
Center for Health Equity



University of California
San Francisco

MIHA

...for healthier moms and babies

MIHA Data User Meeting
February 20, 2026

Opening remarks

CDPH Center for Family Health Deputy Director,
Matt Green



Objectives of today's meeting

- Provide MIHA methods and data use overview
- Report back on 2025 questionnaire development
- Obtain input on 2026+ questionnaire priorities
 - Question drops
 - New topics and revisions
 - Maternal and infant health information gaps and priorities



MIHA Team



Kristen Marchi
Principal Investigator



Paula Braveman
Co-PI



Christine Rinki
MIHA Director



Katherine Heck
Data Manager



Chuncui Fan
Statistician



Soniya Manju
MIHA Coordinator



Jaynia Anderson
MCAH MIHA Lead



Monica Villaruel
MCAH MIHA Research Scientist



MIHA Data Collection Contractor

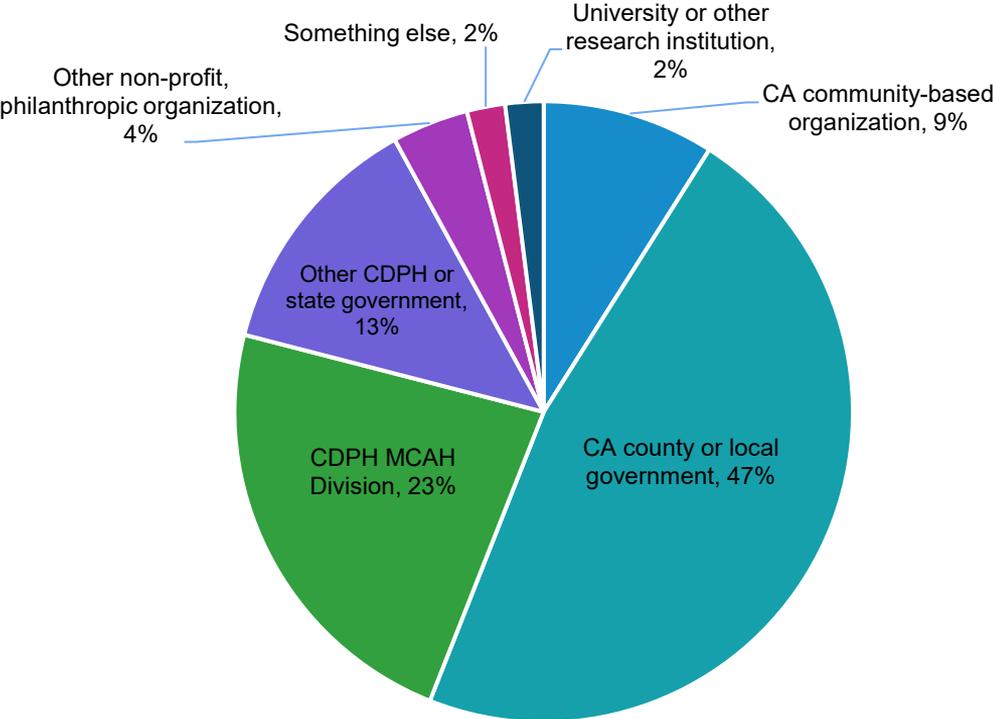
We're hiring a research data analyst. Spread the word!

Poll: Introductions



Poll: Introduction Results

Which of the following best describes your organization?
n = 100

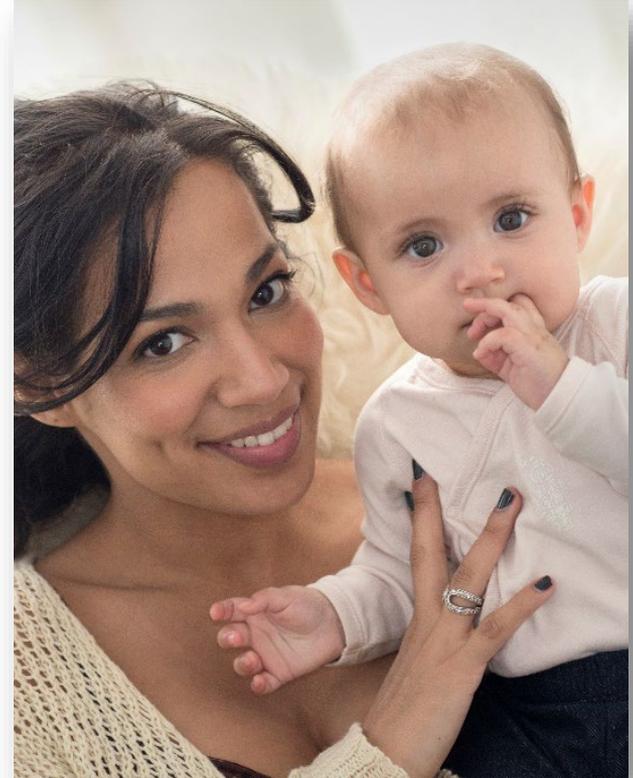


MIHA overview



What is MIHA?

- MIHA: Maternal and Infant Health Assessment survey
- Large, annual, population-based survey of individuals with a recent birth in California
- Unique data source that provides information about experiences before, during, and after pregnancy not available anywhere else
- Collaborative effort of CDPH MCAH Division and UCSF Center for Health Equity, with support from additional key CDPH partners



MIHA Methods Overview: Sample

- Drawn from California live birth certificates
- ~10,000 individuals sampled each year
- Oversampled groups
 - Preterm births
 - Black birthing people
- Sampled birth months
 - Past years: February – May
 - 2025: October – December
 - 2026+: April – July

MIHA Methods Overview: Data Collection

- Web, mail, telephone modes
- English or Spanish
- Incentives and rewards
- Participation
 - 2-10 months postpartum
 - ~54-58% response rate
 - ~5,600 participants
- Innovations in 2025
 - Invitation letter promotes web survey
 - More obvious cash incentive
 - Systematic email protocol

To Complete your Survey

The diagram illustrates three alternative methods for completing a survey, presented in a light blue box. Each method is contained within a rounded blue rectangle. The first method, 'Go to the website', includes an icon of a laptop with a globe and provides the URL MIHAforCA.org and a placeholder for a secure access code. The second method, 'Scan the QR code below from your phone', features a smartphone icon and a placeholder for a QR code. The third method, 'If you do not have access to the internet or would rather talk to someone, call us', shows a telephone handset icon and provides the phone number 1-888-614-0569. White boxes with the word 'OR' are placed between the three options to indicate they are mutually exclusive choices.

