CPQCC
California Perinatal Quality Care Collaborative

CMQCC
California Maternal Quality Care Collaborative
20 YEARS

Accelerating Perinatal Health
for California's Mothers, Babies & Families

2025 IMPACT REPORT

"You don't understand being a NICU parent unless you've been a NICU parent. If there's a willingness to include a parent voice, it makes it a symbiotic relationship with a NICU — we are sharing things that worked, and things that could be better. The real value of the California NICU Family Advisory Council is that it's lived experience improving future experience."

Ashley Omwando, MBA
NICU Mom & CPQCC California Neonatal Intensive Care Unit (NICU) Family Advisory Council Member

"It's extremely valuable to hear the lived experiences of birthing and postpartum people about how they experience the care. Hearing these stories and perspectives gives health care providers things to consider: How do we improve? How do we enhance support through a particular lived experience in ways we hadn't considered?"

Adrienne McIntyre, DNP, RNC-NIC, CNS
CMQCC Health Equity Advisory Council Member

On cover (clockwise from top):
N. Uche Uzegbu-McGhee, ASW, NICU Mom & CPQCC California NICU Family Advisory Council Member
Ra'Niesha Bratton, MPH, CHES, NICU Mom, Preeclampsia Survivor & CPQCC California NICU Family Advisory Council Member
Jen Kamel, Mom & CMQCC Health Equity Advisory Council Member

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"DHCS's mission is to improve health care and outcomes for all Californians. CPQCC and CMQCC are vital partners in achieving that mission for new parents, babies, and families. By using data to guide care, address disparities, and foster collaboration across hospitals, clinics, and communities, these collaboratives help us deliver on our commitment to person-centered care and the priorities outlined in DHCS's Birthing Care Pathway report. Together, we are accelerating perinatal health statewide by preventing complications before they occur and ensuring every family has the healthiest possible start."

Palav Babaria, MD, MHS
Chief Quality and Medical Officer & Deputy Director of Quality and Population Health Management, California Department of Health Care Services (DHCS)

CPQCC
California Perinatal Quality Care Collaborative

CPQCC's mission is to improve the quality and equity of health care delivery for California's most vulnerable infants and their families, from birth and NICU stay to early childhood.

CMQCC 20 YEARS
California Maternal Quality Care Collaborative

CMQCC's mission is to end preventable morbidity, mortality and racial disparities in California maternity care.

Together with our partners, we can continue to be the change

A MESSAGE FROM THE CPQCC/CMQCC LEADERSHIP TEAM

In 2025, we strengthened our role as California's perinatal quality collaborative — guided by the California Department of Public Health's Maternal, Child & Adolescent Health Division (CDPH/MCAH) — to accelerate high-quality, respectful perinatal care for California's families and further reduce inequitable health outcomes.

> ***Through our partnerships with CDPH/MCAH, the California Department of Health Care Services, and the Office of the California Surgeon General, we made progress integrating clinical care, public health, and community collaborators — pivotal steps toward our shared vision of a more robust and coordinated health ecosystem for our state.***

With our member hospital teams and partners, we drove improvements in key areas of neonatal and obstetric mortality and severe morbidity, worked to decrease systemic inequities, and cultivated stronger bonds of trust with outpatient health professionals and community collaborators.

Alongside our unwavering commitment to our mission and prudent management of resources, our work was further strengthened by the voices of members, collaborators, community, and patients and families. We profoundly appreciate their passion, engagement, and dedication to advancing change. Collectively, we made a significant impact — yet persistent and troubling disparities remain, placing many lives at risk.

Let us recommit to accelerating progress together for every family across California.

20 YEARS 2006-2026

CMQCC is Celebrating 20 Years!

Key Partners & Funders

California Department of Health Care Services
California Department of Public Health — Maternal, Child & Adolescent Health Division
Centers for Disease Control and Prevention
The David & Lucile Packard Foundation
Lucile Packard Foundation for Children's Health, Palo Alto, California
March of Dimes
Merck for Mothers
National Institutes of Health
Office of the California Surgeon General
Skyline Foundation
Stanford University School of Medicine
U.S. Health & Human Services Department — Health Resources and Services Administration

"As California's Perinatal Quality Collaborative (PQC), CPQCC and CMQCC continue to demonstrate extraordinary dedication to improving maternal and infant health outcomes statewide. CDPH is proud of our strong partnership in this work, and our shared commitments to innovation, equity, and continuous quality improvement. Together, we are 'accelerating perinatal health for California's mothers, babies, and families' by enhancing quality of care, reducing preventable morbidity and mortality, and addressing health disparities through robust cross-sector collaboration. We look forward to continuing to build on this collaborative work as we evolve and integrate a diverse array of clinical, public health, and community expertise for maximum impact."

Matthew Green, MPH
Deputy Director, Center for Family Health, California Department of Public Health — Maternal, Child & Adolescent Health Division

CALIFORNIA'S PERINATAL QUALITY COLLABORATIVE

Supporting **>394,000** births in California per year[1]

Accelerating change at statewide and national scale

CPQCC + 137 NICUs

Founded 1997

- **About 1 in 10** of California's newborns and families received NICU care[2]
- **Among the top 10 states** with fewest preterm births (2024)[3]

CMQCC + 198 Hospitals

Founded 2006

- **~99%** of inpatient births supported[4]
- **#1 lowest** state maternal mortality rate (per 100k live births, 2019-2023)[3]

"Improving maternal and infant health outcomes requires strong partnerships grounded in data and quality improvement. CA-OSG is proud to partner with CPQCC and CMQCC to advance evidence-based practices that support healthier pregnancies, safer births, and better outcomes for mothers, babies, and families. Together we are accelerating positive perinatal health throughout California."

Diana Ramos, MD, MPH, MBA, FACOG
California Surgeon General (CA-OSG)

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2. CPQCC NICU Data Center provisional data. Accessed February 25, 2026.
3. March of Dimes. 2025 report card for California. Accessed April 23, 2026. https://www.marchofdimes.org/peristats/reports/california/report-card
4. CMQCC Maternal Data Center provisional data. Accessed May 7, 2026.

Thank you to our member hospitals, expert collaborators, and volunteers for joining us!

Together, we are stronger.

Thank You, Multidisciplinary QI Teams

FOR ADVANCING HIGH-QUALITY, RESPECTFUL CARE THROUGH COLLABORATIVE IMPROVEMENTS AND INTERVENTIONS

CPQCC Improvement Palooza 2025 attendees

Thank You, Public Health Teams

FOR COLLABORATING WITH CLINICAL AND COMMUNITY HEALTH TEAMS TO UNITE OUR PERINATAL CARE EFFORTS

CMQCC and Contra Costa Health teams collaborate on a presentation at a perinatal health equity event in Contra Costa County

Thank You, Community Teams

FOR CENTERING AND UPLIFTING THE NEEDS OF ALL PATIENTS, FAMILIES, AND COMMUNITIES ACROSS OUR STATE

The Clinica Sierra Vista team promotes the use of low-dose aspirin to prevent preeclampsia and related preterm birth

