



2023

CMQCC | Annual Report

Table of Contents

2

Introduction

3

Mission and Impact

4

Pregnancy-Associated Mortality Review

5

Maternal Data Center

6

Engagement Metrics

7

CMQCC Quality Improvement Initiatives & Projects

14

CMQCC Programs

16

Upcoming Activities in 2024

17

CMQCC Team Members



Introduction

In 2023, the California Maternal Quality Care Collaborative (CMQCC) grew in exciting directions and brought new leadership and expertise to our team.

We are thrilled to introduce Drs. Deirdre Lyell and Jochen Profit as they embark on their new leadership roles this year as Co-Chairs and Co-Principal Investigators of both CMQCC and our sibling organization, California Perinatal Quality Care Collaborative (CPQCC). With expertise in maternal-fetal medicine and neonatology, respectively, Drs. Lyell and Profit have demonstrated exceptional dedication to advancing care for California's mothers, birthing persons, and vulnerable infants. Their wealth of experience and forward-thinking approach will be instrumental in guiding us through this transitional phase and building a foundation for future success.

During the last year we also recruited exceptional new team members with expertise in public health, clinical care, birth equity, communications, administration, quality improvement, patient and community engagement, data, and research.

On behalf of the CMQCC team, we extend our heartfelt gratitude for your partnership and unwavering support! Whether you are a patient advocating on an advisory committee, a hospital leader guiding quality improvements, a generous funder, or a nurse providing all families with high-quality care, we deeply appreciate your invaluable contributions. Thanks to your dedication and commitment, meaningful progress has been made in improving pregnancy and perinatal outcomes for patients across the state. CMQCC made significant strides in 2023 with key initiatives and is embarking on new projects in 2024. Together, we are steadfast in our mission to eliminate preventable maternal deaths and promote positive, equitable health outcomes for all mothers, birthing persons, and their infants throughout California.

– CMQCC Leadership



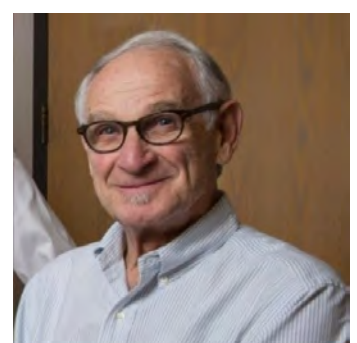
DEIRDRE LYELL, MD
Co-Chair & Co-Principal
Investigator



JOCHEN PROFIT, MD, MPH,
Co-Chair & Co-Principal
Investigator



LESLIE KOWALEWSKI,
Executive Director of
Maternal, Child, and
Family Health



JEFFREY GOULD, MD, MPH,
Senior Advisor

Mission and Impact

CMQCC is a multi-stakeholder organization committed to ending preventable morbidity, mortality, and racial disparities in California maternity care. CMQCC uses research, quality improvement initiatives/toolkits, statewide outreach collaboratives, and its innovative Maternal Data Center to improve health outcomes for mothers, birthing persons, and infants.

CMQCC was founded in 2006 at Stanford University School of Medicine together with the State of California in response to rising maternal mortality and morbidity rates. Since CMQCC's inception, California's maternal mortality rate declined by 65 percent from 2006 to 2016, while the national maternal mortality rate continued to rise.

The California pregnancy-related mortality ratio (PRMR) continued to stay below the national PRMR through 2021, the most recent year for which both rates are currently available. In 2021, California's PRMR was 21.6 deaths per 100,000 live births compared to the national PRMR of 32.9.

In 2023, the U.S. Health Resources and Services Administration (HRSA) recognized California's expertise at improving maternal health outcomes and reducing disparities in care with a \$10 million State Maternal Health Innovation (MHI) Award. Granted to CMQCC, this award will enable collaboration between diverse organizations, patient advocates, and communities. The grant will also align state departments, including the Department of Health Care Services; Department of Public Health—Division of Maternal, Child, and Adolescent Health; and California Surgeon General Diana Ramos, MD, MPH, MBA, FACOG.

"HRSA's investment in California gives the state funding to help close the gaps we know are driving moms to suffer and, in some cases, die, during and after childbirth," said Dr. Ramos. "Together, with key state health agencies and community and local health leaders, California can improve maternal health and make California the safest and best place to have a baby for all women, despite race, ethnicity, socio-economic state, zip code, or family makeup."

Key near-term priorities include developing a strategic plan to overcome gaps between clinical care and public health programs, and identifying opportunities to fund community-centric programs with a shared vision.

[Subscribe to CMQCC's newsletter](#) to stay up to date on news and funding opportunities.

