

December 14, 2021

US DHHS Advisory Committee on Infant and Maternal Mortality

California Maternal Health

Data and quality initiatives

Center for Family Health

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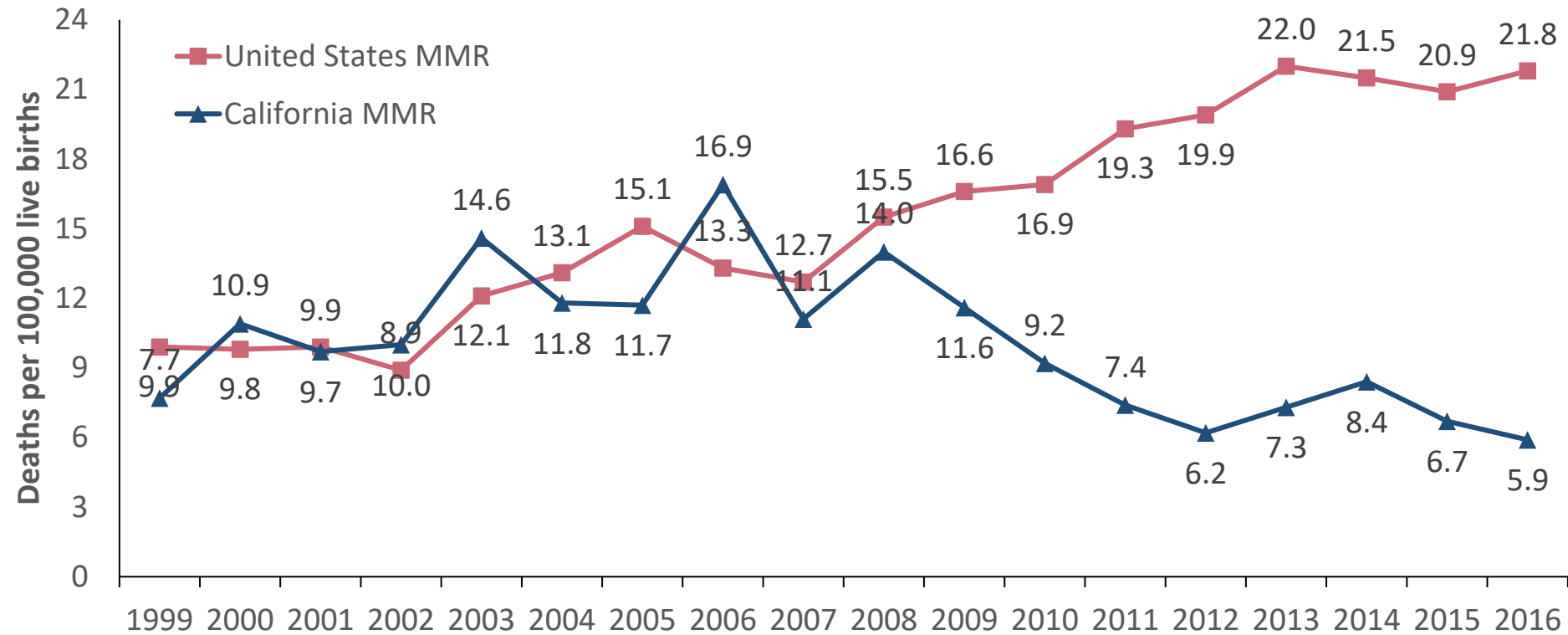
Three Key Questions from SACIMM

- ▶ How did CDPH approach rising rates of maternal deaths and what is the relationship between the CDPH and Stanford University's California Maternal Quality Care Collaborative?
- ▶ What does California see as major challenges for improving maternal health in the state?
- ▶ How can federal agencies help to support improvement in maternal health for all pregnant people?

California Approach to Rising Rates of Maternal Mortality

- ▶ CDPH started with hypothesis generation
- ▶ One hypothesis was that obstetrical care, specifically hospital-based rescue care, was contributing to the rise in maternal deaths
- ▶ CDPH medical record investigation by CFH was launched and messaging focused on quality improvement and not regulatory oversight
- ▶ CDPH provided Title V seed funding to CMQCC to serve as a vehicle for engagement of the medical community in partnership with public health to address rising maternal mortality
- ▶ CDPH MMRC identified areas/themes for QI and toolkits were developed to assist hospitals and providers in QI efforts based on the data of the MMRC
- ▶ CMQCC then implemented a structure for QI collaboratives (funded by hospital participants) and using real time outcomes data to support hospital QI efforts