How We Accelerate High-Quality Perinatal Care

OUR COLLABORATIVE ROADMAP

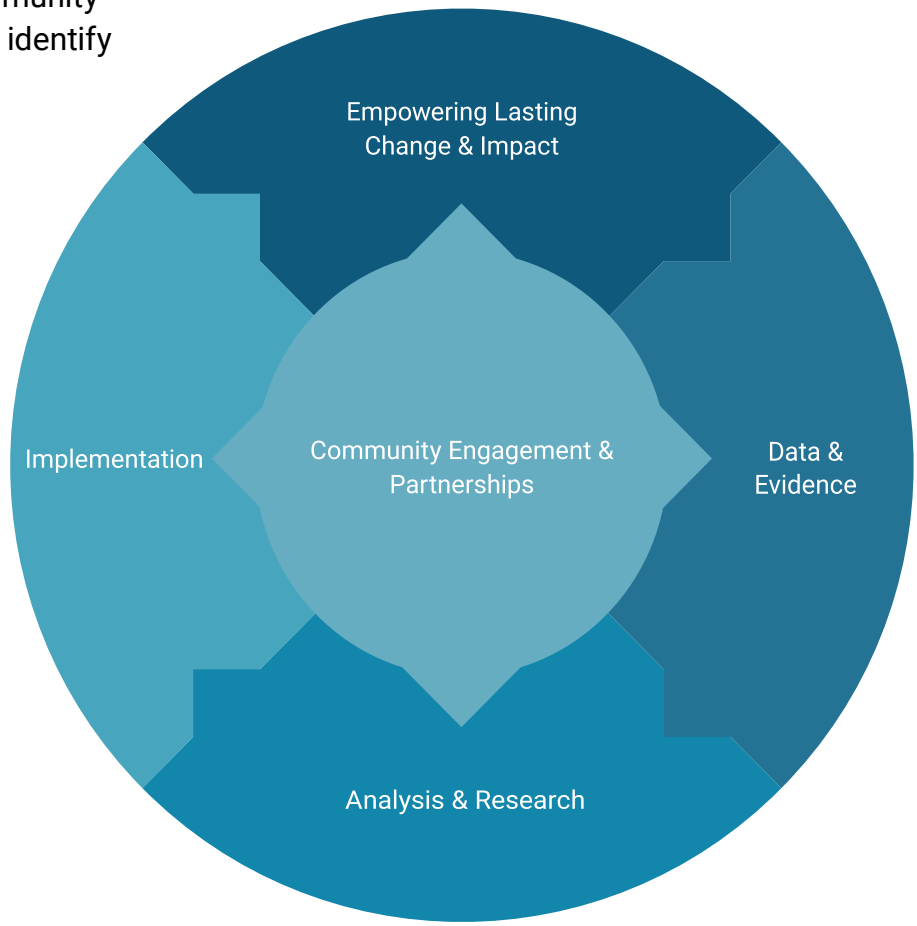
Empowering Lasting Change & Impact
We build capacity for change among inpatient, outpatient, and community professionals

Data & Evidence
We source high-integrity quantitative and qualitative data about health outcomes and experiences from across the health ecosystem and analyze to identify improvement opportunities

Analysis & Research
We partner with clinical, public health, and community collaborators to identify priority areas

Implementation
We collaborate with health care professionals, institutions, systems, and community to turn data into action

Community Engagement & Partnerships
We collaborate with and listen to community-based organizations, care professionals, patients, and families to provide guidance on outreach and implementation, leading to positive health outcomes



California Maternal Health Innovation Maternal Health Task Force

YEAR 2: OCTOBER 2024 - SEPTEMBER 2025

CALIFORNIA MHI IS CO-LED BY:

California MHI is funded by the Health Resources and Services Administration (HRSA) and the U.S. Department of Health and Human Services (HHS) as part of an award totaling $10 million with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, visit HRSA.gov.

The California Maternal Health Task Force (MHTF) comprises multidisciplinary leaders from across the health care ecosystem and serves as the "implementation arm" and foundational component of California Maternal Health Innovation (MHI), a five-year program that aims to reduce maternal mortality and severe maternal morbidity.

Vision: **All mothers and babies in California are thriving at one year postpartum.**

Representing geographies and communities throughout our state, the MHTF and its Steering Committee work broadly at a systems level across health care, public health, and communities to:

- **Improve care experience**
- **Increase access and links to risk appropriate care**
- **Improve risk assessment and follow-up**
- **Modernize data access and transparency**
- **Break down silos and integrate systems**

Year 2 Milestones

CALIFORNIA MATERNAL HEALTH TASK FORCE
Funded by the Health Resources and Services Administration (HRSA)

1 Finalized the California Maternal Health Innovation Strategic Plan

Developed with public feedback, the Strategic Plan strengthens alignment across clinical care, public health, and community-based systems to advance maternal health outcomes in California

2 Expanded Access to Community-Based Doula Services for Medi-Cal Members Through Year 2 Innovation Funds

Supported 11 Community-Based Doula Organizations that Trained >150 Doula Providers in 4 Months

Strengthening Medi-Cal reimbursement readiness and increasing access to high-quality, respectful doula care

- $382,000 awarded
- 100% of awarded organizations work with Medi-Cal plans and local community partners
- All six CDPH Public Health regions represented
- >50% of awarded organizations support American Indian/Alaska Native mothers and families

3 Led and Launched 2 Critical Quality Improvement Initiatives

OB Comorbidity Index Collaborative, With CA-OSG:

- 7 Central Valley hospitals aim to improve the detection and management of severe morbidity risk at delivery

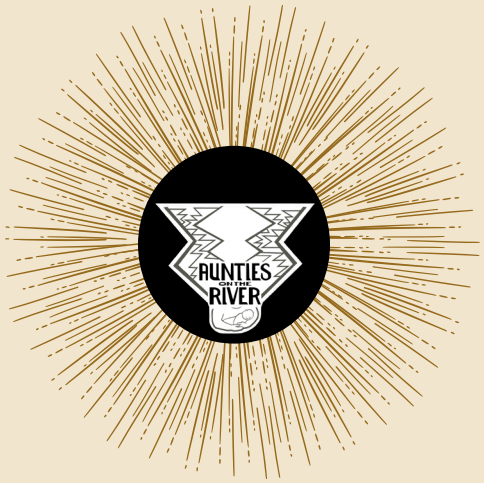
Transitional Care Services Collaborative, With DHCS:

- 11 managed care plans will implement the new TCS policy to improve Medi-Cal-reimbursed services

DOULA COLLABORATOR SPOTLIGHT: YEAR 2 INNOVATION FUNDS

"Thank you for your efforts to center people in this process. To actively work against systematic barriers and really try to learn from and listen to communities about what communities need. It's so refreshing and gives me so much hope. I'm grateful for this opportunity. I hope that this is a relationship that stays intact and builds over time."

Danielle Anderson-Reed
Director of Operations, Aunties on the River, Humboldt County



Data & Evidence

CPQCC California Perinatal Quality Care Collaborative

CMQCC California Maternal Quality Care Collaborative 20 YEARS

BEGINNING WITH HEALTH OUTCOMES

High-Integrity Data

High-integrity data are essential for making scientifically validated improvements in care. We are unique among state PQCs in that our member hospitals and clinics have access to three customized, user-friendly data centers:

- NICU Data Center (CPQCC)
- HRIF Reporting System (CPQCC)
- Maternal Data Center (MDC) (CMQCC)

Once member hospitals and clinics submit data, users can visualize important health outcome data and performance metrics and analyze them by socio-demographic characteristics such as location, race/ethnicity, age, birth weight, payer, and more. We ensure members have high-integrity data through a robust data finalization process that promotes consistency and minimizes unknown or missing inputs. In 2025, we updated our data infrastructure to keep it "future-proof" and simple to use even as the technology landscape evolves.

Hospital teams also have the option of participating in peer learning to further strengthen the quality and consistency of their data. Our teams provide robust analytical support — such as assisting hospital teams with interpreting data trends — and technical assistance. The data centers integrate a variety of clinical resources so when areas for improvement are identified, appropriate evidence-based tools are easy to locate. Members can also benchmark themselves against their peers to set and track care improvement goals.

MDC Interstate Advisory Committee

Representing states in which the MDC operates (CA, OR, WA):

Maria Alcazar
Karen Archabald
Laurel Durham
Amy Meier Foundos
Tom Gregory
Melissa Han
Ami Hanna
Amy M. Johnson
David Lagrew
Melissa Rosenstein
Jenica Sandall
Mark Schemmel

Birth Services Closures Assessment

CALIFORNIA MATERNAL HEALTH TASK FORCE
Funded by the Health Resources and Services Administration (HRSA)

In partnership with CDPH/MCAH, the California MHI team is developing a comprehensive framework to assess the community impact of hospital-based obstetric service closures across California. The framework has been applied to closures from 2013–2023. Our approach categorizes each closure by analyzing the hospital's role in its service area, evaluating access to alternate birthing sites including travel time and availability of specialized neonatal care levels, and comparing the quality of maternal and newborn outcomes between the closed hospital and alternate providers. This approach helps identify which closures are most likely to create access barriers or reduce the quality and equity of health care, supporting evidence-based policy and intervention strategies.