Other notable achievements in 2023 included:

- Joining Stanford University School of Medicine's Center for PReventing Inequities in Hemorrhage-related Severe Maternal morbidity (PRIHSM), a National Institutes of Health-funded Maternal Health Research Center of Excellence aiming to reduce the incidence of postpartum hemorrhage in California and beyond
- Deepening our commitment to birth equity and community engagement with support from Skyline Foundation and Merck for Mothers
- Launching a hospital learning initiative funded by the Centers for Disease Control and Prevention, with a curriculum of equity-focused materials to help ensure all California populations reach the Healthy People 2030 nulliparous, term, singleton, vertex cesarean birth target rate of 23.6%

Pregnancy-Associated Mortality Review

Thanks to the members of the [California Pregnancy-Associated Mortality Surveillance System \(CA-PMSS\) Committee](#) for working diligently to ensure that California has the latest high-level data that is ready to share. The California Department of Public Health–Division of Maternal, Child, and Adolescent Health (CDPH-MCAH) released the following materials on pregnancy-related mortality:

 [Statewide Data Through 2021](#)

 [2018-2020 Fact Sheet](#)

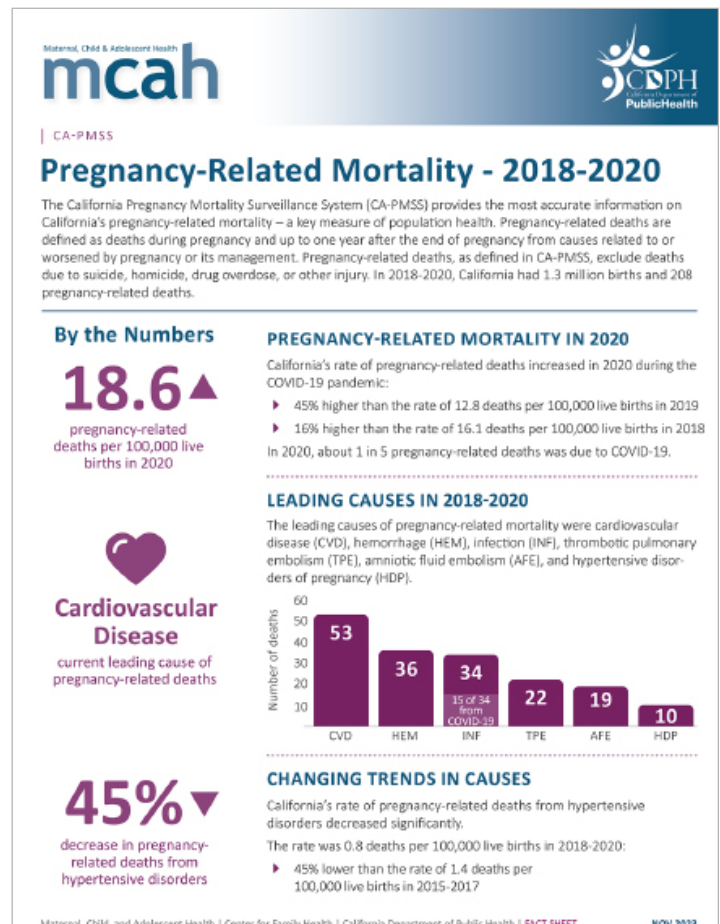
Additional subcommittees launched in partnership with and funded by CDPH-MCAH, below, are also working to further understand specific causes of death identified during CA-PMSS' mortality reviews:

The [California Pregnancy-Associated Mortality Review COVID Expert Committee](#) completed their review of maternal deaths from COVID-19 during the years 2020-2022. This data will be analyzed and disseminated as soon as possible to share the lessons learned from caring for pregnant patients during a global pandemic.

The [Southern California Pregnancy-Associated Mortality Review Committee](#) is continuing its work to review pregnancy-related deaths in Los Angeles, San Bernardino, Riverside, Orange, and San Diego counties. Data from 2019-2021 is being analyzed and will be used to inform State Maternal Health Innovation Program activities.

The [OB Hemorrhage Review Committee](#) completed its review of the data from 2014-2018, and a manuscript is with CDPH-MCAH awaiting approval to submit to an OB clinical journal.