Go to the website:
MIHAforCA.org
Enter your Secure
Access Code:
<<XXXX>>

OR

Scan the QR code below
from your phone:
<<QR code>>

OR

If you do not have
access to the internet or
would rather talk to
someone, call us:
1-888-614-0569

Local data availability



- People with recent births residing in all counties are eligible for MIHA
- Data weighted to represent all CA births
- County-level data are available for the 37 counties with the largest numbers of births
- These counties account for 98% of California births
- Data for the remaining 21 counties are reported in MIHA regions

MIHA regions



Counties in Each MIHA Region

- Central Coast Region**
Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
- Greater Sacramento Region**
El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba
- Los Angeles County**
- North/Mountain Region**
Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne
- Orange County**
- San Diego County**
- San Francisco Bay Area**
Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
- San Joaquin Valley**
Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare
- Southeastern California**
Imperial, Riverside, San Bernardino

Future directions:

Asian American, Native Hawaiian, Pacific Islander (AANHPI) Enhancement

- Collaboration with AANHPI Lactation Collaborative
- AANHPI Community Advisory Board
- Larger and disaggregated AANHPI sample
- AANHPI languages
- Funding for implementation is needed



MIHA Data

Support for public health action



MIHA supports statewide MCAH activities

- Surveillance of emerging public health issues
- Federal Title V MCH Block Grant needs assessment, strategic planning, and reporting
- MCAH Division programs' needs assessments, evaluations, and program planning
- Policy advocacy and implementation monitoring

MIHA Data Snapshots Dashboard

State Snapshots

County Snapshots

Regional Snapshots

Select Year: 2020-2022 | Select County: Sacramento | Select Subgroup: Total Population | Filter Subgroup: (All) | Filter Topic Area: (All)

MIHA Data Snapshot, Sacramento County by Total Population, 2020-2022

Maternal and Infant Health Assessment (MIHA) Survey

↑ (Higher than the rest of CA), ↓ (Lower than the rest of CA), ● (No statistical difference from the rest of CA)

		Total Population				California Total		
		%	Lower 95% CL	Upper 95% CL	N	%	Lower 95% CL	Upper 95% CL
Total		100.0			17,900	100.0		
Health before Pregnancy	In good to excellent health before pregnancy	● 90.7	88.0	93.5	16,200	91.4	90.9	91.9
	Asthma before pregnancy	↑ 13.4	10.3	16.5	2,400	9.5	8.9	10.1
	Diabetes before pregnancy	● * 4.1	1.7	6.6	700	3.1	2.7	3.4
	Hypertension before pregnancy	● 3.1	1.8	4.4	500	3.8	3.5	4.2
Nutrition	Food insecurity during pregnancy	● 19.3	15.2	23.5	3,200	20.0	19.2	20.8
	Food insecurity, postpartum ‡	● 17.4	13.1	21.7	2,900	17.7	16.8	18.6
Nutrition Program Participation	Participated in WIC during pregnancy	● 38.8	33.9	43.6	6,600	42.1	41.1	43.1
	Received CalFresh during pregnancy	↑ 26.0	21.7	30.3	4,600	19.8	19.0	20.6
	Received CalFresh, postpartum	↑ 29.6	25.2	34.1	5,200	23.7	22.9	24.6
Intimate Partner Violence (IPV)	Physical or psychological IPV during pregnancy	● 4.6	2.8	6.5	800	5.2	4.7	5.6
	Physical, psychological, or sexual IPV during pregnancy	● 4.9	3.0	6.7	900	5.4	5.0	5.9
	Physical, psychological, or sexual IPV, postpartum ‡	● 3.9	1.6	6.2	700	3.7	3.3	4.2
Mental Health	Depression before pregnancy	↑ 14.0	10.8	17.3	2,500	10.5	9.9	11.1
	Prenatal depression symptoms	● 15.9	12.2	19.5	2,800	14.8	14.1	15.5
	Postpartum depression symptoms	● 14.1	10.7	17.5	2,500	14.1	13.5	14.8
	Prenatal anxiety symptoms	● 22.8	18.9	26.7	4,100	20.9	20.1	21.7
	Postpartum anxiety symptoms	● 19.1	15.4	22.9	3,400	18.1	17.4	18.9
	Anxiety or depression symptoms, prenatal or postpartum	● 38.2	33.4	42.9	6,800	35.4	34.5	36.4
	Screened for mental health conditions, prenatal ‡	↑ 75.0	69.9	80.1	13,300	67.2	66.1	68.3
	Screened for mental health conditions, postpartum ‡	● 68.9	63.7	74.2	12,200	68.3	67.2	69.4
	Screened for mental health conditions, prenatal or postpartum ‡	● 85.9	81.7	90.1	15,200	82.4	81.5	83.3
	Perceived need for mental health care, prenatal or postpartum	● 32.2	27.7	36.7	5,700	31.6	30.7	32.6
	Receipt of mental health care when needed	● 50.0	41.8	58.2	2,800	53.9	52.1	55.6
Hardships and Support during	Homeless or did not have a regular place to sleep during pregnancy	● 4.9	2.8	7.0	900	3.4	3.0	3.7
	Moved due to problems paying rent or mortgage during pregnancy	● 5.9	3.7	8.0	1,000	5.3	4.9	5.8

- Data through 2022
- Downloadable data table
- Filter or view data by topics, geography, or maternal characteristics



go.cdph.ca.gov/MIHADashboard

Access up-to-date MCAH Data on the Dashboards

- MIHA topics on the dashboards include...
 - Alcohol, cannabis, cigarette use
 - Breastfeeding intention, duration, hospital practices
 - Depression symptoms
 - Folic acid use
 - Intimate partner violence
- Additional priority topics include...
 - Pregnancy-related, fetal, and infant mortality
 - Severe maternal morbidity and maternal complications
 - Preterm birth
 - Low birthweight

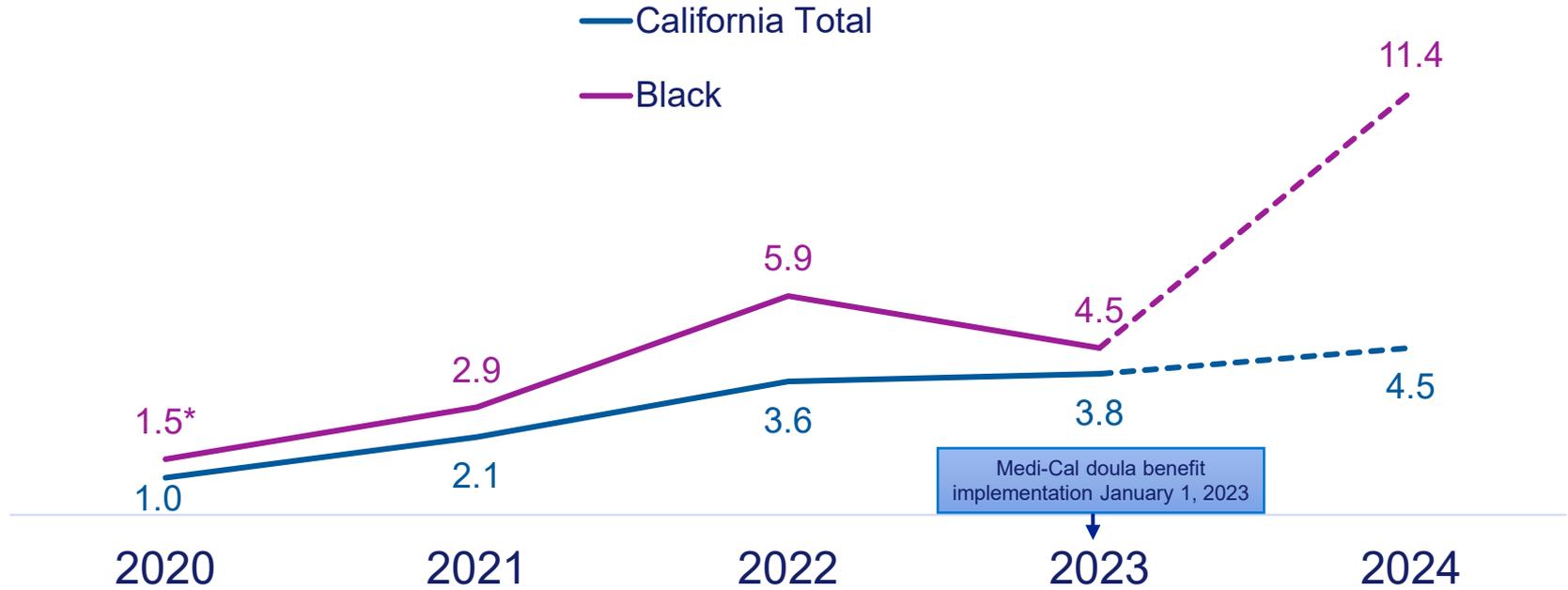
...and many more maternal, infant, child, CYSHCN, and adolescent topics