Total Closures Under Assessment:

- 46 closures (2013-2023)
- 10 rural communities* and 36 non-rural communities impacted

**"Rural communities" as defined by the U.S. Department of Health and Human Services (HRSA)*

Data & Evidence

CPQCC California Perinatal Quality Care Collaborative

CMQCC California Maternal Quality Care Collaborative 20 YEARS

PREVENTABLE TRAGEDIES: MORTALITY & SEVERE MORBIDITY

Maternal Mortality

California leads the U.S. in preventing maternal deaths — but each loss is devastating, and Black families experience over two and a half times as many losses as other patient populations. CMQCC supports CDPH/MCAH's state maternal mortality surveillance by co-leading the California Pregnancy-Associated Review Committee (CA-PARC). Expert committees review every case anonymously to determine a suspected cause of death and possible preventability. The findings are shared on CDPH/MCAH's Data Dashboards, Fact Sheets, and peer-reviewed articles, and CDPH/MCAH and CMQCC use the recommendations to guide implementation activities.

California Outperformed the 15.7 Healthy People 2030 Target Rate for Maternal Deaths by >35%, at 10.1 (Per 100k live births, 2019–2023) [3]

Neonatal Mortality

CPQCC's efforts strategically address the underlying causes of neonatal mortality with a special focus on protecting very low birth weight (VLBW) infants. Since 1997, our collaborations with member NICUs and HRIF clinics have significantly reduced preventable morbidity and mortality for VLBW infants. We continue to prioritize the needs of these tiny, medically fragile patients and their families.

CPQCC Member NICUs Reduced Neonatal Mortality by 10.7% and Severe Morbidity (Severe Intraventricular Hemorrhage) by 8.3% (Average reductions, 2014-2024) [5]

REFERENCE

5. CPQCC NICU Data Center data. Accessed February 27, 2026.

COLLABORATOR SPOTLIGHT

"California has led the way with a standardized, interdisciplinary approach to reviewing pregnancy-related deaths. These reviews translate into actionable improvements, captured in maternal quality toolkits to strengthen readiness, recognition, and response in clinical settings. CMQCC, as the action arm of CA-PARC, mobilizes diverse stakeholders to advance hospital-based care. While statewide efforts have reduced deaths from hypertensive disorders of pregnancy and hemorrhage, we must address cardiovascular disease, hemorrhage, behavioral health, and persistent racial disparities — Black women die at three times therate of women of other racial/ethnic groups. Future work must tackle structural and economic factors at the community level, as well as provide additional funding to sustain California's leadership in maternal and family health."

Kimberly Gregory, MD, MPH
Chair of All California Maternal Mortality Review Committees,
Professor, Obstetrics & Gynecology, Cedars-Sinai Medical Center

Analysis & Research

CMQCC California Maternal Quality Care Collaborative 20 YEARS

IDENTIFYING OUR PRIORITIES

Spotlight: Disparities in Maternal Mortality Rates

The California Pregnancy-Associated Review Committee (CA-PARC), led by CDPH/MCAH and DHCS, reviews deaths of pregnant or recently pregnant Californians within one year after pregnancy. CA-PARC reached a milestone when its three committees finished reviewing 2023 maternal deaths and published the data on CDPH/MCAH's dashboard. While the overall rate of pregnancy-related mortality dropped to prepandemic levels (12.0 deaths for every 100,000 live births), cardiovascular disease remained the leading cause of death (2021–2023) and, alarmingly, the Black maternal patient population experienced an all-cause mortality rate of 47.9 deaths for every 100,000 live births.

In response, CA-PARC presented on the topic of cardiovascular disease among Black women and birthing people at the California Black Birth Equity Summit to an audience of community advocates, doulas, and clinicians. Centered around a patient story, the presentation emphasized knowing urgent maternal warning signs and using other maternal advocacy tools from CMQCC to help ensure Black women's health concerns are taken seriously when they seek care. The CA-PARC team also presented at a statewide meeting of CDPH's Black Infant Health program, a health equity program that supports Black mothers and birthing people; multiple meetings of CDPH/MCAH; the CalWIC spring conference; and other community events. Additionally, the CA-PARC team is analyzing discrimination as a barrier to effective maternal care for high-risk patient populations, and opportunities to improve care quality, address implicit bias, and identify public health and community actions.

COMMUNITY ENGAGEMENT SPOTLIGHT

Why is respectful care important?

"In the hospital, my family and I experienced a lot of trauma, a lot of neglect, a lot of bias. Probably even some racism, too. There is a dire need for Black maternal and infant health to be increased. There is a lack of quality care and our death rates, unfortunately, are higher."

Ra'Niesha Bratton, MPH, CHES
NICU Mom, Preeclampsia Survivor &
CPQCC California NICU Family Advisory Council Member

Analysis & Research

CPQCC
California Perinatal Quality Care Collaborative

IDENTIFYING OUR PRIORITIES

Spotlight: Health-Related Social Needs for NICU Families

Health-related social needs (HRSN) are "social and economic needs that individuals experience that affect their ability to maintain their health and well-being."[6] NICU families with unmet HRSN have higher rates of readmissions, missed appointments, and emergency department visits. Scientific evidence shows HRSN are associated with an increased risk of infant mortality, preterm birth and developmental delays, higher frequency of hospitalizations and medical care, and increased adverse childhood experiences.[7-10]

CPQCC's Perinatal Quality Improvement Panel (PQIP) used a structured, data-driven analysis to identify high-impact improvement opportunities and establish program priorities. PQIP selected HRSN as the front runner among potential topics, and launched a new collaborative (CARE Collaborative) to improve the processes for addressing unmet HRSN of NICU babies and families.

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COMMUNITY ENGAGEMENT SPOTLIGHT

"When you don't know the language, in the NICU, how much more unknown is this journey? I'm a Spanish- and English-speaking NICU mom so I had the benefit of witnessing the differences in treatment for both English-speaking and Spanish-speaking parents. In some ways, I was able to experience both. When you're working through a translator, there's a lot that can be lost. Language barriers like this automatically limit the words used to the bare minimum. And the NICU really requires more."

Silvia Bor, MA
California NICU Family Advisory Council Member

Implementation

CPQCC
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TURNING DATA AND ANALYSIS INTO ACTION

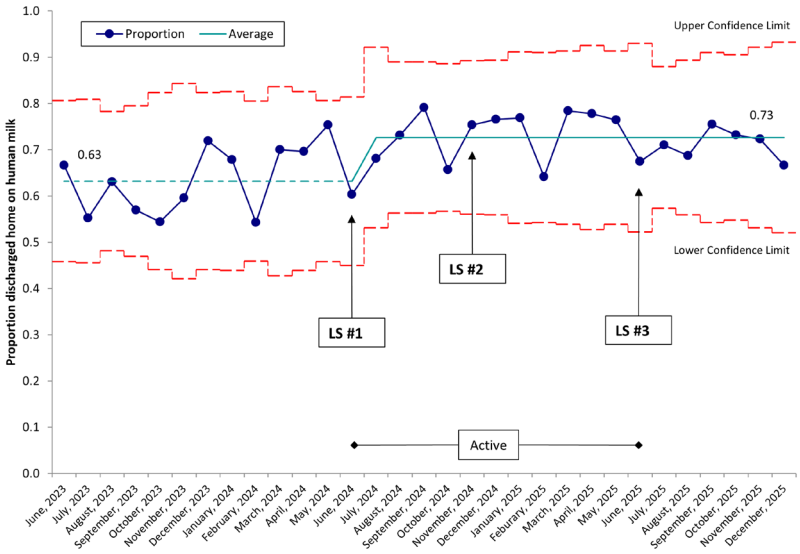
Motivating and Optimizing Maternal Milk in Safety Net NICUs (MOMMS) Collaborative

The MOMMS Collaborative (2024–2026) aims to increase rates of human milk feeding at discharge at 25 safety net NICUs. For very low birth weight (VLBW) infants born prematurely, maternal milk is associated with mortality, late onset sepsis, bronchopulmonary dysplasia, and a reduced risk of necrotizing enterocolitis. Rates of any human milk intake vary widely and non-safety net NICUs historically had higher rates of human milk feeding than safety net NICUs, which treat >67% infants on Medi-Cal per year and are often resource constrained.

Participating NICUs' Outcomes:

- 73% of eligible VLBW infants received any human milk at discharge *(10% increase)*
- Analysis of these NICUs' practices is ongoing so that key insights and lessons can be learned and shared with all California NICUs to help drive improvements in lactation across the state

Participating NICUs' Outcomes:
VLBW Infants Discharged Home on Any Human Milk



LS: Learning Sessions (in person interactive sessions with all 25 participating hospitals)

The MOMMS Collaborative was supported by the National Institutes of Health (NIH), National Institute on Minority Health and Health Disparities [5R01MD018173, PI: Profit].