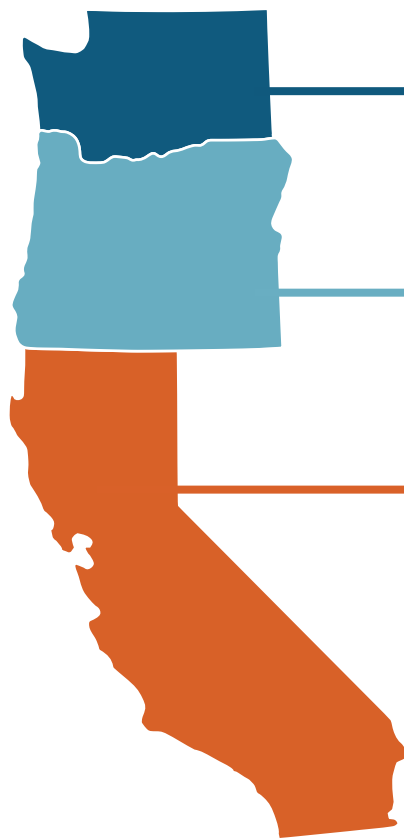
For past reports and publications from these subcommittees, please visit the [CA-PAMR page](#) on the CMQCC website.



Maternal Data Center

The Maternal Data Center (MDC) is an online tool that generates near-real-time data and performance metrics on processes and outcomes for hospital participants. Hospitals submit patient discharge data—data that they already collect—to the MDC, which instantaneously links the discharge data to birth certificate data. The result is a low-burden tool that gives clinicians the perinatal care performance metrics and benchmarking data they need to drive quality improvement.

The MDC covers most hospitals with labor and delivery units in California, Washington, Oregon, and a limited number of hospitals in other states.



Launched in 2014
38 Hospitals
~70% of Delivery Volume

Launched in 2015
29 Hospitals
~75% of Delivery Volume

Launched in 2012
211 Hospitals
~99 of CA Delivery Volume

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

ACCOMPLISHMENTS IN 2023

In 2023, the MDC was updated to introduce a fresh and modern look alongside comprehensive technical enhancements. This revamp enhanced user experience and efficiency with a redesigned interface and updated back end infrastructure. Key accomplishments included:

- A successful launch of Electronic Clinical Quality Measures (eCQMs) within the MDC. This initiative supports the five Joint Commission eCQMs, offering hospitals comparison, evaluation, and validation tools to streamline their eCQM submission requirements.
- Development of measures for the Low-dose Aspirin to Prevent Preeclampsia initiative. Users can now stratify data based on prenatal care group, thus enhancing data analysis and quality improvement opportunities.
- Enhancement of the Nulliparous, Term, Singleton, Vertex Cesarean Birth Measure Analysis tool by enabling the stratification of data by race and ethnicity, payer, and more.
- Introduction of a feature that can filter any measure by morbidity outcome.
- Creation of a Non-Medically Indicated Inductions tracking tool, introduced to users through a [clinical data webinar](#).

To learn more about the MDC, [visit CMQCC's website](#).

Engagement Metrics

WEBSITE TRAFFIC



514,862

Traffic to Site

332,537

Total Page Sessions

SOCIAL MEDIA



39,084

Impressions

6,769

Followers/Fans

1,355

Engagements

EMAIL



367,638

Total Emails Sent

41%

Average Open Rate

9.4%

Average Click Rate

0.10%

Unsubscribe Rate

TOP PERFORMING POSTS

California Maternal Quality Care Collaborative (C... + Follow ...
 1,325 followers
 9mo · 🌐

JUST IN: Dr. Kimberly Gregory appointed to lead California Pregnancy-Associated Review Committee. ...see more

Dr. Kimberly Gregory appointed to lead California Pregnancy-Associated Review Committee

A collaborative between the California Department of Public Health, and its contracting partners CMQCC and the Public Health Institute.

👍❤️👍 34 5 comments · 2 reposts

👍 Like 💬 Comment 🔄 Repost 📧 Send

[Learn more](#) about Dr. Gregory's CA-PARC appointment.

Instagram

Low-dose aspirin (LDA) is the only known way to reduce preeclampsia and mother/infant harms.

Low-dose aspirin (LDA) in pregnancy can support health placenta development, preventing changes that can lead to high blood pressure.

Those taking Low-dose aspirin (LDA) are more likely to deliver at full term and less likely to have preeclampsia.

camaternalqualitycare

camaternalqualitycare We're here at the California Birth Equity Summit Day Two! Lindsay du Plessis of @camaternalqualitycare shares CMQCC's Low-Dose Aspirin Initiative supported by @marchofdimes