Get your data on the
dashboards today!



go.cdph.ca.gov/mcah-dashboards

Doula support during delivery increased overall and among Black birthing people between 2020 and 2024

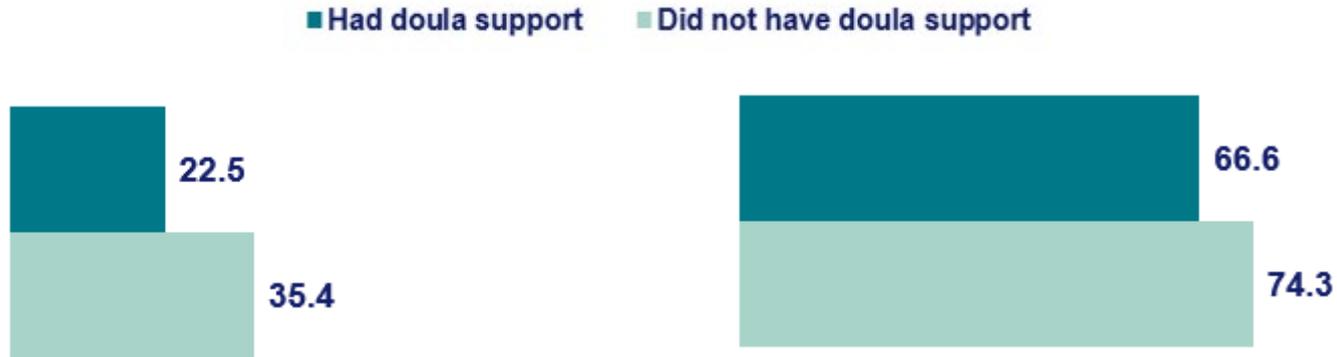


*Estimate should be interpreted with caution due to low statistical reliability.

Cesarean sections and epidurals were lower among Black women who had doula support

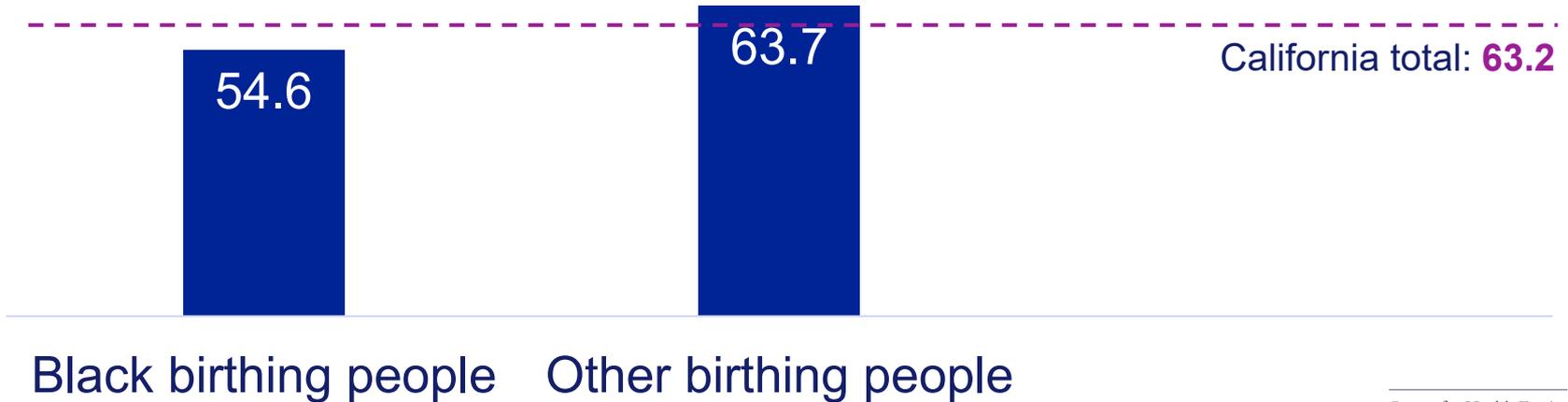
Percentage of Black birthing people who had a cesarean section delivery

Percentage of Black birthing people who received epidural analgesia during delivery



Too few people had optimal person-centered care during childbirth

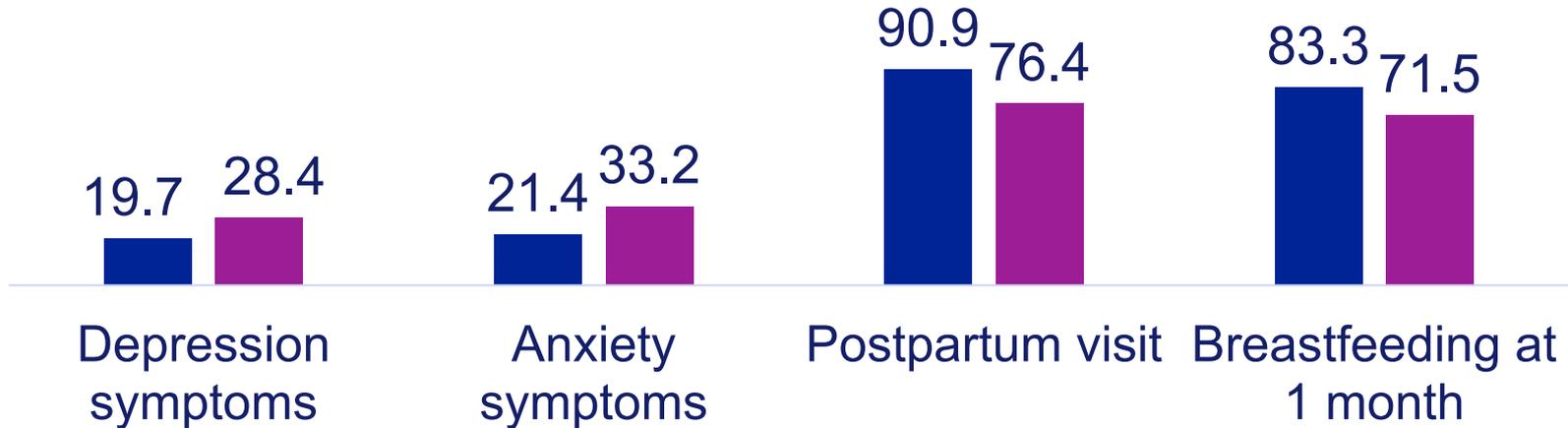
Percentage of women and birthing people who experienced optimal person-centered maternity care during childbirth, 2023