COLLABORATOR SPOTLIGHT

A Message of Support From a NICU Parent

"Dear NICU parent: You were specifically chosen to be your baby's parent. You are exactly what they need."

Kimberly Novod, MPA
NICU Mom & CPQCC MOMMS
Faculty Panelist

Implementation

CPQCC
California Perinatal Quality Care Collaborative

TURNING DATA AND ANALYSIS INTO ACTION

Collaborating for Access and Resources in Early Life (CARE) Collaborative

Led by CPQCC with support from CDPH/MCAH and DHCS, the multi-year CARE Collaborative launched in 2025 to improve how NICUs address the health-related social needs (HRSN) of infants and families, with a special focus on safety net NICUs and the socioeconomically limited communities they often support. Very low birth weight (VLBW) infants disproportionately experience food insecurity, financial strain, and barriers to care,[11] potentially leading to disparities in health outcomes. Additionally, CalAIM's Enhanced Care Management requirements and the Joint Commission/California Department of Health Care Access and Information health equity report mandate HRSN screening, but the optimal way to do this is not clearly described.

CARE was co-created with NICU families, community collaborators, and multidisciplinary care teams. Participating NICUs are working to standardize HRSN screening, strengthen community and managed care linkages to ensure appropriate referrals and targeted follow-up, and optimize discharge to be equitable and family-centered.

FAMILIES OF VLBW NEWBORNS [12-16]

40%
experience food insufficiency

>40%
struggle with transportation and housing

50%
have difficulty paying medical bills

NICU Referral Dashboard

In 2025, the HRIF Reporting System was expanded to include a dashboard to track post-NICU discharge referrals/registrations to HRIF clinics and follow-up rates to the first standard core visit. These crucial steps are required by California Children's Services but are still missed by some NICU teams. With this real-time snapshot, NICUs can ensure timely HRIF enrollment and family access to services.

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Implementation

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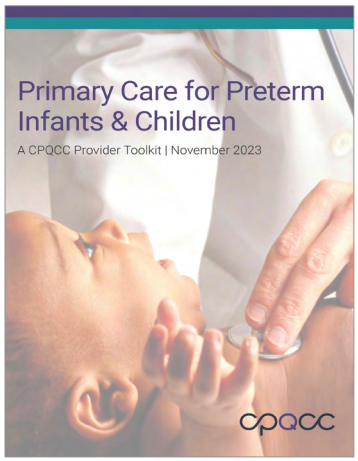
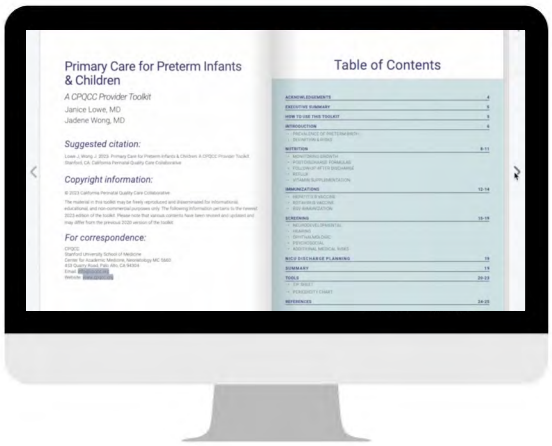
TURNING DATA AND ANALYSIS INTO ACTION

New Evidence-Based Tools for High-Quality, Respectful Care

CPQCC's *Primary Care for Preterm Infants & Children Provider Toolkit* is used nationwide — and now, a new learning video provides essential information in an easily-accessible format for busy primary care pediatric providers. The toolkit compiles nutritional, immunization, and special screening requirements for preterm infants and children, consolidates recommendations from organizations such as the American Academy of Pediatrics, and includes a customizable NICU Discharge Provider Template. By sharing evidence-based neonatology practices and resources with providers in outpatient and community health settings, the free Toolkit helps sustain quality care for NICU graduates, regardless of where they receive care.





COLLABORATOR SPOTLIGHT

"I know what it's like to be in a busy clinic setting and see a preterm infant who was just discharged from the NICU. As a neonatal hospitalist, I want to support high-quality, equitable care for the patients I discharge. The primary care provider may only have 15 minutes scheduled for a clinic visit, and easy access to relevant, up-to-date information is essential to provide optimal child and family-centered care."

Jadene Wong, MD
Primary Care for Preterm Infants & Children Toolkit Co-Author & Neonatologist at Lucile Packard Children's Hospital Stanford

Implementation

CPQCC
California Perinatal Quality Care Collaborative

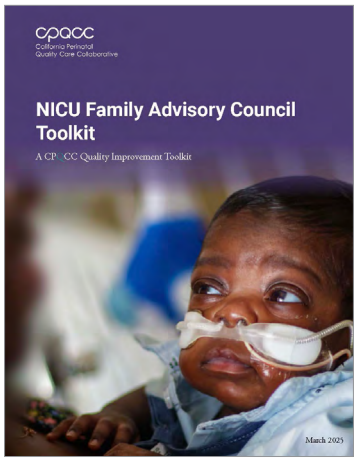
TURNING DATA AND ANALYSIS INTO ACTION

New Evidence-Based Tools for High-Quality, Respectful Care

CPQCC's *NICU Family Advisory Council Toolkit* was designed to help NICU staff and families create successful family advisory councils (FACs) in their units, whether starting from scratch or enhancing an existing council. Drawing from both research and lived experience, the resource bridges theory and practice in family engagement. But it is more than that: It is also a resource for and message from families who have cared for infants through their NICU journeys.

In 2026, two California NICUs will begin piloting the toolkit and their findings will be shared for implementation throughout California.

We are profoundly grateful to the members of the California NICU Family Advisory Council, whose expertise, lived experience, and generosity of time made the toolkit possible and have strengthened our broader efforts in innumerable ways. Support for the California NICU FAC and the toolkit was provided by the Lucile Packard Foundation for Children's Health.



California NICU Family Advisory Council (2025-2026)

Ana Aragon
Silvia Bor, MA
Jennifer Boys Smith, BSN, PHN, CEN, TNCC
Ra'Niesha Bratton, MPH, CHES
Nicole Burns
Angelina Castleberry
Nishan Degnarain, MPA
Jennifer Godfrey, CLC
Hailey Hibler, JD
Summer McBride
Ashley Omwando
Kimberly Riddle
N. Uche Uzegbu-McGhee, ASW

NEOsphere 2025

CPQCC's annual innovation conference united practitioners, technologists, and others in California's neonatal health care ecosystem to reimagine the future of NICU and early childhood care. Attendees from hospital systems, the private sector, the State of California, and Stanford University School of Medicine discussed strategies for "Accelerating Action through Collaborative Innovation," including hardware/software advancements, AI readiness, structured collaboration, developing CPQCC's infrastructure to connect innovators with hospitals, fostering cross-sector partnerships, and improving outcomes through data.

Implementation

CPQCC
California Perinatal Quality Care Collaborative

TURNING DATA AND ANALYSIS INTO ACTION

CPQCC's Perinatal Quality Improvement Panel

An expert cohort that brings experience and dedication to the care of our state's tiniest patients:

Irfan Ahmad
Lisa Bain
Malathi Balasundaram
David Braun
Courtney Breault
Jennifer Canvasser
Andrea Ferroni
Tanya Hatfield
Kaley Haymond
Susan Hintz
Priya Jegatheesan
Ashwini Lakshmanan
Deirdre Lyell
Anjelica Montano
Mindy Morris
Guadalupe Padilla-Robb
Jaclyn Pasko
Kurlen Payton
Jochen Profit
William Rhine
Elizabeth Rogers
Joseph Schulman
Rachelle Sey
Tom Shimotake
Denise Suttner
Antoine Soliman
Joanne Tillman
Kathy Weiss

COLLABORATOR SPOTLIGHT

"When I was a second-year fellow, I began volunteering with CPQCC. By bringing clinicians together around shared data, quality improvement methods, and collaborative learning, CPQCC has significantly improved outcomes for premature and critically ill newborns. As a longstanding (more than a decade) PQIP member and founder of the international Family-Centered Care Taskforce, I see strong synergy between these efforts to advance both neonatal outcomes and meaningful family integration in care."