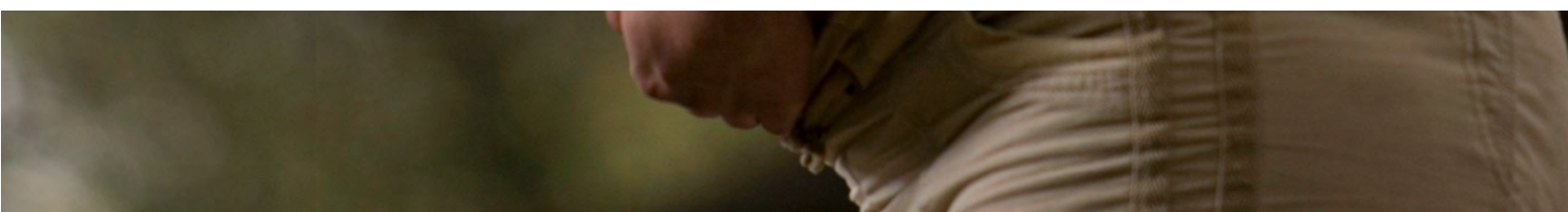
To learn more about LDA, visit: <https://ow.ly/hLGx50PEAA5>

#CABBES23 #MaternalCare #PerinatalCare #LDA #Preeclampsia #Equity

[Download resources](#) for using low-dose aspirin to help prevent preeclampsia.



CMQCC Quality Improvement Initiatives & Projects



Community Birth Partnership Initiative

The [Community Birth Partnership Initiative](#), funded by Skyline Foundation and grounded in shared decision-making and birth equity, is designed to improve processes for transferring patients between community birth sites (the home or a freestanding birth center) and a hospital. Midwifery access, integration, and sustainability can help women and birthing persons have a safer and respectful birth no matter where they intend to give birth and regardless of whether they will need a transfer.



This initiative addresses a critical need for ensuring access to quality perinatal care and supporting midwifery care, strategies aimed at curbing alarming trends of maternal morbidity and mortality in the United States and persistent birth disparities in California.

In 2023, the initiative focused on education to address the root causes of birth disparities. CMQCC hosted a 4-part webinar series about community-based solutions that have been demonstrated to improve outcomes and quality of care for women, birthing persons, and their infants:

- [Team-Based Care](#)
- [Midwifery Integration](#)
- [Partnering with Doulas](#)
- [Community Birth](#)

The Skyline Foundation funding will support work over 3 years (2024-2027) and is notable in its size and scope for a pilot project. Four pilot hospitals were recruited across two regions, the greater Sacramento area and the Inland Empire (San Bernardino and Riverside counties). These hospitals will work with community birth providers and emergency medical services from their regions to ensure safer, patient-centered, and dignified transfers for every patient who needs one.

Looking ahead, lessons learned from this pilot project will inform expanded work across the state. The aim is to develop policies for community birth transfers informed by the perspectives of both community and hospital stakeholders.

More resources can be found in Part V of the [Toolkit to Support Vaginal Birth and Reduce Primary Cesareans](#).

Learning Initiative to Support Vaginal Birth through an Equity Lens

Cesarean births are the most frequent hospital surgery in the United States. Although cesarean births may be the safest choice under certain circumstances, far too many are performed for non-medically indicated reasons.

CMQCC led a statewide Supporting Vaginal Birth collaborative from 2015–2019. The goal of the collaborative was to reduce the rate of low-risk cesarean births, specifically cesarean births occurring in nulliparous, term, singleton, vertex (NTSV) pregnancies. Statewide, low-risk cesarean rates decreased from 26.0% in 2015 to 22.8% in 2019, surpassing the national Healthy People 2030 target rate of 23.6%. NTSV cesarean rates fell for all

racial groups to a similar degree; however, there were persistent gaps in rates between groups. Notably, further analysis revealed that a majority of California hospitals with a significant number of Black births did not meet the Healthy People 2030 target rate, indicating that care practices were likely contributing to inequity.

Lessons learned from a 5-hospital CMQCC birth equity pilot collaborative informed the development of tools and resources aimed at changing unit culture to reduce care practices contributing to inequities. Since the pilot collaborative's outcomes were successful, CMQCC subsequently launched the first round of the Learning Initiative to Support Vaginal Birth through an Equity Lens in May 2023. This work is supported by the Centers for Disease Control and Prevention.

Each round consists of an 18-month-long program that incorporates:

- Quarterly webinars
- Monthly coaching sessions with equity/NTSV content presentations and team report-outs
- Implementation of equity/NTSV structure and process measures
- Implementation of baseline assessment measurement strategies
- Data review of race/ethnicity-stratified NTSV CS rates by participating hospitals

CMQCC hosted 3 perinatal equity webinars for participating hospitals in 2023:

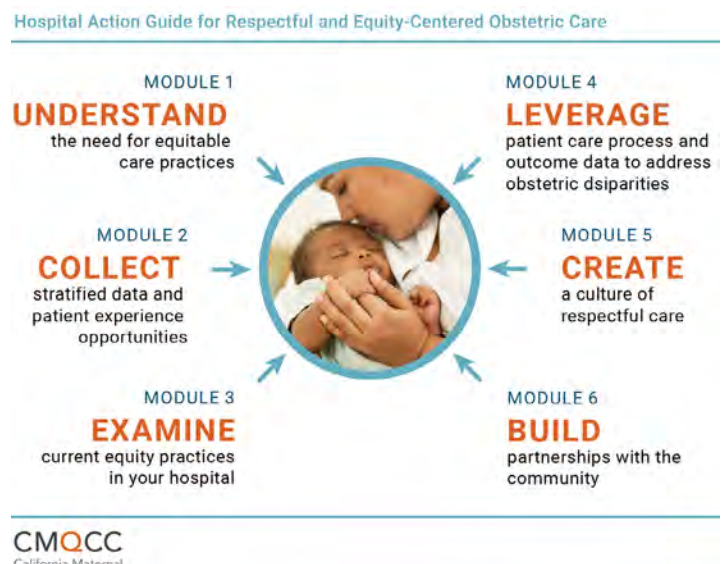
- [Patient Experience Baseline Assessments & Respectful Care](#)
- [Tools to Get Started](#)
- [CMQCC's Equity-Centered Initiatives](#)

Round 1 of the learning initiative is scheduled to continue through fall 2024, with additional rounds planned. California hospitals interested in participating should contact info@cmqcc.org for more information.

Launch of Hospital Action Guide

CMQCC has developed the Hospital Action Guide for Respectful and Equity-Centered Obstetric Care, containing educational and action-oriented modules aimed at changing culture and creating an environment of respectful care. The Hospital Action Guide serves as the curriculum for the Learning Initiative to Support Vaginal Birth through an Equity Lens.

In 2023, nearly 40 California medical, health, and equity leaders contributed to the development of the Hospital Action Guide. Through a series of strategic rollouts, hospital action guide modules were soft launched to California member hospitals. By December there was a significant uptake, with 45% of



California member hospitals accessing the guide regularly. In the fall of 2024, all modules will be available to all interested hospitals and organizations. This project was made possible in part by generous support from The Joseph & Vera Long Foundation.

Preventive Care for Postpartum Hemorrhage

Postpartum hemorrhage is a leading cause of maternal death and severe maternal morbidity. The condition is especially dangerous for communities that have historically faced systemic inequities as these patients are at disproportionately higher risk.

To address disparities in hemorrhage-related maternal complications, CMQCC initiated a partnership with Stanford PRIHSM, a National Institutes of Health-funded Maternal Health Research Center for Excellence. PRIHSM seeks to reduce postpartum hemorrhage in California and nationally over seven years through equitable care for its two precursors: iron deficiency anemia and cesarean births.

PRIHSM builds community-university collaborations that are critically informed by the perspectives of patients, providers, and healthcare leaders. Researchers analyze data from multiple sources, including CMQCC's Learning Initiative to Support Vaginal Birth through an Equity Lens, to identify and recommend improvements in care. Then the program trains individuals from academic and community settings who have diverse perspectives—especially from communities that have been marginalized—to continue researching and implementing evidence-based care practices.

QI Academy

Established in 2018 with funding from Blue Shield of California, the Quality Improvement (QI) Academy is designed to help hospitals build a multidisciplinary maternal QI team that fosters sustainable change and enhances professional experience. Participating hospitals are part of a dynamic learning environment, where they receive mentorship in enhancing their perinatal QI team skills. The year-long educational initiative focuses on the application of evidence-based QI techniques. Each participating hospital selects a project, and data measurement is tracked in the Maternal Data Center.



To date, we have enrolled 58 hospitals in the QI Academy, and projects have included:

- Reducing rates of NTSV cesarean births
- Implementing a process for quantitatively measuring blood loss
- Improving timely treatment of severe hypertension
- Reducing severe maternal morbidity
- Developing strategies for improving exclusive breastfeeding rates

- Implementing a maternal hemorrhage risk assessment
- Improving adherence to maternal venous thromboembolism (VTE) guidelines
- Implementing maternal hemorrhage guidelines
- Improving identification and treatment of maternal sepsis
- Developing guidelines for maternal/neonatal substance exposure

In 2024 the intention is to strategically build upon this successful program by integrating QI Academy learnings and best practices into all future CMQCC QI initiatives.

Low-dose Aspirin to Prevent Preeclampsia and Preterm Birth Initiative

With funding from the March of Dimes, CMQCC is partnering with select hospitals statewide and community partners to promote the use of daily low-dose aspirin (LDA) by pregnant individuals at risk for preeclampsia. Low-dose aspirin, as recommended by a healthcare provider, is the only known effective solution to prevent preeclampsia.