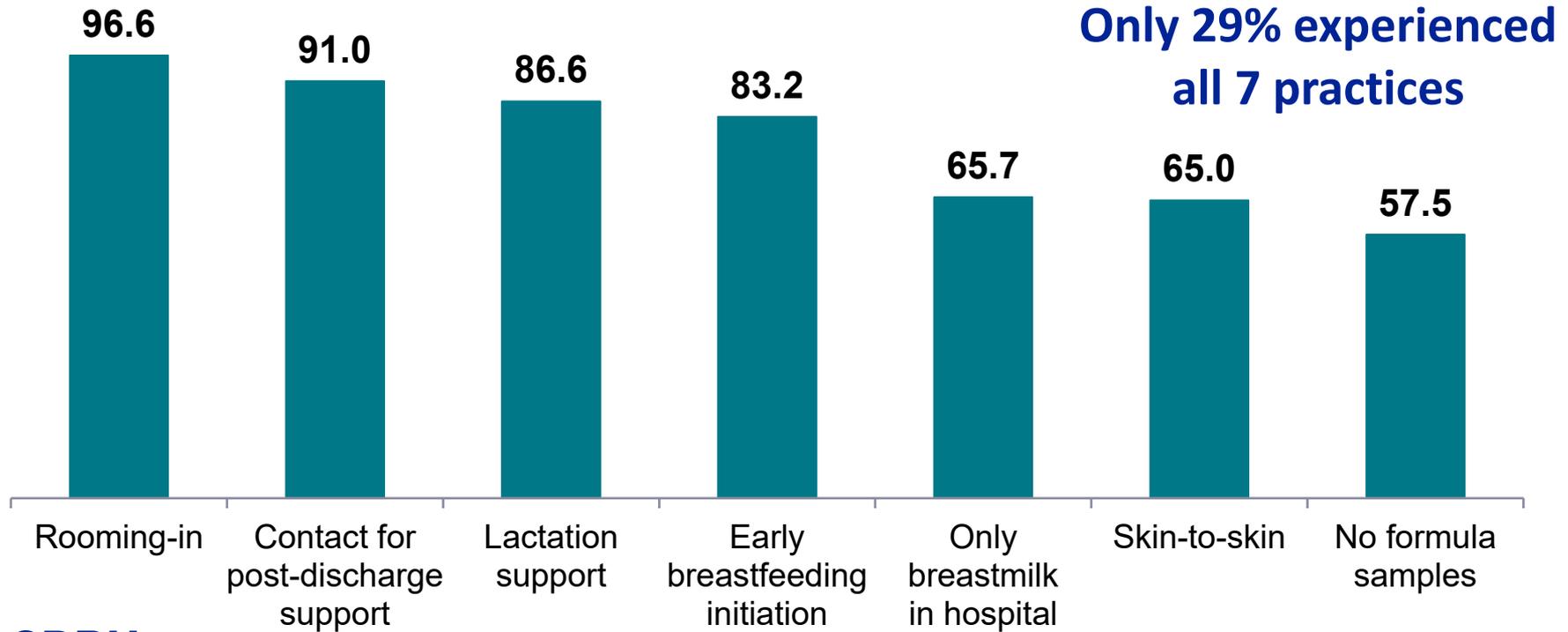
Optimal person-centered care at delivery is associated with better postpartum outcomes

Percentage of Black birthing people with postpartum outcomes

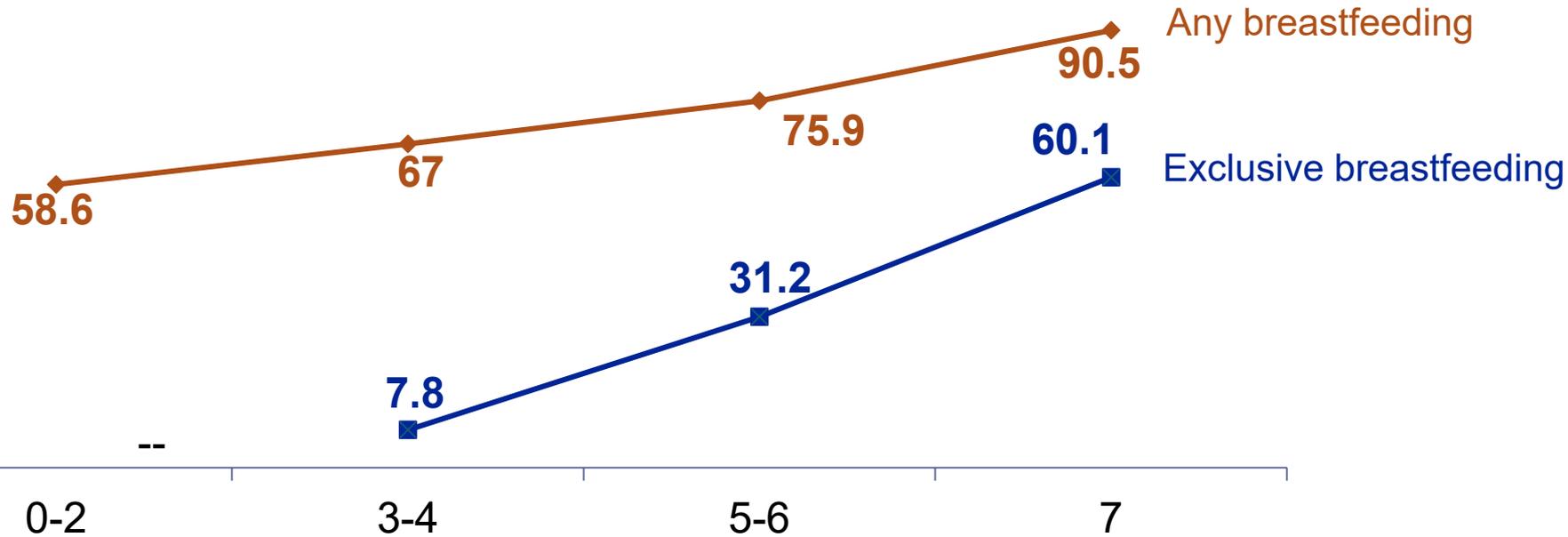
■ Optimal care ■ Suboptimal care



Experiences of hospital practices supportive of breastfeeding among birthing people*



Breastfeeding rates at 3 months postpartum increased as the number of hospital practices experienced increased



