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**ACR-122 Maternal Health Awareness Day.** (2023-2024)

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**Assembly Concurrent Resolution No. 122**

**CHAPTER 17**

Relative to Maternal Health Awareness Day.

[ Filed with Secretary of State March 04, 2024. ]

**LEGISLATIVE COUNSEL'S DIGEST**

ACR 122, Weber. Maternal Health Awareness Day.

This measure would proclaim January 23, 2024, as Maternal Health Awareness Day.

Fiscal Committee: no

WHEREAS, The United States ranks highest among industrialized nations in maternal mortality; and

WHEREAS, More than 700 women die each year in the United States as a result of pregnancy or delivery complications, and more than one-half of these deaths are preventable; and

WHEREAS, While the national maternal mortality rate continues to rise, California continues to work diligently and successfully to reverse this alarming trend; and

WHEREAS, The California Maternal Quality Care Collaborative (CMQCC), a multistakeholder organization committed to ending preventable morbidity, mortality, and racial disparities in California maternity care, was founded in 2006 at Stanford University School of Medicine, in coordination with the California Pregnancy-Associated Mortality Review (CA-PAMR) and the Public Health Institute, in response to rising maternal mortality and morbidity rates; and

WHEREAS, CMQCC uses research, quality improvement toolkits, statewide outreach collaboratives, and its innovative Maternal Data Center to improve health outcomes for mothers and infants; and

WHEREAS, Since the inception of CMQCC and CA-PAMR, California has recorded a maternal mortality decline by 55 percent from 2006 to 2013, inclusive, and has successfully decreased the maternal mortality rate to seven deaths per 100,000 live births; and

WHEREAS, California's pregnancy-related mortality ratio (PRMR) in 2019 was 12.8 deaths per 100,000 live births and was lower than the California PRMR of 16.1 in 2018. The California PRMR began to rise gradually in 2013 and peaked in 2018. The California PRMR was consistently lower than the United States PRMR from 2011 through 2017; and

WHEREAS, CA-PAMR reported that California suicide ratios remained relatively stable from 2008 to 2016, inclusive, regardless of pregnancy status, and women who were pregnant in the year prior to death were significantly less likely to die by suicide than reproductive-age women who were not pregnant within the prior year; and

WHEREAS, A woman's maternal mental health condition can also be a factor in maternal mortality. Recent efforts have been made to bring greater awareness to maternal mental health and to ensure more women are screened and treated for postpartum depression or psychosis and remain covered by health insurance upon diagnosis; and

WHEREAS, Improved screening alone can reduce the severity of postpartum depression. Obstetric providers are implementing more aggressive screening techniques and making strides to further recognize and, therefore, treat maternal mental health conditions; and

WHEREAS, Chronic health conditions increase the risk of pregnancy complications, adverse birth outcomes, and pregnancy-related mortality because the physical demands that pregnancy places on the body's systems can exacerbate existing health conditions; and

WHEREAS, While California has set an example for the rest of the country and has made progress to reduce maternal mortality through investment in maternal health programs, strong leadership and engagement of the maternity care community, and targeted hospital quality improvement, more needs to be done to narrow racial and ethnic disparities, especially with Black women whose pregnancy-related mortality ratio was four to six times greater than the mortality ratios for women of other racial or ethnic groups, including White, Hispanic, and Asian and Pacific Islander; and

WHEREAS, The State Department of Public Health must continue its surveillance to bring heightened awareness to maternal health; and

WHEREAS, California must maintain its efforts to maximize health prior to pregnancy, including, but not limited to, preventing smoking, improving fitness, reducing sexually transmitted diseases, and promoting positive relationships; and

WHEREAS, California must continue to address the postpartum needs of women through such efforts as postpartum visits and interconception care, breastfeeding support, and screening for postpartum depression; and

WHEREAS, California should continue to promote positive birth outcomes for all women through such actions as maternity care quality improvement and home visiting for vulnerable, pregnant women, to provide additional support for Black women, and to further increase culturally and linguistically relevant public awareness about maternal mental health risk factors, signs, symptoms, treatment, and recovery; and

WHEREAS, California should maintain its efforts to improve the coordination of care between obstetrics and psychiatry regarding mental health treatment, as needed, and to continue advancements for improved screening for mental health conditions during and after pregnancy, as well as screening for substance use, adverse childhood experiences, medical diagnoses, including infectious disease, and intimate partner violence; and

WHEREAS, The Legislature seeks to bring awareness to maternal health and continue its work to provide positive outcomes for both the mother and the infant; now, therefore, be it

Resolved by the Assembly of the State of California, the Senate thereof concurring, That the Assembly proclaims January 23, 2024, as Maternal Health Awareness Day to draw attention to the efforts that have improved maternal health in California and to highlight the need for continued improvement of maternal health for all women; and be it further

Resolved, That the Chief Clerk of the Assembly transmit copies of this resolution to the author for appropriate distribution.