In 2023, CMQCC's LDA project staff worked closely with 5 pilot hospitals, more than 20 clinics, and over 10 community-based organizations to advance this initiative. CMQCC conducted over 20 site visits and completed chart reviews in pilot hospitals to assess for promotion of LDA. New measures were added to the MDC so providers could document LDA prescriptions, patient compliance, and track key metrics to evaluate the initiative's effectiveness.

A Patient Advisory Committee (PAC) was assembled, consisting of 11 dedicated members with lived experience who delivered at or near the pilot hospitals. They played a pivotal role in shaping the project and spotlighting the needs of patients and communities.



LDA project staff attended the California Black Birth Equity Summit at The California Endowment to present progress on the LDA campaign and highlight the importance of meaningful patient and community involvement. Throughout the year, several educational webinars were hosted to disseminate important information on LDA to a variety of stakeholders, including clinicians, other healthcare providers, and community members.

In 2023, CMQCC published two articles highlighting patient and provider experiences, which were also shared on social media to amplify their impact:

- [Letting patient voices lead: Low-Dose Aspirin Quality Improvement Initiative aims to prevent preeclampsia across the state](#)
- [Discussing risk respectfully: How to talk about preeclampsia and low-dose aspirin with patients](#)

Postpartum Redesign

Over the past year, CMQCC embarked on a new project, Operationalizing the Redesign of Comprehensive Postpartum Care. With a 2022 gift from Merck for Mothers, the Postpartum Redesign Project aims to convene a group of stakeholders to expand quality postpartum care in California for the Medicaid/Medi-Cal population through one year postpartum. Recommendations will be developed for the content, structure, methodology, and measurement of outcomes of postpartum care. Planning is underway to pilot these recommendations at several sites including a hospital health system and federally qualified health centers offering managed care plans.

The core goals of the project are to reduce morbidity and mortality among postpartum women and birthing persons, and reduce disparities in perinatal outcomes, particularly among Black individuals/African Americans, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders who face systemic barriers and structural racism when accessing quality care.

Also in 2023, CMQCC contributed to reimagining California's Birthing Care Pathway with the aim of improving the continuum of care from preconception to one year postpartum. Given California's diverse population, geographic diversity in healthcare delivery, size, and the state's leadership role across the country, the learnings and resources of the redesign process will be applicable in other states.

Looking forward, a CMQCC Hospital Discharge Toolkit will be developed to help standardize the discharge process. This new addition to CMQCC's toolkit lineup will contribute to ensuring women and birthing persons at high risk receive appropriate instructions for triage/treatment, if necessary, and timely follow-up care.

The Obstetric Sepsis Collaborative

Maternal sepsis is now the second-leading cause of both maternal mortality and severe maternal morbidity



in California. Data from the California Pregnancy-Associated Mortality Review (CA-PAMR) Committee report estimates that 63% of maternal deaths from sepsis had a good or strong chance of prevention.

Furthermore, for each maternal death, there are 50 women who experience life-threatening morbidity from sepsis. This is highly concerning since prompt recognition and rapid treatment of pregnant and postpartum women and birthing persons with sepsis usually results in good outcomes for this generally young and healthy population.

To assist healthcare providers in implementing evidence-based methods for timely obstetric sepsis recognition and treatment, the Obstetric Sepsis Collaborative was designed and led through community partnership, then launched in California and Michigan. CMQCC has partnered with the Dunlevie Maternal-Fetal Medicine Center at Stanford University and Michigan Alliance for Innovation in Maternal Health, as well as Duke University, to increase the impact of this effort.

The Obstetric Sepsis Collaborative engages mentor-led groups of staff from 6-10 hospitals. Each group has 4 mentors including a nurse, physician, community leader, and a patient with lived experience who brings an essential perspective to this work. The Community Leadership Group and the Clinical Advisory Board, together with project leaders, have developed the following resources aimed at advancing the care of patients with sepsis:

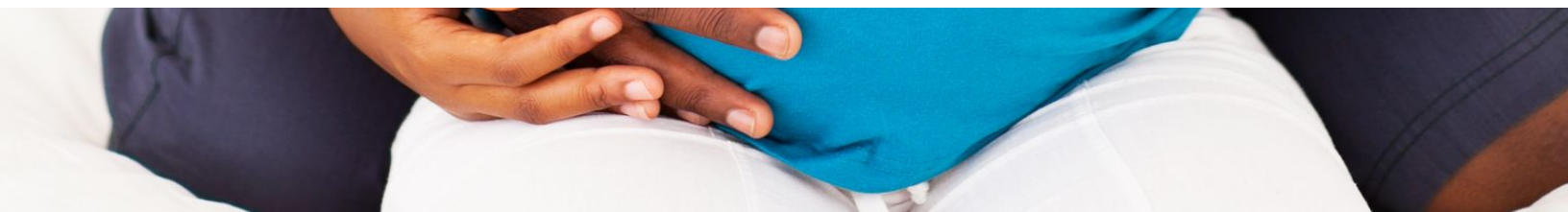
- Sepsis Flow Chart for Screening and Diagnosis
- Urgent Maternal Warning Signs (developed by Alliance for Innovation in Maternal Health, American College of Obstetricians and Gynecologists, and the CDC)
- Advocacy Tips for Patients and Families
- Warning Signs Follow-up Guide for Healthcare Professionals
- Guide for Patient and Family Debriefs Before Discharge

