Preventing Maternal Deaths in Medi-Cal: **What Health Care Systems Can Do**

MATERNAL MORTALITY IN MEDI-CAL

The United States has the highest maternal mortality (MM) rate among industrialized nations.

23.5 deaths per 100,000 live births (2018–2021)

Over **80%** of maternal deaths (based on 2017–2019 data) are **preventable** and are often preceded or precipitated by severe maternal morbidity (SMM).

79.7 of every 10,000 birth hospitalizations in 2019 were complicated by **SMM**.

California accounts for almost 1 in 8 U.S. births and has consistently lower rates of MM than the rest of the nation.

Gains in California have not been experienced equally by all birthing people—particularly those with Medicaid (Medi-Cal) coverage.

Medi-Cal members account for slightly less than half of state births yet experience almost two-thirds of pregnancy-related deaths and a disproportionate share of SMM.

LISTENING TO AFFECTED COMMUNITIES

California can attribute part of its success in decreasing MM to the implementation of a research-driven statewide portfolio of quality improvement activities focused on the leading causes of maternal death.

This quality improvement infrastructure has not previously been leveraged to respond in a focused way to the relatively large shares of MM and SMM that persist in the Medi-Cal-insured population. These quality improvement initiatives are currently guided by the assumptions, priorities, and (mis)perceptions of researchers and clinicians, not the experiences of patients and their providers in Medi-Cal.

THE B-CORE PROJECT

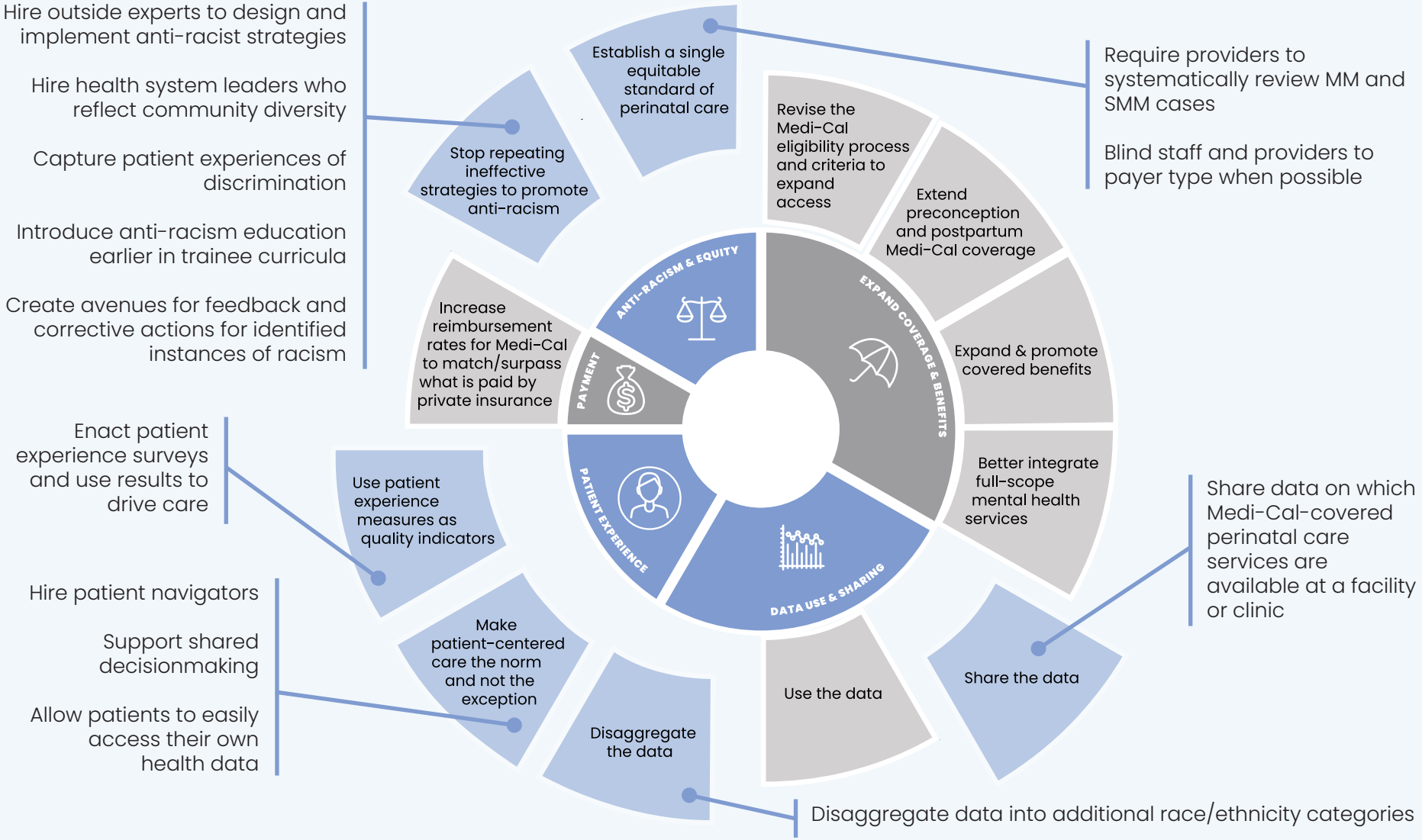
The B-CORE in Medi-Cal community engagement project was conducted by the RAND Corporation using deliberative democracy methods to engage stakeholders with lived experience in California's Medi-Cal perinatal care system to research priorities and generate an actionable and specific agenda of recommendations to decrease MM and SMM in the Medi-Cal population.

- **37 Medi-Cal stakeholders**: birthing people, providers, health plan administrators, and maternal health advocates
- **8 monthly virtual co-learning sessions** on the topics of MM and SMM in Medi-Cal
- Virtual **structured deliberation sessions** for stakeholders to develop recommendations for preventing MM and SMM in Medi-Cal births

Birth-Centered Outcomes Research Engagement (B-CORE) in Medi-Cal Project

Recommendations for Health Care Systems

Health care systems (e.g., birth facilities, clinics) were tasked with implementing patient-facing changes related to **sharing data** and capturing measures of **patient experience**. Stakeholders also recommended that facilities modify their institutional structures and processes in ways that supported **care quality and anti-racism** to decrease MM and SMM among their Medi-Cal patients.



This infographic depicts work done in the RAND Heath Care Division and documented in *Birth-Centered Outcomes Research Engagement (B-CORE) in Medi-Cal: Community-Generated Recommendations to Decrease Maternal Mortality and Severe Maternal Morbidity*, by Priya Batra, Gabriela Alvarado, and Chloe E. Bird, RR-A2630-1-v2, 2023 (available at www.rand.org/t/RRA2630-1-v2). To view this infographic online, visit www.rand.org/t/IGA2630-5. The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest. RAND's publications do not necessarily reflect the opinions of its research clients and sponsors. RAND® is a registered trademark. © 2023 RAND Corporation