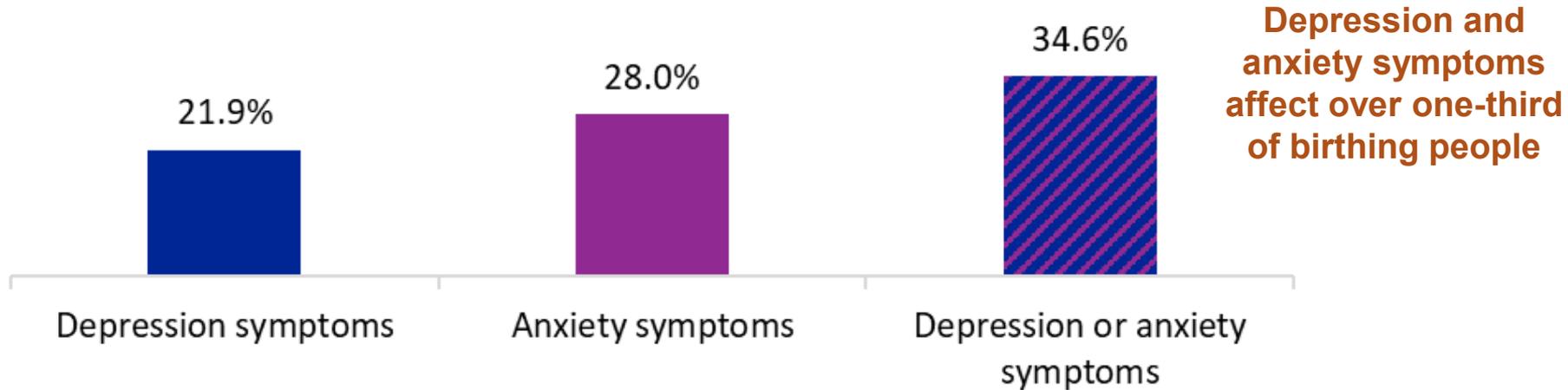
-- Estimate not shown because the relative standard error (RSE) is greater than 50% or fewer than 5 birthing individuals reported.

Notes: Breastfeeding at 3 months postpartum is limited to birthing individuals whose infants were at least 3 months old at the time of survey completion.

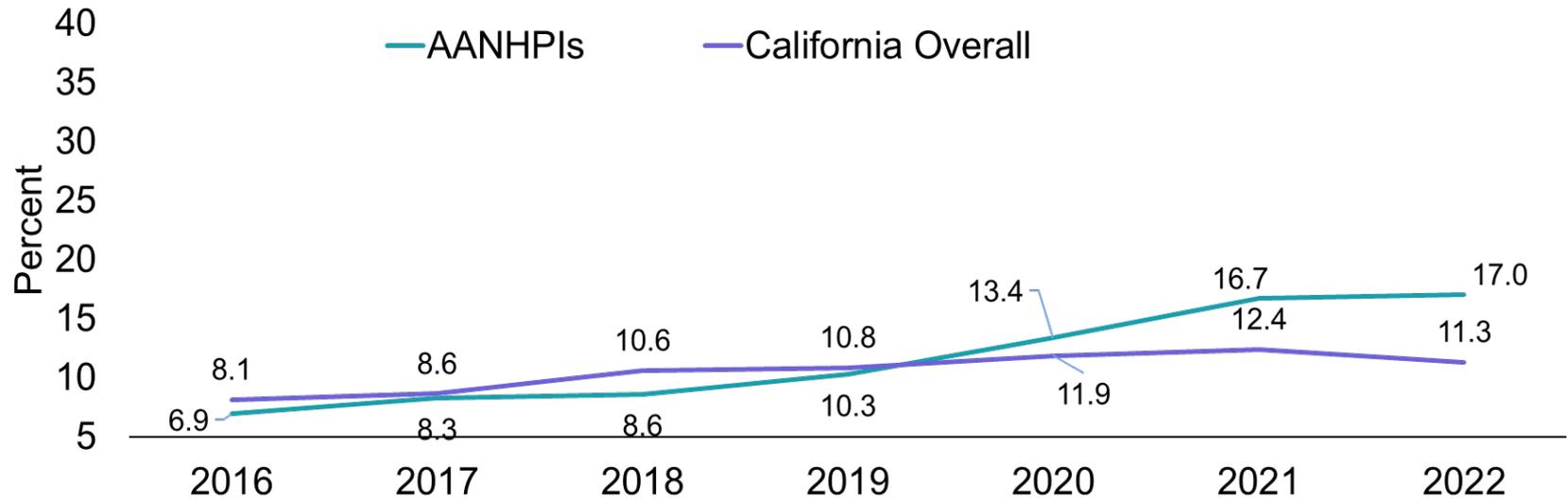
Data source: California Department of Public Health, Maternal and Infant Health Assessment (MIHA), 2022.

Prepared by: Maternal, Child and Adolescent Health Division, Center for Family Health.

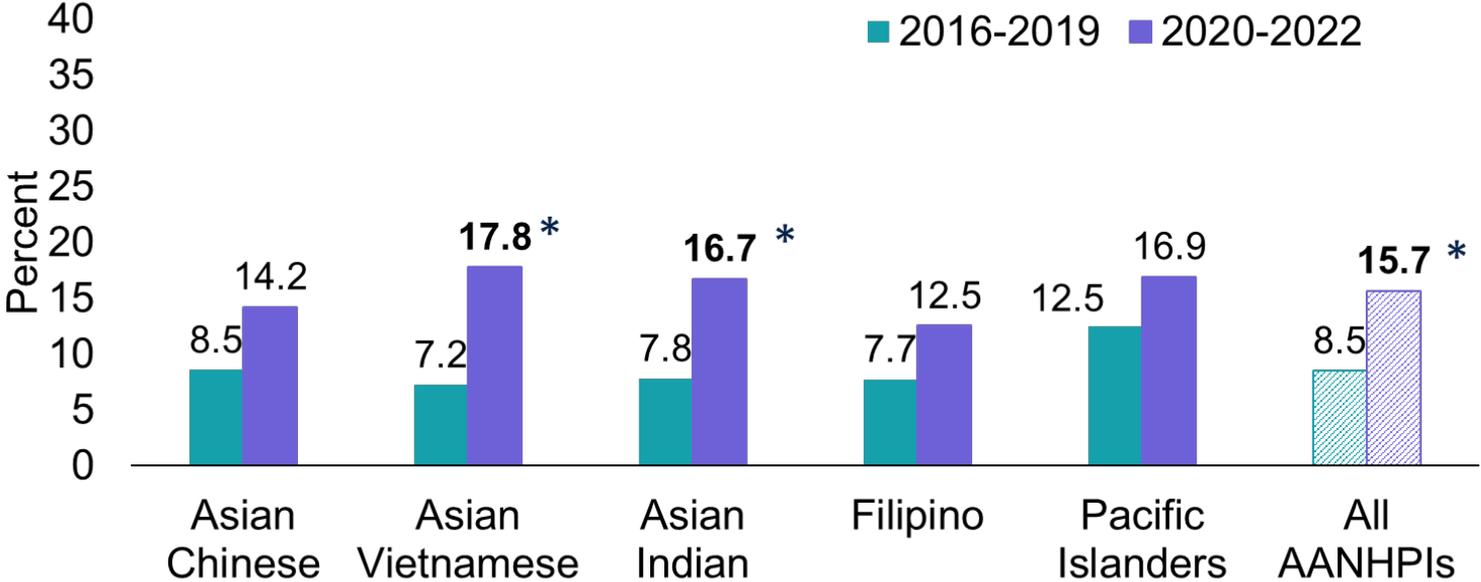
MIHA data show that anxiety symptoms are more common than depression symptoms during or after pregnancy, 2020-2021