Malathi Balasundaram, MD
CPQCC PQIP Member, Founder & Executive Director,
Family-Centered Care Taskforce

Implementation

HRIF HIGH RISK INFANT FOLLOW-UP

TURNING DATA AND ANALYSIS INTO ACTION

High Risk Infant Follow-up Quality Care Initiative

Led in partnership with DHCS, California Children's Services (CCS), and CPQCC, the High Risk Infant Follow-up (HRIF) Quality Care Initiative (QCI) manages the HRIF Reporting System infrastructure for CCS HRIF programs statewide. CCS HRIF programs provide eligible infants with specialized, multidisciplinary care to assess early neurodevelopmental delays, support timely intervention, and family supports. HRIF QCI is one-of-a-kind in the nation: together, inpatient NICUs and outpatient HRIF clinics create a continuum of care for high-risk children from birth through age three. The HRIF Reporting System provides site-specific and statewide data alongside reports, system tools, and dashboards leveraged by clinic coordinators, case managers, and navigation teams at HRIF clinics. Looking ahead, HRIF QCI will deepen its partnership with CDPH/MCAH leadership to improve comprehensive care for children and youth with special health care needs (CYSHCN) and their families.

Parent Voices Project

Parents are the most important members of CYSHCN care teams. In partnership with CPQCC's Parent Voices Work Group and California NICU Family Advisory Council, the Parent Voices Project aims to better understand NICU and HRIF families' needs. Through surveys and in-depth qualitative interviews, parents of infants born at less than 32 weeks' gestation will share about supports that were helpful, and challenges through their NICU and HRIF journeys. These lived experiences will inform the development of a family-centered intervention to support families transitioning from the NICU to home and community care.

CPQCC + 66 High-Risk Infant Follow-up Clinics

13,875 High Risk Infant Follow-up (HRIF) Program Standard Visits Conducted After NICU Discharge[17]

38% of HRIF Program Children Required 1+ Specialty Referrals for Unmet Medical Needs[18]

29% of HRIF Standard Visits Resulted in 1+ Medical Service Referral

HRIF's Executive Committee

An expert cohort that brings experience and dedication to the care of high-risk children:

Madhu Bhogal
Natalie Chan
Jessica Gates
Erika Gray
Susan Hintz
Allesha Jeffries
Eileen Loh
Tianyao Lu
Shauna Nuzzo
Rupalee Patel
Amy Paz
Jochen Profit
Shanna Sauer

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17. In 2025, for children born 2022-2025.
18. In 2025, High Risk Infant Follow-up program clinic teams identified unmet needs for specialty services requiring referral at visit. (Data capture completed in 2025 for 2021 births.)

Implementation

HIGH RISK INFANT FOLLOW-UP

TURNING DATA AND ANALYSIS INTO ACTION

Early Detection of High Risk for Cerebral Palsy: Overview and Resource Package

HRIF members expressed a need for training and education to support standardized neurological assessments that enable early detection of cerebral palsy, particularly the Hammersmith Infant Neurological Examination (HINE). In response, CPQCC facilitated half-day HINE training sessions for approximately 25 HRIF sites, reaching around 150 providers statewide. The CPQCC HINE Workgroup developed and distributed a presentation and resource materials on the early detection of infants at high risk for cerebral palsy to support implementation and utilization.

HRIF's Executive Committee: Exploring Access to the Medical Home for CYSHCN in California

CPQCC and CDPH/MCAH, with involvement from the Department of Development Services (DDS), partnered in 2025 to develop a statewide mixed-methods initiative. The project combined quantitative survey data (measures aligned with the National Survey of Children's Health) with qualitative interviews and engagement with families, clinical providers, and community partners. The goal is to assess the access and perceived availability of Medical Home among families of CYSHCN age 0–3 years, and among provider and community collaborators.

Collaboration with Children Now on HRIF/ NICU Team Engagement and Educational Webinars On State and Community Resources

During Learning Luncheons, NICU and HRIF teams were invited to share their experiences connecting patients to early intervention services through DDS's Early Start program, and on ways to improve referral processes. Early Start is a statewide, family-centered early intervention system providing services and support to children from birth to age three at risk/with developmental delays or disabilities to improve development.

These opportunities were part of the Warm Handoff Project, a collaborative policy initiative — co-led by Children Now in partnership with DHCS, DDS, Family Voices, and First 5 Center for Children's Policy — that aims to streamline referrals from Medi-Cal providers to Early Start.

- *79 registered for the webinar series*

Family Resource Centers (FRCs) of California: Bay Area Showcase Webinar

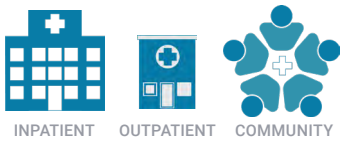
An FRC webinar supported HRIF's request for further education about community resources that interface with State services, particularly Early Start. FRCs partner with local Regional Centers and educational agencies to help parents and caregivers access early intervention services and navigate Early Start. Each Early Start FRC is unique, reflecting its community's needs, and all FRCs are staffed by parents of CYSHCN children who provide trusted information, guidance, and parent-to-parent emotional support.

- *147 registered for the Bay Area Showcase*

Implementation

CMQCC 20 YEARS
California Maternal Quality Care Collaborative

TURNING DATA AND ANALYSIS INTO ACTION THROUGH THE PREGNANCY JOURNEY



CMQCC's 2025 Programs & Initiatives

PROGRAMS & INITIATIVES	STAGE OF PREGNANCY					POINT OF CARE		
	PREGNANCY	BIRTH	POSTPARTUM	NICU	HRIF	INPATIENT	OUTPATIENT	COMMUNITY
California Maternal Health Innovation Maternal Health Task Force	●	●	●			●	●	●
California PARC/PMSS *Maternal Mortality Review*	●	●	●			●	●	●
Community Birth Partnership Initiative	●	●	●			●		●
Health Equity Patient Advisory Program *in conjunction with the Learning Initiative*	●	●	●			●	●	●
Intimate Partner Violence	●	●	●			●	●	●
Learning Initiative to Support Safe and Respectful Vaginal Birth	●	●	●			●		●
Low-Dose Aspirin to Prevent Preeclampsia & Related Preterm Birth Initiative	●	●				●	●	●
Obstetric Sepsis: Improving Diagnosis and Treatment	●	●	●			●		
"Our Birth Matters" Patient & Family Education Portal	●	●	●	●	●	●	●	●
Perinatal Potpourri Annual Conference 2025	●	●	●			●	●	●
Postpartum Discharge			●			●	●	●
Prenatal Anemia	●	●	●			●	●	●
Regional Perinatal Programs of California	●	●	●	●		●	●	●

Implementation

CMQCC California Maternal Quality Care Collaborative 20 YEARS

TURNING DATA AND ANALYSIS INTO ACTION THROUGH THE PREGNANCY JOURNEY

Obstetric Sepsis: Improving Diagnosis and Treatment

The Obstetric Sepsis Collaborative (2023–2024) was a community co-designed and co-led collaborative that supported health care providers in timely recognition and treatment of obstetric (OB) sepsis. A multistakeholder effort among CMQCC, Stanford School of Medicine's Dunlevie Maternal-Fetal Medicine Center, Michigan Alliance for Innovation on Maternal Health (AIM), and Duke University, the Collaborative facilitated mentorship for hospital teams in California and Michigan. Each team's mentors consisted of nurses, physicians, community leaders, and patients with lived experience who added unique and powerful perspectives.

Using lessons from the Collaborative and many additional resources, the cross-functional CMQCC Obstetric Sepsis Task Force Advisory Group developed and published the *Improving Diagnosis and Treatment of Obstetric Sepsis, V2.0 Toolkit (2025).*

Important Updates to CMQCC's Previous Toolkit:

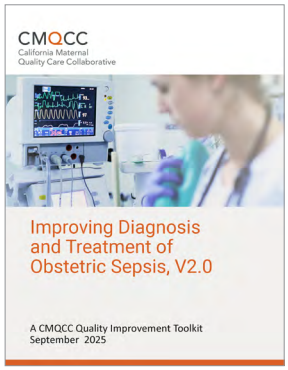
- New two-step screening and confirmation process, developed by the Collaborative for improved diagnosis and treatment
- Overview of improved OB antibiotic regimens
- Patient and provider resources from national OB organizations with urgent maternal warning signs, patient advocacy support, and respectful, supportive communication tips
- Reconciliation of sepsis definitions and an expanded discussion of process, structure, and outcome measures for implementing quality improvement efforts

The Collaborative's Community Leadership Group and Clinical Advisory Board, in partnership with project leadership, also developed multiple resources that were incorporated into the toolkit.

