## Cal Health & Saf Code § 123630.4

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Deering's California Codes Annotated > HEALTH AND SAFETY CODE (§§ 1-151003) > Division 106 Personal Health Care (Including Maternal, Child, and Adolescent) (Pts. 1-10) > Part 2 Maternal, Child, and Adolescent Health (Chs. 1-6) > Chapter 2 Maternal Health (Arts. 1-7) > Article 4.6 California Dignity in Pregnancy and Childbirth Act (§§ 123630-123630.5)

## § 123630.4. Data tracking on severe maternal morbidity

- (a) The State Department of Public Health shall track data on severe maternal morbidity, including, but not limited to, all of the following health conditions:
  - (1) Obstetric hemorrhage.
  - (2) Hypertension.
  - (3) Preeclampsia and eclampsia.
  - (4) Venous thromboembolism.
  - (5) Sepsis.
  - (6) Cerebrovascular accident.
  - (7) Amniotic fluid embolism.
- **(b)** The data on severe maternal morbidity collected pursuant to subdivision (a) shall be published at least once every three years, after all of the following have occurred:
  - (1) The data has been aggregated by state regions, as defined by the State Department of Public Health, to ensure data reflects how regionalized care systems are or should be collaborating to improve maternal health outcomes, or other smaller regional sorting based on standard statistical methods for accurate dissemination of public health data without risking a confidentiality or other disclosure breach.
  - (2) The data has been disaggregated by racial and ethnic identity.
- (c) The State Department of Public Health shall track data on pregnancy-related deaths, including, but not limited to, all of the conditions listed in subdivision (a), indirect obstetric deaths, and other maternal disorders predominantly related to pregnancy and complications predominantly related to the puerperium.
- (d) The data on pregnancy-related deaths collected pursuant to subdivisions (a) and (c) shall be published, at least once every three years, after all of the following have occurred:
  - (1) The data has been aggregated by state regions, as defined by the State Department of Public Health, to ensure data reflects how regionalized care systems are or should be collaborating to improve maternal health outcomes, or other smaller regional sorting based on

standard statistical methods for accurate dissemination of public health data without risking a confidentiality or other disclosure breach.

(2) The data has been disaggregated by racial and ethnic identity.

## **History**

Added Stats 2019 ch 533 § 3 (SB 464), effective January 1, 2020.

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