding these data reflect those of the author and not CMQCC or CDPH.

## Severe Maternal Morbidity



Source: [CDPH Data Dashboard](#)

Current CMQCC efforts imbued with maternal health **equity** focus, prioritizing community partnerships

# Comprehensive Approach to Addressing Disparities

## CMQCC Initiatives & Projects

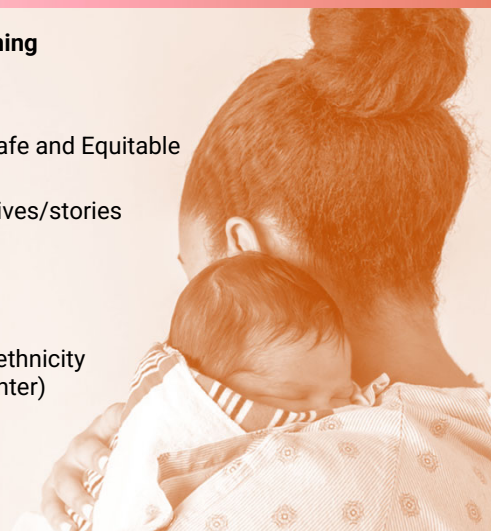
- Anemia
- Community Birth Partnership
  - Team-Based Care
  - Midwife Integration
  - Partnering with Doulas
  - Improving Transfer of Care
- Preeclampsia
  - Low-Dose Aspirin Campaign
- Pregnancy Associate Mortality Review
- Sepsis
- Post Partum Redesign




21

# Pilot Birth Equity Initiative Tools Used By Five Pilot Hospitals

- **Move beyond Implicit Bias training**
  - Hospital Action Guide
- **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 apoyaría mejor para que la experiencia del parto sea tal como la imagina.
- 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

22

## Pilot Birth Equity Initiative Tools Used By Five Pilot Hospitals

- Martin Luther King, Jr. Community Hospital (Los Angeles)
- Miller Children's Hospital – Memorial Care (Long Beach)
- Alta Bates Summit Medical Center (Bay Area)
- Ronald Reagan UCLA Medical Center (Los Angeles)
- UCLA Santa Monica Medical Center (Santa Monica)



23

## The Gift of Collaboration

REV. DR. CANDACE KELLY, HOSPITAL CHAPLAIN, RESEARCHER, AUTHOR, ADVOCATE, CONFERENCE SPEAKER, AND SOCIAL JUSTICE CONSCIOUS PLAYWRITER.

MEMBER OF THE CMQCC BIRTH EQUITY PILOT COLLABORATIVE TEAM, CHERISHED FUTURES FOR BLACK MOMS, AND SERVES AS CHAIR OF THE MILLER CHILDREN'S AND WOMEN'S HOSPITAL RESPECTFUL MATERNITY CARE INITIATIVE.



24

# CMQCC COLLABORATIVE

- I. Our Hospital was honored to be invited to join the CMQCC's Birth Equity Pilot along with four additional hospitals.
- II. The purpose of the Collaborative was to build a toolkit to aid hospitals around the nation which was transformative for each hospital who participated in the collaborative.
- III. What was very encouraging was the collaborative demonstrated in so many ways that we were not alone and though we had a long ways to go; we were encouraged to start right where we were, together.



The Gift of Collaboration

25

## Benefits of the Collaborative Model



Outcomes stratified by race and ethnicity provided by CMQCC



Initial educational opportunity: equity terms & definitions  
the conversation followed



Assimilating the comments and experiencing the new environment  
brainstorming how to move forward with change efforts