In 2025, the sepsis team laid the groundwork for a 2026 "sprint" focused on implementing the new toolkit in hospitals globally.

OB Sepsis Implementation Sprint (2026):

- 580 registrants from 38 states (plus Washington, D.C., and Puerto Rico) and Africa, Asia, the Middle East, and South America
- All six CDPH Public Health regions represented



For more information about diagnosing and treating obstetric sepsis, visit CMQCC's website

The Obstetric Sepsis Collaborative was supported by an NIH/NICHD Cooperative Agreement (UH3-HD108053).

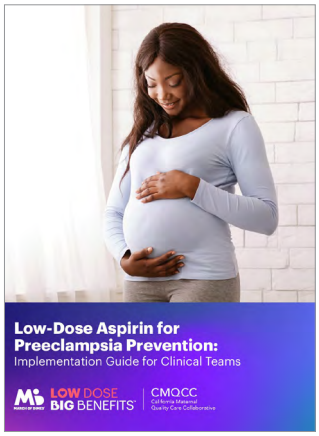
Implementation

CMQCC California Maternal Quality Care Collaborative 20 YEARS

TURNING DATA AND ANALYSIS INTO ACTION THROUGH THE PREGNANCY JOURNEY

Low-Dose Aspirin to Prevent Preeclampsia & Related Preterm Birth Initiative

March of Dimes (MOD) and CMQCC's Low-Dose Aspirin (LDA) Initiative aims to improve rates of LDA use. In line with guidance from ACOG and the U.S. Preventive Services Task Force (2023), the Initiative focuses on developing resources and educating health care professionals and patients.



Through the LDA Initiative, CMQCC and MOD jointly developed and released *Low-Dose Aspirin for Preeclampsia Prevention: Implementation Guide for Clinical Teams,* a roadmap with best practices, patient and community engagement strategies, and data-driven approaches. Real-world examples and strategies for overcoming common clinical practice barriers make the Guide broadly relevant, including for community health professionals, midwives, and doulas.

California Outperformed the 9.4% Healthy People 2030 Target Rate for Preterm Live Births With a Rate of 9.1% (2024)[3]

LDA Initiative & LDA Collaborative Outcomes:

- 12 participating hospitals/associated outpatient clinics and 5 federally qualified health centers (2023–2025)
- All six CDPH Public Health regions represented
- In California, improved systems integration and stronger relationships between care sites, including public health locations and community-based organizations
- 30 speaking engagements in 3 states reached 3,677 health care, public health, and community health attendees from 30 states (2024–2025)
- 11 community events attended (2023–2024)

COLLABORATOR SPOTLIGHT

"Through the March of Dimes Low Dose, Big Benefits™ campaign, we are working nationwide to expand awareness and appropriate use of low-dose aspirin as a proven strategy to help prevent preeclampsia and related preterm birth. Our partnership with CMQCC has been instrumental in translating evidence into practice across hospitals in California. Together, we developed 'Low-Dose Aspirin for Preeclampsia Prevention: Implementation Guide for Clinical Teams' and advanced strategies to strengthen screening and appropriate prescribing. This collaboration demonstrates how national leadership and state-level quality improvement can work together to accelerate adoption of evidence-based care and improve outcomes for moms and babies."

Kelly Ernst, MPH
SVP & Chief Impact Officer, March of Dimes

Implementation

TURNING DATA AND ANALYSIS INTO ACTION THROUGH THE PREGNANCY JOURNEY

Low-Dose Aspirin to Prevent Preeclampsia & Related Preterm Birth Initiative

LDA Collaborative

In parallel, the LDA Initiative also educated inpatient, outpatient, and community care teams through the LDA Collaborative. Feedback from participants, community advocates, and public health professionals helped shape the Guide, and it is now a nationally recognized curriculum.

Low-Dose Aspirin Faculty Advisory Council (FAC)

The LDA FAC supported hospitals, clinics, and community-based organizations in promoting daily LDA use. FAC experts — including those with lived experience, providers, researchers, and public health leaders — also guided the LDA Initiative's programming and content so that its efforts remained community-centered, fully representative, and grounded in the latest research.

Low-Dose Aspirin Patient Advisory Committee (PAC)

The LDA PAC (2025–2026) convened individuals with lived experience of antepartum/postpartum preeclampsia and a commitment to reducing health inequities. Members helped develop outpatient, inpatient, and community-specific program strategies, including those in *Low-Dose Aspirin for Preeclampsia Prevention: Implementation Guide for Clinical Teams*; raised awareness about patients' needs; and joined a patient-provider forum, "Lifting Our Voices: Health Roundtable," a safe space that fostered mutual understanding and addressed systemic barriers contributing to distrust in the health care system.

COLLABORATOR SPOTLIGHT

"[Preeclampsia] was not explained to me at all. Make it more than just a casual conversation. Like, 'Hey, you might be overweight, so you might need to take LDA,' because I didn't know what I was taking that for. LDA is important and people need to know. Why aren't the health care people making it more important?"

Margie Grigsby
Preeclampsia Survivor & CMQCC Low-Dose Aspirin Patient Advisory Committee Member

Implementation

CMQCC 20 YEARS
California Maternal Quality Care Collaborative

TURNING DATA AND ANALYSIS INTO ACTION THROUGH THE PREGNANCY JOURNEY

Preventing Severe Maternal Morbidity From Postpartum Hemorrhage

CMQCC is partnering with Stanford PRIHSM (PRomoting Improvement in Hemorrhage-related Severe Maternal Morbidity), an NIH Maternal Health Research Center of Excellence (U54) working over seven years to reduce iron deficiency anemia during pregnancy and cesarean births—two significant causes of postpartum hemorrhage and severe maternal morbidity—through patient-centered community and clinical approaches.

CMQCC and PRIHSM teams co-conducted focus groups with patients, community health professionals such as doulas and community health center staff, and health care professionals.

Both teams continued collaborating with PRIHSM community partner BLACK Wellness and Prosperity Center and clinicians statewide to develop best practices for reducing rates of prenatal anemia. The teams carried out additional focus groups and interviews with patients and health professionals, including clinicians and community-based professionals. Those insights informed the development of new clinical resources and helped advance a pilot intervention of clinician-identified practices at prenatal clinics. Looking ahead to 2026, the PRIHSM teams intend to develop additional resources and pilot standardized protocols for a future clinical toolkit and implementation throughout the state.

PRIHSM 2025 Milestones:

- 12 hospitals and associated outpatient clinics engaged in implementing a pilot intervention
- New process and outcome measures and prototyped clinical resources were developed

CMQCC Executive Committee

AN EXPERT COHORT THAT BRINGS EXPERIENCE AND DEDICATION TO IMPROVING THE CARE OF WOMEN AND BIRTHING PEOPLE

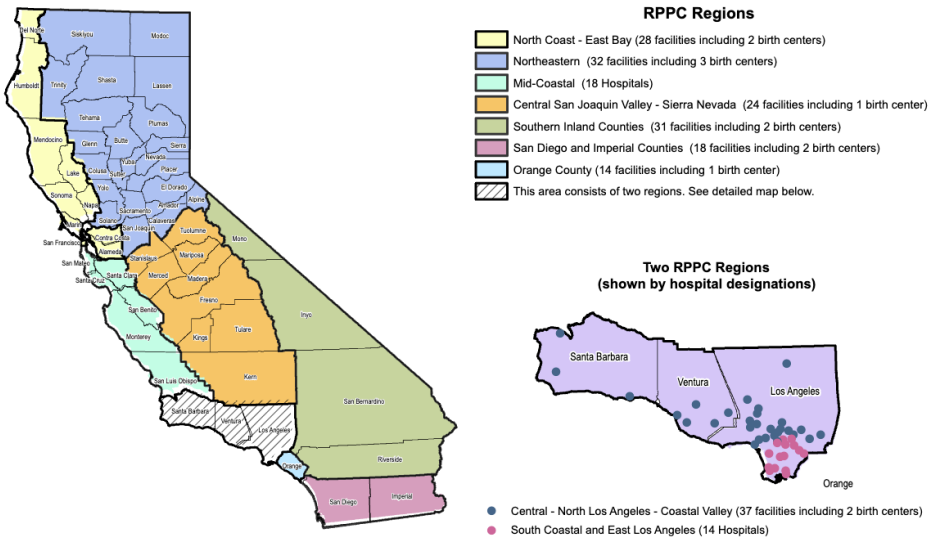
Ifeyinwa Asiodu
Palav Babaria
Priya Batra
Joy Burkhard
Shantay R. Davies-Balch
Jeffrey Gould
Laurie Gregg
Miranda Klassen
Lisa Korst
Leslie Kowalewski
Chris Krawczyk
David Lagrew
Deirdre Lyell
Sarah Mandel
Jochen Profit
Diana Ramos
Karen Ramstrom
Usha Ranji
Holly Smith
Stephanie Teleki

Implementation

TURNING DATA AND ANALYSIS INTO ACTION THROUGH THE PREGNANCY JOURNEY

Leading Regional Perinatal Programs of California, Central Coast Region

Regional Perinatal Programs of California (RPPC), led by CDPH/MCAH, aims to ensure mothers and infants receive the right care at the right time, and that avoidable long-term or permanent disability and mortality are prevented. CMQCC partners with RPPC to provide resources, consultation, and technical assistance to help improve care delivery and outcomes for high-risk pregnant women and infants. Throughout the year, the CMQCC team works with 45 facilities and birthing centers across RPPC's Mid-Coastal and North Coast–East Bay regions.