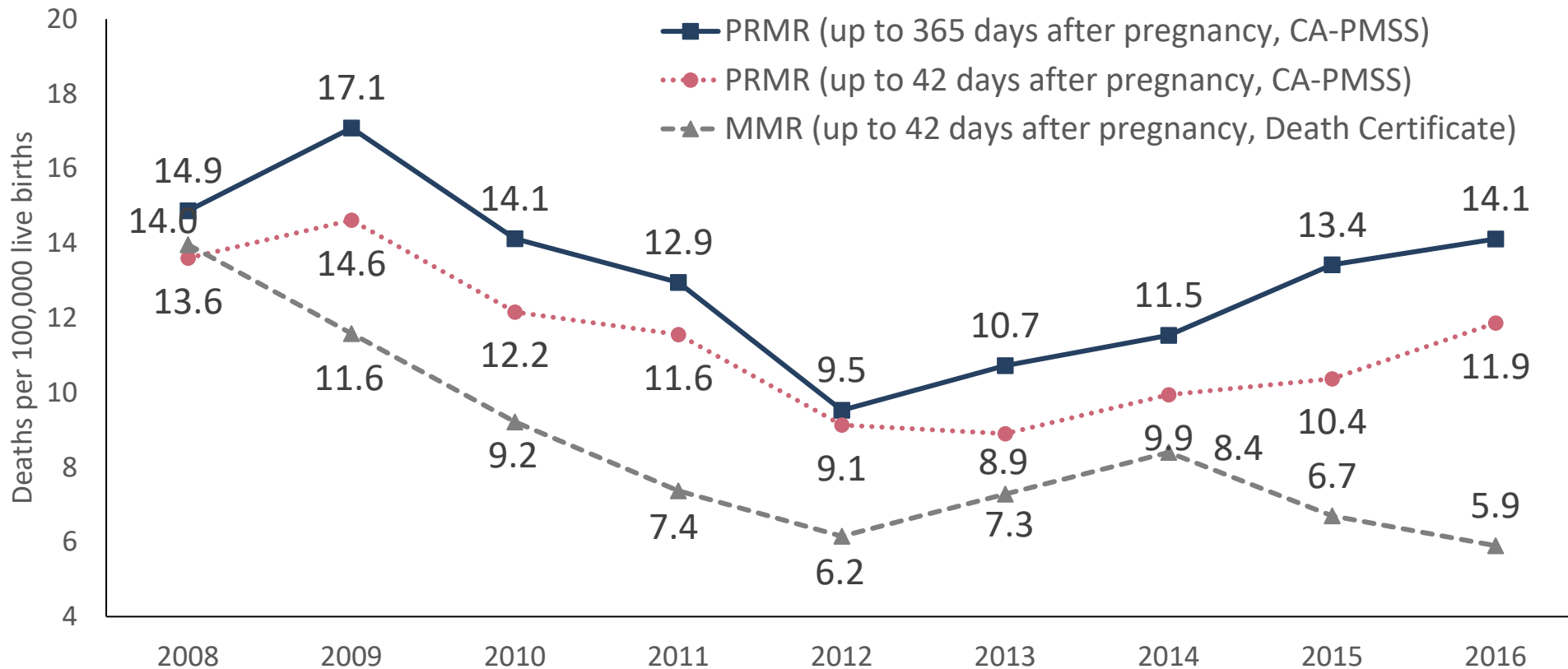
Maternal Mortality Ratio: CA vs. U.S. 2002-2016



SOURCE: State of California, Department of Public Health, California Birth Statistical Master Files (2002-2016), California Death Statistical Master Files (2002-2013), and California Pregnancy Status Errata Files, (2014-2016). Maternal mortality for California (deaths \leq 42 days postpartum) was calculated using ICD-10 cause of death classification (codes A34, O00-O95, O98-O99). Data on U.S. maternal deaths are published by the National Center for Health Statistics through and found in the CDC WONDER Database (accessed at <http://wonder.cdc.gov> on February 25, 2020) Produced by California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, July, 2020.