Experiences of racial discrimination among AANHPIs during 2016-2022

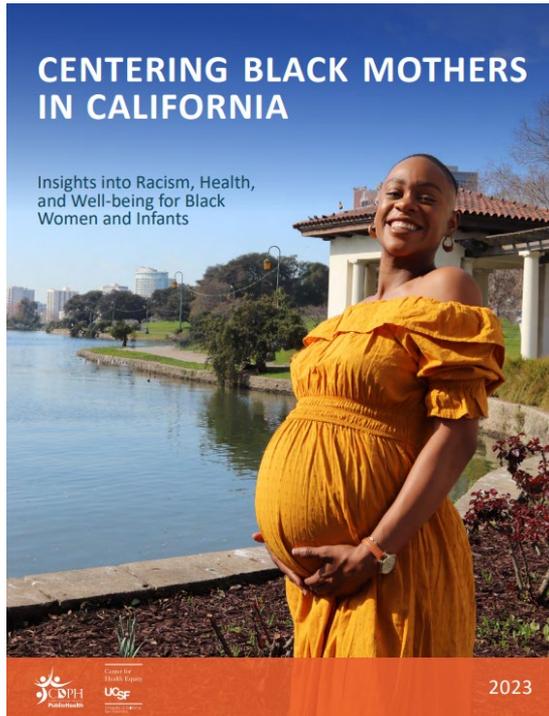


Experiences of racial discrimination among AANHPI subgroups increased between 2016-2019 and 2020-2022



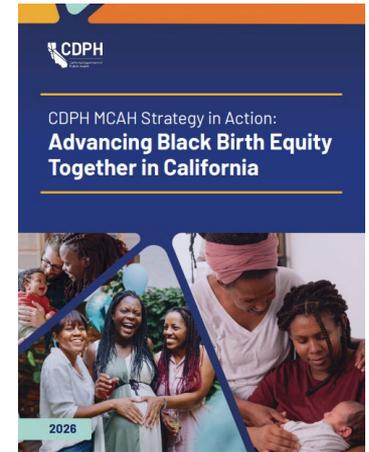
* Population groups that showed a statistically significant increase in prevalence estimates between 2016–2019 and 2020–2022. The estimates of Pacific Islanders should be interpreted with caution due to low statistical reliability (RSE is between 30% and 50%).

CBM Report continues to support action



Report implications shaped the CDPH Black Birth Equity Action Plan developed with Black birth justice consultants and community partners

Black Women for Wellness shared CBM findings with communities throughout California to promote action and accountability



MIHA publications coming soon!



Improving Black Maternal Health through Person-Centered Care



Supporting Mental Health In California Mothers



Maternal mental health screening in California

...and more!

We want MIHA results to reach you.

Please add these e-mail addresses
to your e-mail contacts or “safe list.”

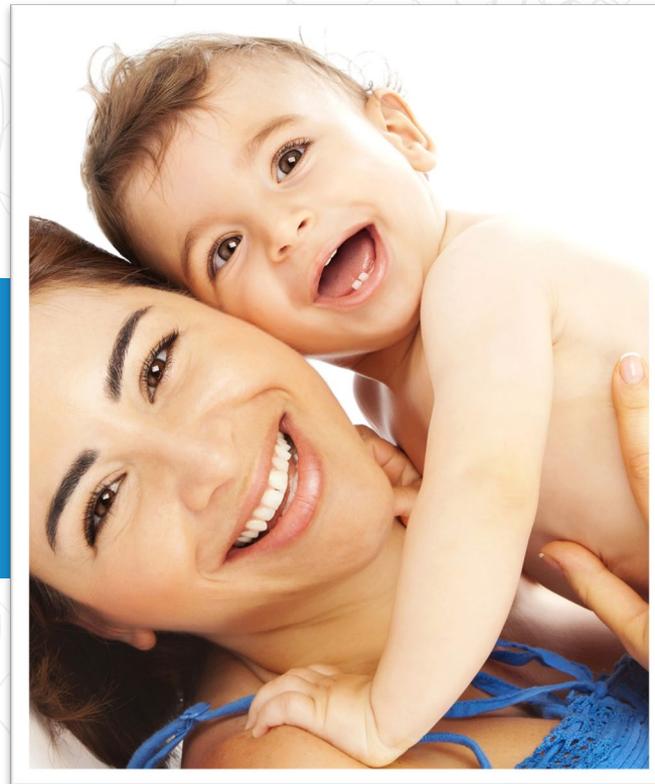
CHE@ucsf.edu

MIHA@cdph.ca.gov

CDPH.MCAHCommunications@cdph.ca.gov

MIHA 2025

Questionnaire report back



Questions cycled off or dropped in 2025



Cycle off alternating years

- Folic acid supplement (pre-pregnancy)
- Postpartum home blood pressure monitoring series (3 questions)

No current timeline to cycle back on

- Born in US/another country, year started living in the US

Dropped

- WIC participation, self or child (postpartum)
- WIC benefits participants liked

Questions retained in 2025



Considered cycling off, but retained in 2025

- Usual source of care (pre-pregnancy)
- Received information during pregnancy about maternal warning signs
- Cannabis use, any (prenatal)
- Cannabis use, any, frequency (prenatal, postpartum)

Continued in partnership with the California Health Care Foundation

- Mental health screening (prenatal, postpartum)
- Receipt of and need for mental health treatment questions

Questions cycled on or revised in 2025

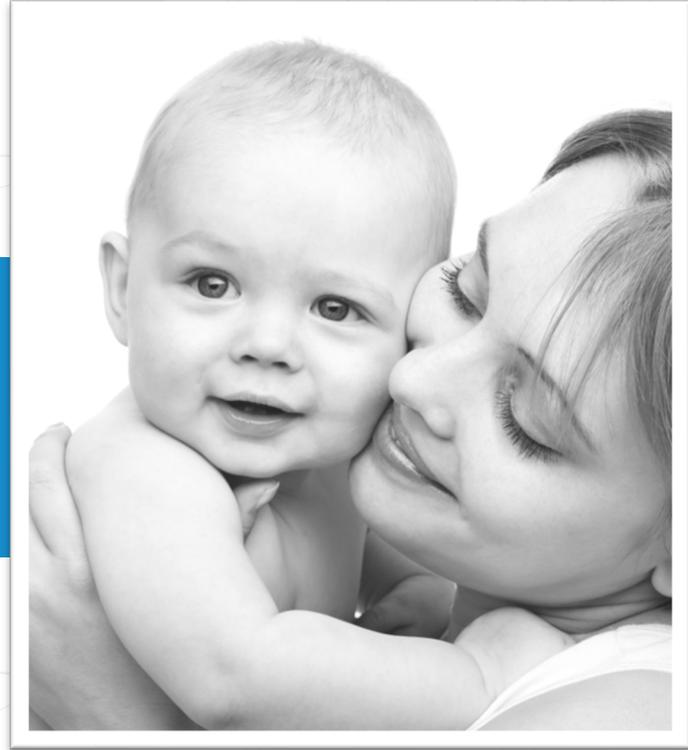


Core questions cycled on

- Any, type of, and reasons for no postpartum birth control (3 questions)
- Reasons for no oral health care (prenatal)