(Map courtesy of CDPH/MCAH)

COLLABORATOR SPOTLIGHT

CMQCC's RPPC team supported an innovative public review of Community Hospital of the Monterey Peninsula, Montage Health's maternal health data. "Last year left me feeling inspired to make change!" explained Family Birth Center & Intermediate Intensive Care Nursery Assistant Director Joy Suber, BSN, RNC-OB, referencing the previous year's RPPC site visit and data review. By inviting local community-based organization The Parenting Connection of MC to the 2025 visit/review, the hospital's maternal health data became more transparent to the local community, and the relationship between the hospital and The Parenting Connection MC grew stronger. "Thanks so much for having us — looking forward to more conversations and collaborations!" said Executive Director Jaimee De Pompeo.

Implementation

CMQCC California Maternal Quality Care Collaborative 20 YEARS

TURNING DATA AND ANALYSIS INTO ACTION THROUGH THE BIRTH JOURNEY

Decreasing Rates of Low-Risk Cesareans

Last year, more than a third of California member hospitals met or outperformed the Healthy People 2030 target NTSV* cesarean delivery rate, but there is still opportunity for improvement. Long-term efforts are needed to help women and birthing people avoid unnecessary surgeries, potentially serious post-operative complications, and the negative psychological impacts of birth experiences that sometimes feel disrespectful.

The CDC-funded Learning Initiative to Support Safe and Respectful Vaginal Birth ("Learning Initiative") helps California member hospitals reduce the number of patients who have NTSV cesarean deliveries, and reduce NTSV cesarean rate disparities by race/ethnicity. The Learning Initiative's 18-month collaborative cycles are ongoing, and peer hospitals recently shared case studies that showed the following:

- Patients' birth experiences are an indicator of high-quality care
- Evidence-based clinical approaches to labor management help support vaginal birth
- Prioritizing collaborations between hospitals and doulas supports Medi-Cal's doula coverage
- Collaborating with doulas (and community-based doula organizations) who can provide high-quality, respectful, and trauma-informed care is an evidence-based strategy

39% of California Member Hospitals Met or Outperformed the Healthy People 2030 NTSV* Target Rate of 23.6% for Cesarean Births [19-20]

2025 Learning Initiative Outcomes Included:

- 22% of CMQCC California member hospitals have participated
- >400 health care professionals have engaged in the Learning Initiative and related education
- 83% of California's population lives in a county with at least 1 hospital that has participated in the Learning Initiative (2023-2025)

"Lessons from the Learning Initiative: Promising Engagement Practices" (2025 Public Webinar Series) Participants Included:

- 24% of CMQCC California member hospitals
- ~300 California health care professionals
- Attendees from 37 states and 6 countries

Perinatal Equity Education (2022-2025) Participants Included:

- 198 California hospitals, representing 97.5% of California's maternity care hospitals
- Attendees from 49 states and 20 countries

**NTSV stands for Nulliparous (first time), Term (full term), Singleton (one fetus), Vertex (head-first position) cesarean deliveries.*

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19. CMQCC Maternal Data Center data for 2025. Accessed May 7, 2026.
20. Healthy People 2030. Accessed April 23, 2026. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-cesarean-births-among-low-risk-women-no-prior-births-mich-06

Implementation

CMQCC 20 YEARS
California Maternal Quality Care Collaborative

TURNING DATA AND ANALYSIS INTO ACTION THROUGH THE BIRTH JOURNEY

Learning From Patients and Families: Health Equity Advisory Council (HEAC)

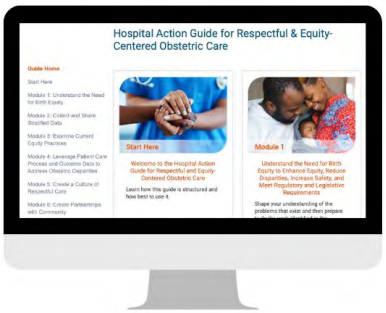
Patients' lived experiences offer powerful insights for improving the quality and equity of care related to vaginal and cesarean births. The Learning Initiative believes hospital training sessions must be informed by honest and courageous stories from women and birthing people, who are the true arbiters of what constitutes supportive, equitable, and respectful care. Members of the CDC-funded HEAC inform quality improvement efforts by guiding patient engagement strategies, help develop educational materials, review emerging clinical resources such as the *Hospital Action Guide for Respectful and Equity-Centered Obstetric Care,* and help CMQCC design and enhance learning evaluations for clinical participants.

HEAC Members (2023–2027)

CMQCC is deeply grateful to this committed group of expert consultants who bring lived experience of cesarean birth and community-based experience to their work to advance health equity:

Adjoa Jones
Jen Kamel
Adrienne McIntyre
Natasha Moskow
Rafeal Newport
Christine Perez
Whitney Pires
Karisa Pruett
Elena Rhoads
Kimberly Robinson

CMQCC's Hospital Action Guide for Respectful and Equity-Centered Obstetric Care



COLLABORATOR SPOTLIGHT

"My birth impacted me greatly. I knew I did not want another C-section unless there was some medical reason why I needed to have one. For me, advocacy really starts with information. When people come into care, a lot of people have experienced disrespect and received misinformation. And so, when they come to you, they're coming to you in a very vulnerable place. When we talk about disparities in health care outcomes, this is granularly what it comes down to: interactions between two people. At the end of the day, it is you and that patient. Human to human."

Jen Kamel
Mom & CMQCC Health Equity Advisory Council Member

Implementation

CMQCC 20 YEARS
California Maternal Quality Care Collaborative

TURNING DATA AND ANALYSIS INTO ACTION THROUGH THE BIRTH JOURNEY AND BEYOND

Strengthening Community-Hospital Birth Transfers

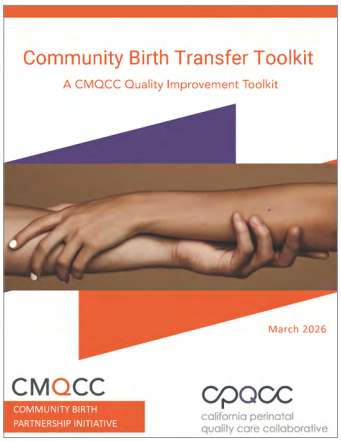
The Skyline Foundation-funded Community Birth Partnership Initiative (CBPI) works to improve health outcomes during pregnancy and birth by increasing the quality and whole-person safety of hospital transfer processes, when a transfer is needed for a community birth. The pilot initiative also seeks to enhance integration between perinatal care systems that have traditionally worked in isolation from each other in California.

CBPI is grounded in health equity, shared decision making, and respectful care. In 2025 the program piloted its training approach through in-person learning sessions and virtual peer-to-peer support between community midwives and hospital teams, and its systems integration approach through in-person transfer simulations.

CBPI Hospital Participation in 2025:

- 6 hospitals, 6 counties (Mendocino, Riverside, Sacramento, San Bernardino, San Diego, Yolo)
- Half of CDPH's six Public Health regions represented

In 2026, CBPI released *Community Birth Transfer Toolkit*, a clinical resource with best practices for hospitals, community midwives, and EMS teams to enhance communication, clarify roles, and build trust.