Pregnancy-Related Mortality Ratios, California Residents; 2008-2016



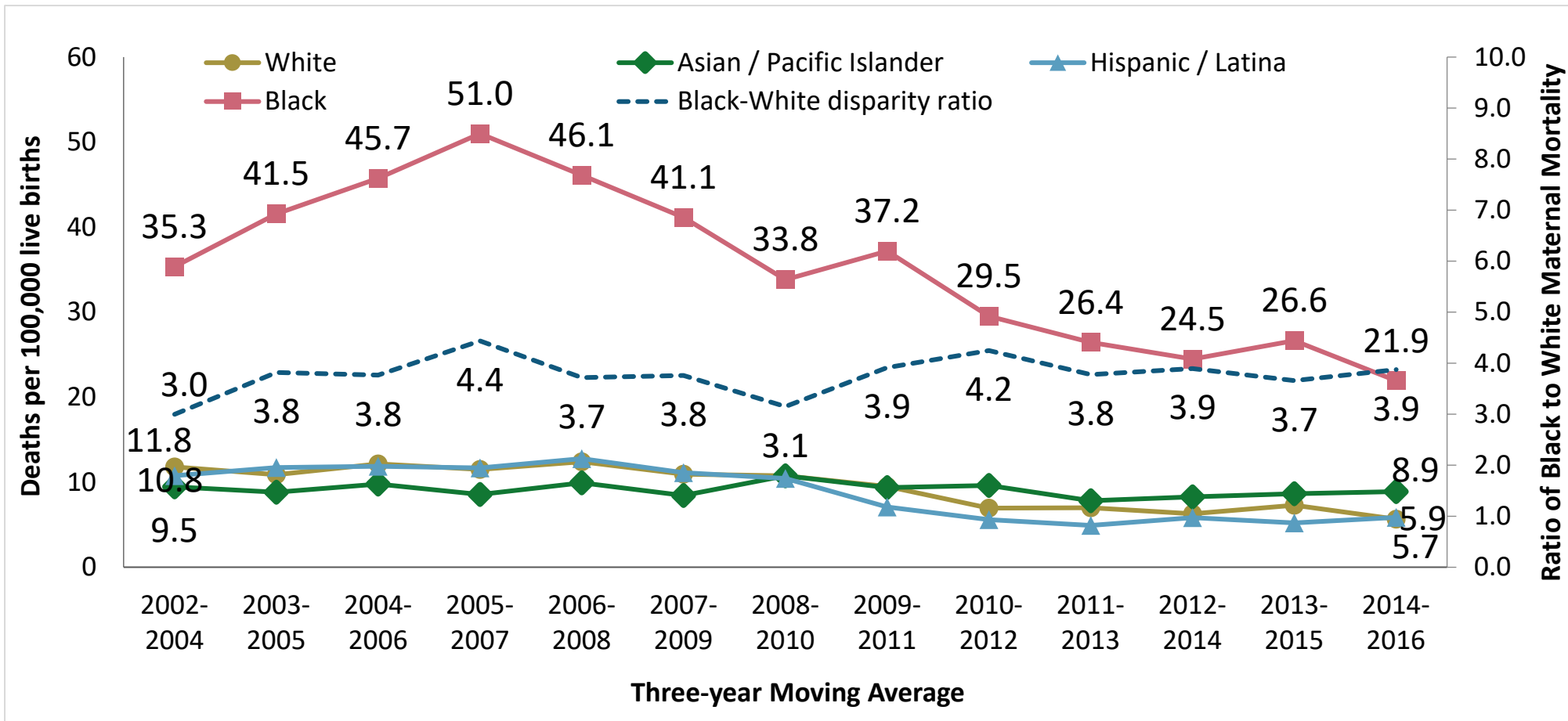
Pregnancy-related mortality ratio (PRMR) = Number of pregnancy-related deaths per 100,000 live births, up to one year after the end of pregnancy. Pregnancy-relatedness determinations were made through a structured expert committee case review process.

Maternal mortality ratio (MMR) = Number of obstetric deaths per 100,000 live births, identified using ICD-10 cause of death classification for obstetric deaths (codes A34, O00-O95, O98-O99) from the California death certificate data (2008-2013) and California pregnancy status errata file (2014-2016). MMR includes maternal deaths only up to 42 days after the end of pregnancy.

Note: In 2009, the influenza A (H1N1) pandemic caused a spike in the pregnancy-related mortality rate.