Initiated the new patient reported experience metric (prem) survey with patients

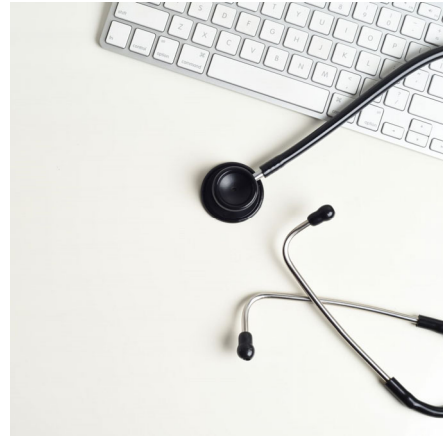
MONTHLY SESSIONS - FIVE HOSPITALS - REPORT OUT ON THE STATUS OF OUR QI EFFORTS

The Gift of Collaboration

26

## Our Current Culture & Bias Training

- Creation of a Survey
- Completion of the Diversity Science Training



The Gift of Collaboration

27

## Survey responses

"It's about time we are doing something about this. I am so thankful to see it." -Nurse

"Thank you. What can I do to help?" – Coordinator

"What about me, I've been treated unfairly also and discriminated against as a white woman." - Nurse

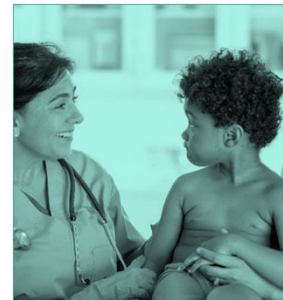
"I have to admit, I have been challenged with my implicit biases and really have to do some inner reflection and work. Thank you for the education and the terms listed on our EMB Board."  
-Nurse

"Why are we doing all of this, "I'm not a racist, I treat all my patient's the same." - Nurse

The Gift of Collaboration

28

28



"Accountability is the glue that ties commitment to the result."

Source: Proctor, B. (n.d.) Accountability.

Proctor Gallagher. <https://www.proctorgallagherinstitute.com/17557/accountability>



**Commit**  
to treating you with  
dignity & respect.



**Commit**  
to listening with empathy, not only  
to respond but to understand.



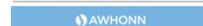
**Commit**  
to shared decision making.



**Commit**  
to providing evidence-based care.



**Commit**  
to advocate for you.





“Solidarity is not the same as support. To experience solidarity, we must have a community of interests, shared beliefs and goals around which to unite, to build Sisterhood. Support can be occasional. It can be given and just as easily withdrawn. Solidarity requires sustained, ongoing commitment.”

-bell hooks

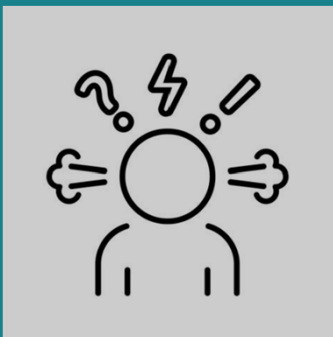


Source: Hooks, b. Moving beyond words: What is meaningful solidarity? (Part 1). Amnesty International.

The Gift of Collaboration

31

## Why we work through the tension...



**It's Honorable Work:** It's the professional role we chose to hold: to sit with our patients to listen, and act upon their needs.

**It's Hard Work:** What I have learned through this pilot is that we cannot, not do this work. That's not optional, not as long as there is disproportionate maternal mortality and morbidity in black mothers birthing babies.

**It's Heart Work:** The heart is an organ that is deep and hence we will have to go deep inside ourselves to do the work.

The Gift of Collaboration

32

# How the Collaborative Model Empowered Our Work

Clinical Lead Guidance

Access to peer support

Space to have the hard conversations about racism

Ability to reflect in order to address the denialist

The Gift of Collaboration

33

# Why is it so important to do Birth Equity Work?

## Because...

1. To compassionately listen to the concerns of black mothers birthing babies is respectful.
2. To be shaken by the historical data of maternal mortality and infant loss is empathic.
3. To understand how social determinants lead to health care disparities is educational.
4. To consider one's own implicit biases illustrates personal humility.
5. To acknowledge that there is a clear link between racism and mistreatment and poor maternal-fetal outcomes is truth.
6. To proactively change nursing philosophies to integrate an equity lens is extraordinary.
7. To have the audacity to want to change structural racism in healthcare, one hospital at a time, one obstetric unit at a time, ONE PATIENT at a time, in order to transform our world, is possible. Now let's listen to the hearts of our black mothers birthing babies and let's Beat structural racism together.