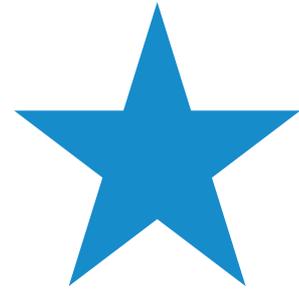
MIHA 2026

Questionnaire content input



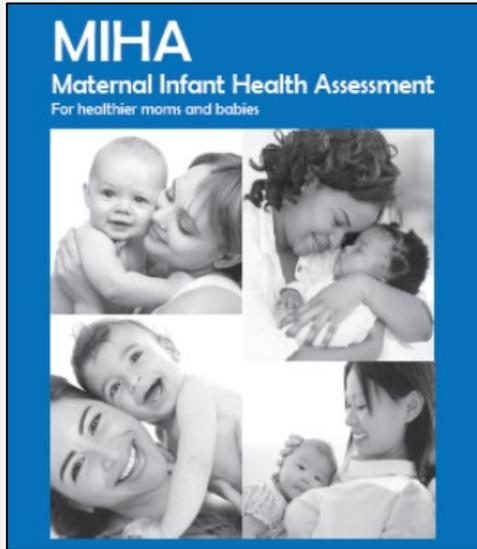
Criteria for question selection

- Demonstrates public health importance
- Aligns with MCAH Division, Center for Family Health, and partner priorities
- Addresses health equity
- Supports public health action with a concrete data use plan
- Is valid and reliable



Overview of meeting resources

2025 MIHA Questionnaire



MIHA Questionnaire Topic List for 2024 and 2025

MIHA Questionnaire Topic List for 2024 and 2025
Strikethrough indicates topic dropped from or cycled off of questionnaire

MIHA 2025 (currently in the field)	MIHA 2024
GENERAL HEALTH / HEALTH CONDITIONS <ul style="list-style-type: none"> General health status (preconception) Diabetes, hypertension, asthma (preconception) Depression diagnosis (preconception) Depressive symptoms (prenatal, postpartum) Anxiety symptoms (prenatal, postpartum) 	GENERAL HEALTH / HEALTH CONDITIONS <ul style="list-style-type: none"> General health status (preconception) Diabetes, hypertension, asthma (preconception) Depression diagnosis (preconception) Depressive symptoms (prenatal, postpartum) Anxiety symptoms (prenatal, postpartum)
NUTRITION AND WEIGHT <ul style="list-style-type: none"> Food security (2-item, prenatal) 	NUTRITION AND WEIGHT <ul style="list-style-type: none"> Food security (2-item, prenatal)
HEALTH INSURANCE COVERAGE <ul style="list-style-type: none"> Insurance coverage (preconception, prenatal, postpartum, infant) Any gaps in insurance coverage (prenatal, postpartum) 	HEALTH INSURANCE COVERAGE <ul style="list-style-type: none"> Insurance coverage (preconception, prenatal, postpartum, infant) Any gaps in insurance coverage (prenatal, postpartum)
HEALTH CARE AND SERVICES <ul style="list-style-type: none"> KEEP ON: Pre-pregnancy usual source of care KEEP ON: Pre-pregnancy folic acid vitamins KEEP ON: Receipt of information during pregnancy about maternal early warning signs Receipt of oral health care (prenatal) Receipt of flu and Tdap vaccines Receipt of postpartum medical visit CYCLE OFF: Reason for not prenatal oral health care Maternal mental health screening (prenatal, postpartum) Maternal (prenatal or postpartum) mental health care (receipt of and unmet need for) WIC participation (prenatal) WIC participation (postpartum) Reasons for not participating in WIC (prenatal) WIC benefits liked (prenatal, postpartum) Receipt of food stamps (prenatal) Support person during labor or birth, including doula Maternity care experiences (9 items on autonomy, communication, and mistreatment) Racial discrimination during birth Postpartum home blood pressure monitoring 	HEALTH CARE AND SERVICES <ul style="list-style-type: none"> Pre-pregnancy usual source of care Pre-pregnancy folic acid vitamins Receipt of information during pregnancy about maternal early warning signs Receipt of oral health care (prenatal) Receipt of flu and Tdap vaccines Receipt of postpartum medical visit Maternal mental health screening (prenatal, postpartum) Maternal (prenatal or postpartum) mental health care (receipt of and unmet need for) WIC participation (prenatal, postpartum) Reasons for not participating in WIC (prenatal) WIC benefits liked (prenatal, postpartum) Receipt of food stamps (prenatal) Support person during labor or birth, including doula Maternity care experiences (9 items on autonomy, communication, and mistreatment) Racial discrimination during birth Postpartum home blood pressure monitoring
HARDSHIPS AND SUPPORT <ul style="list-style-type: none"> Emotional and practical support (prenatal) Stressful life events (prenatal) Chronic worry about racism (lifetime) Chronic worry about racism for loved ones (lifetime) Experience of racial discrimination (lifetime) Intimate partner violence: anger/threats, control, physical abuse, sexual abuse (prenatal) Childcare problems that impacted work for respondent or partner (postpartum) 	HARDSHIPS AND SUPPORT <ul style="list-style-type: none"> Emotional and practical support (prenatal) Stressful life events (prenatal) Chronic worry about racism (lifetime) Chronic worry about racism for loved ones (lifetime) Experience of racial discrimination (lifetime) Intimate partner violence: anger/threats, control, physical abuse, sexual abuse (prenatal) Childcare problems that impacted work for respondent or partner (postpartum)

Proposed Questionnaire Topics for MIHA 2026

Potential changes for the MIHA 2026 Survey

New questions under consideration to add to MIHA 2026

- PREMA
 - An initiative of the California Office of the Surgeon General (OSG), PreMA is a simple, eight-question quiz designed to reduce preventable maternal deaths by helping people understand how their current pre-pregnancy health status and medical history affect a future pregnancy.
 - With funding from the OSG, MIHA will develop a question to assess whether respondents have completed the PreMA quiz.
- Content of postpartum visit
 - In 2018 and 2021, the American College of Obstetricians and Gynecologists (ACOG) identified components of a comprehensive postpartum visit.
 - In 2025, the Department of Health Care Services (DHCS) released the Birthing Care Pathway Report, which summarizes policy solutions that address the physical, behavioral, and health-related social needs of pregnant and postpartum Medi-Cal members.
 - If included, this question would expand on MIHA's current question about receipt of a postpartum visit to assess whether respondents receive the elements of postpartum care that align with ACOG recommendations and the DHCS Birthing Care Pathway. Will adopt or adapt a similar PRAMS question.
- Economic hardship
 - MIHA currently assesses economic and social stressors, such as housing and food insecurity, low income, and postpartum childcare difficulties, as well as participation in WIC, Medi-Cal, and CalFresh. Recent studies suggest that rising cost of living, barriers to affordable health care, and gaps in social safety net have increased work and economic instability. These hardships are linked to reduced access to prenatal care, unmet health needs, and increased risk of adverse maternal and infant outcomes.
 - MIHA is considering adding a question or questions to better understand the economic strain for families with a recent birth.