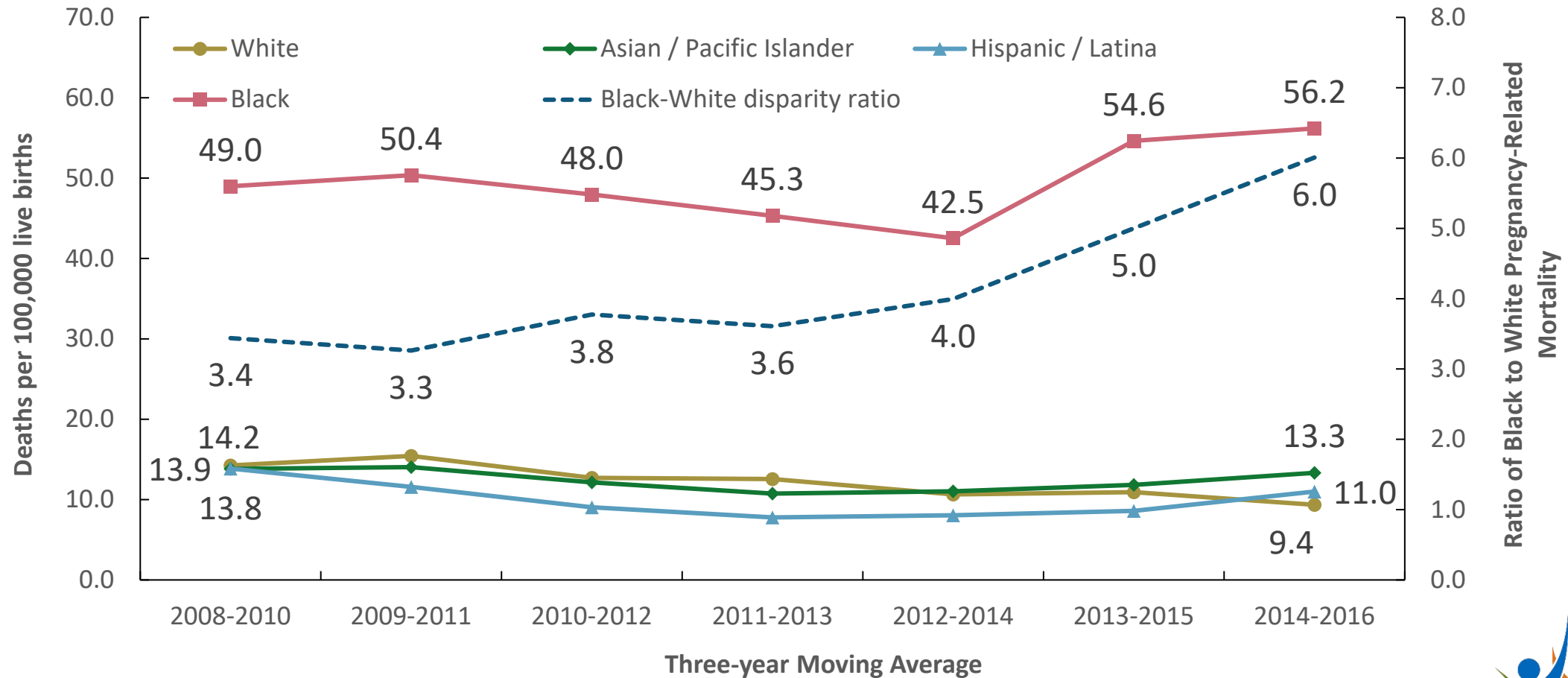
Maternal Mortality Ratios by Race/Ethnicity, California Residents; 2002-2016



SOURCE: State of California, Department of Public Health, California Birth Statistical Master Files (2002-2016), California Death Statistical Master Files (2002-2013), and California Pregnancy Status Errata Files, (2014-2016). Maternal mortality for California (deaths \leq 42 days postpartum) was calculated using ICD-10 cause of death classification (codes A34, O00-O95, O98-O99). Produced by California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, July, 2020.



Pregnancy-Related Mortality Ratios by Race/Ethnicity, California Residents; 2008-2016



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. Pregnancy-relatedness determinations were made through a structured expert committee case review process.



What does California see as major challenges to improving maternal health in the state?

- ▶ Addressing disparities in perinatal outcomes by addressing systemic racism and social determinants of health
- ▶ Using the life course approach to risk reduction AND resiliency promotion
- ▶ Increasing support for other health risk conditions such as behavioral health and chronic disease related maternal morbidity
- ▶ Reproductive health literacy for all including understanding of the pregnancy health burden and high-risk conditions
- ▶ Continued work to improve the quality of reproductive health care

How can federal agencies help to support improvement in maternal health for all pregnant people?

- ▶ Provide equity based COVID recovery assistance for families and women
- ▶ Increased focus on rising rates of maternal morbidity
- ▶ Prioritize social support during pregnancy as routine part of prenatal care.
- ▶ Create a national learning collaborative (both MediCaid and Public Health) focused specifically on morbidity and mortality perinatal outcomes for Black people
- ▶ Increase support for parents and a national vision that child rearing is shared responsibility
- ▶ Incentivize a stronger and more diverse reproductive health workforce
- ▶ Address data quality issues
- ▶ Conduct a LEAN assessment of federal processes to increase flexibility and reduce procedural and reporting burdens

Policy Resources

- National Academies of Sciences, Engineering, and Medicine 2021. [*Advancing Health Equity and Reducing Maternal Morbidity and Mortality: Proceedings of a Workshop*](#). Washington, DC: The National Academies Press.
- Bigby JA, Anthony J, Hsu R, et al *Recommendations for Maternal Health and Infant Health Quality Improvement in Medicaid and the Children's Health Insurance Program*. Division of Quality & Health Outcomes, CMMS, 2020
- *Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America*. US Department of Health and Human Services, 2020

Advancing Maternal Health as a Human Rights Issue

- ▶ Improve Health Care Access & Quality
- ▶ Address Underlying Determinants of Health
- ▶ Eliminate Discrimination in Law and Practice
- ▶ Ensure Accountability
- ▶ Include and Empower

Source: Center for Reproductive Rights, [Guiding Principles for Maternal Health Policy Change](#)



THANK YOU!

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