Many of the resources also address generalizable issues for all severe maternal complications.

The CMQCC QI toolkit, [Improving Diagnosis and Treatment of Maternal Sepsis](#), published in January 2020, is being revised to include the advances made and resources developed during this collaborative.



CMQCC Programs



Regional Perinatal Programs of California

The goal of the **Regional Perinatal Programs of California (RPPC)**, part of CDPH-MCAH, is to ensure women, birthing persons, and their babies have access to the level of care they need; reduce adverse maternal and neonatal outcomes; and eliminate disparities in morbidity and mortality. RPPC promotes access to risk-appropriate care for pregnant women, birthing persons, and their infants through the coordination of maternal and infant transport, technical assistance to perinatal units, implementation of data-driven quality improvement activities, and the promotion of breastfeeding.



Because RPPC teams support birthing hospitals that assist all pregnant women, birthing persons, and infants at high risk for medical complications before, during, and after birth, annual hospital site visits are the cornerstone of their work. CMQCC manages the North Coast-East Bay and Mid-Coastal Regions (coastal counties from San Luis Obispo to the Oregon border) for CDPH-MCAH and completed 32 site visits in 2023. We met with hospital staff at each site to discuss topics such as QI efforts, meeting the health and safety codes related to breastfeeding and equity, risk assessment to support the choice of maternal care level for birth, and birth certificate data entry.

Looking ahead, CMQCC plans to support hospital teams with improving emergency response and ascertaining race and ethnicity data for birth certificates—critical information for state programs that support the health of birthing persons and infants. Public health and other groups also use this information to make consequential decisions. While such information is optional for the birth certificate, quality improvement depends upon it.

The Mid-Coastal California Perinatal Outreach Program

The **Mid-Coastal California Perinatal Outreach Program (MCCPOP)** is committed to its regional community hospital partners through a continuing education program, in place for over 40 years. Stanford neonatologists and maternal-fetal medicine specialists lead perinatal morbidity and mortality reviews, CPQCC data reviews, and peer reviews with contracted hospitals in the counties of Monterey, San Benito, San Mateo, Santa Clara, Santa Cruz, and San Luis Obispo. In addition, due to the ability to offer virtual education, general education courses for clinicians are available to attendees from all over the United States. Stanford neonatal nurse practitioners and local maternal care advanced practice nurses offer sessions on topics relevant to pregnancy, birth, and newborn care. Last year, 12 virtual training sessions were attended by over 500 participants, and a new program website was launched.



The annual MCCPOP Perinatal Potpourri Conference—co-sponsored by MCCPOP, Stanford Medicine Children’s Health, Stanford Center for Continuing Medical Education, and Stanford University School of Medicine—presents the latest advances in perinatal care. In 2023, the conference was attended by physicians, researchers, nurses, midwives, fellows, residents, plus a growing number of medical students, from 36 states. For the first time, doulas and professionals from family medicine and women’s health were in attendance.

Upcoming Activities in 2024

CMQCC plans to successfully recruit and establish two new advisory committees in 2024: the California Maternal Health Task Force (MHTF) Steering Committee and CMQCC's Perinatal Equity Advisory Council. Both committees will play a critical role in shaping the future of California's maternity care, and their respective members share a commitment to ending preventable morbidity, mortality, and racial disparities in the state and nationwide. Each committee has unique responsibilities and areas of focus.

Through an active application and interview process, volunteers were recruited to serve on the [California MHTF Steering Committee](#), funded by a 5-year State Maternal Health Innovation grant from the U.S. Health Resources & Services Administration (HRSA). The Committee will strategize approaches for ensuring that at-risk pregnant individuals assessed for poor outcomes have access to and benefit from medical, public health, and social service evidence-based resources, with the goal of reducing severe morbidity and mortality, and racial and ethnic inequities. The Committee will also be responsible for recruiting and establishing a statewide task force and key subcommittees (data and evaluation, communications, community engagement, risk assessment, and others) that will ensure the grant's deliverables are completed. Key deliverables include a maternal health needs assessment and an evidence-based strategic plan.