Existing questions under consideration to cycle on MIHA 2026

- Pre-pregnancy folic acid supplement (2009-2010, 2022, 2024, 2026)
 - This core surveillance topic cycles on to the questionnaire every other year.
- Postpartum home blood pressure monitoring (2024, 2026)
 - Postpartum home blood pressure monitoring is a strategy in the care of hypertensive disorders of pregnancy, a condition related to poor outcomes for birthing people and infants.
 - Cycle on as planned, every other year.
- Infant sleep environment (2023)
 - Infant sleep environment includes modifiable risk factors that are associated with increased infant sleep-related death.
 - MIHA includes a core question about infant sleep position, asked annually.
 - In 2026, consider whether to cycle on all or part of a longer set of infant sleep questions on infant sleep surface, items in the sleep space, whether infant slept alone, and room-sharing. These questions are also included on PRAMS.
 - Past MIHA input suggested that information about infant sleep is a high priority, but the MIHA questions may not match data user needs. Additionally, we have some concerns about question validity.

Considered for cycle off in 2026



Scheduled cycling off

- Reasons for no oral health care (prenatal)
- Any, type of, and reasons for no postpartum birth control (3 questions)

Considered cycling off, but plan to retain in 2026

- Usual source of care (prenatal)
- Person-centered care at delivery
- Doula and other labor support

Due to cycle on in 2026



Scheduled cycling on

- Pre-pregnancy folic acid vitamin
- Told to take blood pressure at home, had blood pressure cuff, took blood pressure at home, postpartum (3 questions)

Considered cycling on for 2026

- Infant sleep environment (4 questions)
 - Slept alone
 - Shared room with parent
 - Sleep surface (8 choices)
 - Items in the sleep environment (5 choices)

Proposed questions for 2026



- Content of postpartum care
- Perceived difficulty living on income during pregnancy
- Completion of a Pre-pregnancy Medical Assessment (PreMA) quiz

Changes to consider in future years



Add new questions

- Prenatal low dose aspirin use
- E-cigarette use/vaping

Revise existing questions

- Cigarette use
- Alcohol use

Small group discussion breakout rooms

1. Content of postpartum care
2. Infant sleep environment
3. Economic hardship
4. MIHA Snapshots and MCAH Data Dashboard Demo
5. Increasing MIHA's impact: emerging issues, partnerships, communications

*Facilitators will present twice
Consider which 2 rooms you would like to attend*

Your priorities

- What are the biggest maternal and infant health issues facing California today?
- What did we miss in today's conversation?

Poll: Proposed questionnaire changes

- Please select a priority for each topic
 - 1= Most important
 - 7= Least important
- Topics are listed as separate questions
- Select a different priority ranking for each topic
- Expand the poll window if text is cut off

2. Please prioritize topics in order of importance for the MIHA 2026 survey: Person-centered maternity care experiences (communication, autonomy, dignity/respect, mistreatment, racism) (Rating scale)

1: Most important, 7: Least important

1 2 3 4 5 6 7

3. Please prioritize topics: Content of postpartum/interconception care (Rating scale)

1: Most important, 7: Least important

1 2 3 4 5 6 7

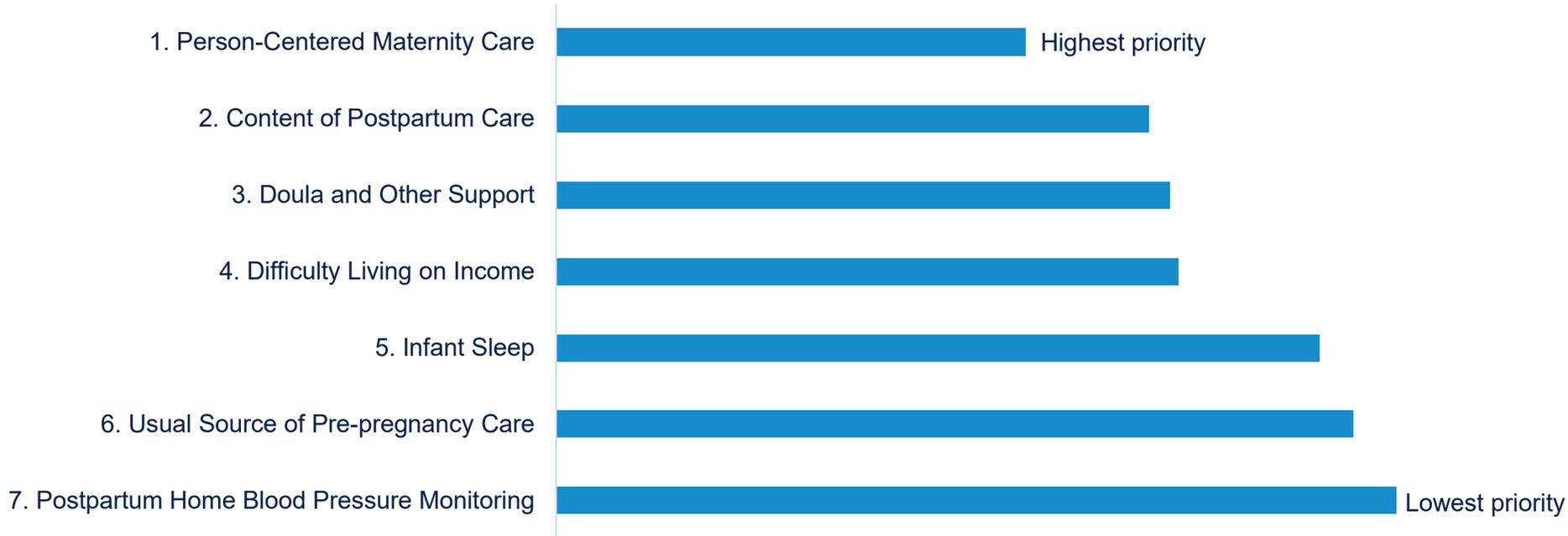
4. Please prioritize topics: Doula and other support received during labor and delivery (Rating scale)

1: Most important, 7: Least important

1 2 3 4 5 6 7

Poll: Proposed questionnaire changes results

MIHA 2026 Topic Priority Rankings Among External Data Users n = 45



Note: Results exclude CDPH MCAH Division responses. Most respondents worked in CA county government, followed by CA community-based organizations and non-profits.

Thank you for your input!
We look forward to continued communication.

Contact us at any time:
MIHA@cdph.ca.gov

Learn more about MIHA, access data and reports:
www.cdph.ca.gov/MIHA
healthequity.ucsf.edu

Center for Health Equity



University of California
San Francisco



Thank You!