The Gift of Collaboration

34

**PUTTING HEART  
IN HEALTH CARE**  
By putting some skin  
in the game...

**H – Honor**  
**E – Empathy**  
**A – Advocacy**  
**R – Respect**  
**T – Trust**

The Gift of Collaboration



35

New maternal health  
**equity** tools for  
CMQCC California  
member hospitals

CMQCC



36

# Equity Tool - CMQCC Learning Initiative for Supporting Vaginal Birth with an Equity Lens

Launched  
May 2023

## Learning Initiative



For Supporting Vaginal Birth  
Through an Equity Lens

- ✓ Reduce disparities in NTSV Cesarean rates through a renewed focus on NTSV structure/process metrics and introducing equity-based concepts and tools.
- ✓ Plan: Conduct Learning Initiative rounds for 18 months staggering new rounds every 9 months with 2 cohorts in each round.
- ✓ Curriculum to follow CMQCC Hospital Action Guide
- ✓ CDC grant funded initiative for 5 years beginning September 30, 2022 – 2027

37

# Equity Tool - Hospital Action Guide for Respectful and Equity-Centered Obstetric Care

Launched  
July 2023

Hospital Action Guide



For Respectful and  
Equity-Centered  
Obstetric Care

- ✓ Resources and tools to guide to get started or continue equity-centered care.

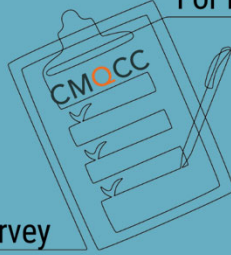
- ✓ Modules will include resources for:
  - ✓ Understanding the Need for Birth Equity
  - ✓ Identify Opportunities for Collecting and Sharing Stratified Data and Patient Experience and Outcomes
  - ✓ Examine Current Equity Practices
  - ✓ Leverage Patient Care Process and Outcome Data to Address Obstetric Disparities
  - ✓ Create a Culture of Respectful Care
  - ✓ Build Partnerships with the Community

38

# Equity Tool - Culture of Equity Survey

Launching  
Fall 2023

## For Hospital Teams



### Culture of Equity Survey

✓ Designed to be administered to units to understand team members' perspectives on equity

- ✓ Survey captures perspectives on and experiences with:
- ✓ Bias
  - ✓ Comfort addressing bias, racism, and disrespectful care
  - ✓ Healthcare team members' behaviors toward patients and other staff members
  - ✓ Shared decision-making with patients
  - ✓ Experience with microaggressions, bias, and racism
  - ✓ Organizational structure that supports respectful and equity-centered care

39

## Call To Action

Team

- Build your internal equity team

Data

- Maternal Data Center
- Stratify data by race/ethnicity

Assess

- Prepare to discuss and conduct baseline assessment

21- Day Challenge

- Racial Equity Habit Building Challenge
- Source: American & Moore, LLC

Register

- Birth equity webinars (Quarterly)

CMQCC

40

**Thank You!**

**We Look Forward to Your Questions & Feedback**



**CMQCC**  
California Maternal  
Quality Care Collaborative

41



Questions



42

## Thank you

Amanda Williams, MD, MPH, FACOG  
Clinical Innovation Advisor  
California Maternal Quality Care Collaborative, Stanford University School of  
Medicine

[amandawilliams1701@gmail.com](mailto:amandawilliams1701@gmail.com)

Rev. Dr. Candace Kelly, D.Min., M.Div., GC-C, BCC  
Board Certified Chaplain  
Memorial Care Millers Children's and Women's Hospital Long Beach

[ckelly2@memorialcare.org](mailto:ckelly2@memorialcare.org)