[CMQCC's Perinatal Equity Advisory Council](#) will focus on increasing community and patient awareness of existing disparities in cesarean birth rates and the unique drivers contributing to cesarean births. Part of a 5-year grant from the Centers for Disease Control and Prevention, the Perinatal Equity Advisory Council will bring together volunteers with lived experience with cesarean birth and an interest in birth equity. Council members will play an essential role in advising and providing recommendations on unmet needs and opportunities to expand CMQCC's efforts in assisting member hospitals in reducing cesarean births in all low-risk pregnant patients.

CMQCC Team Members

Executive Committee

IFEYINWA ASIODU, RN, PhD, IBCIC, AWHONN, UCSF School of Nursing
PALAV BABARIA, MD, MHS, Quality and Population Health Management, California Dept. of Health Care Services
PRIYA BATRA, MD, MS, FACOG, Health Promotion Bureau, Los Angeles County Dept. of Public Health
JOY BURKHARD, MBA, 2020 Mom Foundation
SHANTAY R. DAVIES-BALCH, MBA, CLE, Doula, BLACK Wellness and Prosperity Center
JEFFREY B. GOULD, MD, MPH, Stanford University School of Medicine
LAURIE GREGG, MD, Women's Services and Wellness, Sutter Medical Center, Sacramento
ROBERT IMHOFF, Hospital Quality Institute (HQI)
MIRANDA KLASSEN, Amniotic Fluid Embolism (AFE) Foundation
LISA KORST, MD, PhD, Childbirth Research Associates, LLC
LESLIE KOWALEWSKI, Stanford University School of Medicine
CHRIS KRAWCZYK, PhD, California Dept. of Health Care Access and Information (HCAI)
DAVID LAGREW, MD, Hoag Health System
DEIRDRE J. LYELL, MD, Stanford University School of Medicine
SARAH MANDEL, MD, Kaiser Permanente Northern California
GAIL NEWEL, MD, MPH, Santa Cruz County Health Services Agency
JOCHEN PROFIT, MD, MPH, Stanford University School of Medicine
DIANA RAMOS, MD, MPH, MBA, FACOG, California Surgeon General
KAREN RAMSTROM, DO, MSPH, Maternal & Infant Health Branch, California Dept. of Public Health
USHA RANJI, MS, Kaiser Family Foundation
HOLLY SMITH, CNM, MPH, FACNM, American College of Nurse Midwives, California Nurse-Midwives Association
STEPHANIE TELEKI, MPH, PhD, California Health Care Foundation
LYN YASUMURA, MD, Kaiser Permanente Southern California

Leadership

DEIRDRE LYELL, MD, Co-Chair & Co-Principal Investigator (CMQCC, CPQCC)
JOCHEN PROFIT, MD, MPH, Co-Chair & Co-Principal Investigator (CMQCC, CPQCC)
LESLIE KOWALEWSKI, Executive Director of Maternal, Child, and Family Health
JEFFREY GOULD, MD, MPH, Senior Advisor

Staff

ARRONOEL ASHBY-ROSELLON, BA, Communications Specialist
TAMAR BOYADJIAN, MPH, Program Manager, Maternal Data Center

SHEN-CHIH CHANG, MS, PhD, Biostatistician
ARLENE CULLUM, MPH, Director of Special Projects
TERRI DEEDS, RN, MSN, NE-BC, C-ONQS, Clinical Lead
LINDSAY DU PLESSIS, DrPH, MPH, Community Engagement Lead
SAVANNAH GRAY, BSN, MPH, Program Manager
MELINDA HING, Research Coordinator
MELINDA KENT, MSN-Ed, RNC-OB, C-EFM, C-ONQS, Associate Director, Maternal Data Center
ANITA MCCLINTICK, BA, Program Assistant
CHRISTINE MORTON, PhD, Research Sociologist | Program Manager
CHRISTINA OLDINI, RN, MBA, CPHQ, Associate Director, Programs
BRITNEY PHENG, Data Specialist, Maternal Data Center
CHRISTA SAKOWSKI, MSN, RN, C-ONQS, C-EFM, CLE, Clinical Lead
LYDIA SAVELLI, BA, Program Manager
JOANNE TILLMAN, MPH, MCHES, Family Engagement Coordinator
MARCI TREADWELL, Program Assistant, MCCPOP
JESSICA WASHINGTON, Program Assistant
AMANDA P. WILLIAMS, MD, MPH, FACOG, Clinical Innovation Advisor



The CMQCC team gathered together to reflect on 2023 and begin planning for the next year.