Improving Postpartum Discharge Assessment, Referral, and Education

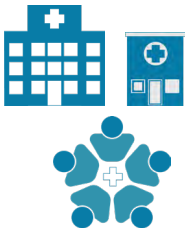
Maternal mortality and severe morbidities occur during the postpartum period, so there are opportunities to improve and standardize quality of care upon discharge and in the months after discharge. Also, many hospitals still discharge newborns and birth parents home with cumbersome printed materials that are likely to get lost.

CMQCC received funding from Merck for Mothers to build and pilot an innovative digital hub for providers, patients, and families. "Staying Healthy After Birth" outlines evidence-based information, tools, and resources for discharge assessment, referral, and education. A separate section welcomes patients and families with easy-to-understand, trustworthy medical information, including urgent maternal warning signs and important newborn health and safety topics.

DHCS's Transitional Care Services is an integral part of the hub, with provider information to help ensure every postpartum Medi-Cal member gets connected to the medical, behavioral health, and the whole-person support they need. Hospital staff can assist with linking members to these services after birth. The TCS care team will arrange referrals and/or warm hand-offs based on the member's needs and preferences.

The postpartum discharge hub will launch for public access in 2026.

Empowering Lasting Change & Impact



CPQCC California Perinatal Quality Care Collaborative

CMQCC California Maternal Quality Care Collaborative 20 YEARS

SHARING BEST PRACTICES

Addressing Perinatal Intimate Partner Violence

CMQCC and CPQCC's Mid-Coastal California Perinatal Outreach Program (MCCPOP) collaborated with California Maternal Health Innovation (MHI) leadership, academic clinicians, Stanford Medicine, and community-based organizations on an educational webinar to address perinatal intimate partner violence (IPV). Through a lens of collective action, compassionate care, and transformative systems change, the event spotlighted IPV's contributions to negative perinatal health outcomes and evidence supporting the use of trauma- and resilience-informed tools in care. The session welcomed all perinatal health professionals, and highlighted integrated IPV response strategies emphasizing innovation, high-quality care, and survivor-led design. *Event support was provided by DHCS, and attendees' continuing education credits were sponsored in part by California MHI.*

Registrants Included:

- 1,013 health professionals from 46 states and 44 countries

Attendee Feedback:

- "I plan to integrate more intentional collaboration between clinicians, social workers, and community advocates to ensure that survivors of IPV receive seamless, wraparound support. This training deepened my understanding of how interprofessional collaboration—particularly between health care, mental health, and social service providers—can transform safety planning and reduce harm."

Annual Mid-Coastal California Perinatal Outreach Program (MCCPOP) Perinatal Potpourri Conference 2025

For over 40 years, MCCPOP's annual conference has provided current advances in maternal, fetal, and neonatal medicine for health care providers around the world. Through lectures, panel presentations, and case-based discussions, perinatal clinicians and other experts presented on multiple advances in perinatal care, including:

- "Nutrition and Pregnancy Complicated by Obesity & The Use of GLP-1 Medications"
- "Periviability"
- "Recurrent Pregnancy Loss"
- "Neonatal Metabolic Screening"
- "Complex Perinatal Cases"
- "Perinatal Mental Health"
- "Prenatal Genetic Screening and Testing"

Participants Included:

- 251 health professionals (71% nurses, 7% physicians, 22% other learners) from 17 U.S. states, Asia, and the Middle East

Attendees Responded:

- 94% believed the conference contributed to their professional growth
- 96% found the event relevant and would recommend it to colleagues
- 93% ranked achievement of conference learning outcomes as outstanding/good
- A "world-class" event Net Promoter Score of 73 *(a customer satisfaction metric)*

Empowering Lasting Change & Impact

CPQCC California Perinatal Quality Care Collaborative

CMQCC California Maternal Quality Care Collaborative 20 YEARS

SHARING BEST PRACTICES

"Our Birth Matters" Patient & Family Education Portal

Providing women and birthing patients and NICU and HRIF families with stories of others' lived experiences, alongside clear evidence-based medical information, supports them in collaborating with health care professionals and improves care experiences. With support from the David & Lucile Packard Foundation, CPQCC and CMQCC worked alongside our patient and family advisors—whose lived experiences reflect a wide range of perinatal care experiences—to build and pilot "Our Birth Matters," a digital portal of stories and medical information. The portal will launch publicly in 2026.

Improvement Palooza 2025: Back to the Basics

CPQCC's sixth annual Improvement Palooza's theme, "Back to the Basics, Forward With Equity," renewed NICU teams' engagement with implementation science and effective communication. Pairing data analysis and trends with health equity and advocacy created a dynamic environment that reignited attendees' passion for quality improvement and family-centered care.

- 195 multidisciplinary neonatal professionals attended

Attendees Responded:

- 91% received tools and insights that directly applied to their current work
- 80% developed actionable next steps for their NICU after the event
- >50% believed the dedicated networking time was highly effective
- 98% would recommend the conference to a colleague

Attendees at Improvement Palooza 2025 learn strategies from the CPQCC team for engaging families and communities to improve equitable care.

Notable Publications

Hendra K, Xin C, Main E, Lee HC, Gomez SL, Shariff-Marco S, Jensen EA, Profit J. Bronchopulmonary dysplasia in Asian American, Native Hawaiian, and Pacific Islander infants with very low birth weight in California. *J Pediatr.* 2025;114706. doi:10.1016/j.jpeds.2025.114706

Morris M, Cui X, Breault C, Kim JH, Hetherton MC, Quinn J, Profit J, Payton KSE. Improving and sustaining VLBW infant growth through a quality collaborative in California. *Pediatrics*. 2025;156(6):e2024069320. doi:10.1542/peds.2024-069320

Razdan S, Hedli L, Shariff-Marco S, Palaniappan L, Goyal D, Profit J, Main E, Morton CH. The Inaugural 2022 Asian American, Native Hawaiian, and Pacific Islander Birth Equity Conference: Gathering and Surveying Stakeholders to Understand Disparities in AANHPI Maternal and Neonatal Health Outcomes. *J of Asian Health.* 2025.

Thai JD, Liu J, Toney-Noland C, Breault C, Speziale MV, Burke SL, O'Toole GM, Chen PP, Tay CC, Profit J, Ahmad I. Reducing growth impairment in infants undergoing intestinal surgery: A quality improvement initiative. *J Parenter Enteral Nutr.* 2025;49(5):580-588. doi:10.1002/jpen.2765

Krakowiak P, Morton CH, McCain C, Dan S, Mathur D, Butwick A, Gupta N, Nijagal M, Williams A, Seacrist M, Shields L, Reyes C, Klassen M, Yznaga E, Main E. Pregnancy-related mortality in California due to obstetric hemorrhage. *Obstetrics and Gynecology.* 2025;145(6):700-709. doi:10.1097/AOG.0000000000005847

Miller HE, Mayo JA, Reddy RA, Leonard SA, Lee HC, Suharwardy S, Lyell DJ. Racial and Ethnic Disparities in cervical insufficiency, cervical cerclage, and preterm birth. *J Womens Health.* 2025;34(1):70-77. doi:10.1089/jwh.2024.0088

Miller-Bedell ER, Sie L, Carmichael SL, Matoba N, Weiner Y, Kim JJ, Anoshiravani A, Seidman D, Lyell DJ, Lee HC. Birth outcomes of individuals who have experienced incarceration during pregnancy. *J Perinatol.* 2025;45(5):600-606. doi:10.1038/s41372-024-02170-4

Perlman N, Sherwin EB, Leonard SA, Lyell DJ, Profit J, Blumenfeld YJ. Trends in incidence of gastroschisis before and after the start of the COVID-19 pandemic. *J Perinatol.* 2025. doi:10.1038/s41372-025-02413-y

Yin JL, Kowalewski L, Gould G, du Plessis L, Oshiro B, Moua M, Stevenson DK, Darmstadt GL. Systemic health intervention design through participatory modeling: low-dose aspirin for women at risk of preeclampsia. *Fortune Journal of Health Sciences*. 2025;8(3):798-816. Epub 2025. doi:10.26502/fjhs.340

For a full list of 2026 publications, please visit www.cpqcc.org and www.cmqcc.org

When we work together, we can accelerate health for moms, babies, and families. Join us.

Together, we are stronger!

Resources & Events

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WWW.CMQCC.ORG
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2025 Impact Report

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