



## Maternal Morbidity and Mortality

### BACKGROUND

The United States is the only industrialized nation with a rising maternal mortality rate, with more than 700 women dying annually from pregnancy-related causes (17.2 deaths per 100,000 live births); these rates vary by region, state, and across racial and ethnic lines. According to the Centers for Disease Control and Prevention, rates are highest among non-Hispanic black women (42.8 per 100,000 live births) and American Indian/Alaska Native women (32.5 per 100,000 live births), as compared to Asian/Pacific Islander non-Hispanic women (14.2 per 100,000 live births), white non-Hispanic women (13.0 per 100,000 live births), or Hispanic women (11.4 per 100,000 live births).<sup>1</sup> Severe maternal morbidity (either short- or long-term outcomes resulting from pregnancy and childbirth) affects more than 60,000 women annually in the U.S., with rising trends over the last two decades.<sup>2,3,4</sup>

The National Quality Forum (NQF) recognizes the role of quality measurement in reducing maternal morbidity and mortality in the United States. Quality measurement is an important tool for creating a more equitable and value-based healthcare system. NQF will convene a multistakeholder Committee of subject matter experts to advise on this project. By the conclusion of this project, NQF will report on an environmental scan assessing the current quality measurement landscape for maternal mortality and morbidity and issue a report with recommendations regarding two measurement frameworks on actionable approaches for improvements in maternal morbidity and mortality measurement.

### COMMITTEE CHARGE

Over a 24-month period of performance, NQF will convene a multistakeholder Committee to discuss the foundation of maternal morbidity and mortality measurement and guide the recommendations that will be highlighted in the final report; provide input on the project's components; and provide expertise on clinical aspects of maternity care and on maternal

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<sup>1</sup> Centers for Disease Control and Prevention. Severe maternal morbidity in the United States. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>. Last accessed October 2019.

<sup>2</sup> Howell EA. Reducing disparities in severe maternal morbidity and mortality. *Clin Obstet and Gynecol*. 2018;61(2):387-399.

<sup>3</sup> Callaghan WM, Creanga AA, Kuklina EV. Severe maternal morbidity among delivery and postpartum hospitalizations in the United States. *Obstet and Gynecol* 2012;120(5)1029-1036.

<sup>4</sup> Centers for Disease Control and Prevention. Severe maternal morbidity in the United States. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>. Last accessed October 2019.

mortality and morbidity measurement.

The Committee will be responsible for steering the development of major project components, including:

- Providing guidance on an environmental scan of the state of maternal morbidity measurement and the state of maternal mortality measurement; and
- Developing two separate and distinct measurement frameworks for maternal morbidity and maternal mortality respectively, taking into account specific short- and long-term, innovative, actionable approaches to improve the current state of measurement in these areas along with disparities in these outcomes. In particular, the frameworks will focus on strategies to improve measurement for morbidity and mortality and details on how to use the measurement recommendations to support improving maternal health outcomes.

To accomplish the tasks, the multistakeholder Committee will convene for nine two-hour webinars.

## COMMITTEE STRUCTURE

NQF seeks to convene a multistakeholder Committee of no more than 25 individuals to identify and recommend innovative, efficient, and effective approaches to maternal morbidity and mortality measurement and guide the recommendations that will be highlighted in the final report.

### ***Terms***

Committee members will serve for a term of 20 months.

### **Participation on the Committee requires a significant time commitment.**

Committee members are expected to participate in all scheduled meetings. Over the course of the Committee member's term, additional meetings may be scheduled or meetings may be rescheduled; new dates are set based on the availability of the majority of the Committee.

### **Committee participation includes:**

- Participating in nine, two-hour web meetings over a 17-month period, and up to three additional conference calls
- Guiding the development and implementation of an environmental scan assessing the current landscape of maternal morbidity and mortality measurement
- Developing actionable recommendations for maternal morbidity and mortality measures or measure concepts
- Reviewing and providing feedback on two written deliverables
- Providing additional feedback and input as needed

## Scheduled Meeting Dates

| Meeting                                              | Date/Time                                   |
|------------------------------------------------------|---------------------------------------------|
| Web Meeting 1 – Orientation                          | January 28, 2020 at 12:00 pm - 2:00 pm ET   |
| Web Meeting 2 – Environmental Scan Feedback          | February 24, 2020 at 2:00 pm - 4:00 pm ET   |
| Web Meeting 3 – Draft Report Input                   | May 27, 2020 at 12:00 pm - 2:00 pm ET       |
| Web Meeting 4 – Environmental Scan Post-Comment Call | June 25, 2020 at 12:00 pm - 2:00 pm ET      |
| Web Meeting 5 – Framework Guidance                   | September 10, 2020 at 12:00 pm - 2:00 pm ET |
| Web Meeting 6 – Framework Feedback                   | October 14, 2020 at 12:00 pm - 2:00 pm ET   |
| Web Meeting 7 – Final Feedback                       | November 16, 2020 at 2:00 pm - 4:00 pm ET   |
| Web Meeting 8 – Report Feedback                      | January 26, 2021 at 2:00 pm - 4:00 pm ET    |
| Web Meeting 9 – Final Report Post-Comment Call       | May 26, 2021 at 12:00 pm - 2:00 pm ET       |

## PREFERRED EXPERTISE AND COMPOSITION

Committee members are selected to ensure representation from a variety of stakeholders, including consumers, purchasers, providers, professionals, plans, suppliers, community and public health, and healthcare quality experts. Because NQF attempts to represent a diversity of stakeholder perspectives on committees, a limited number of individuals from each of these stakeholder groups can be seated onto a committee.

NQF is seeking individuals with expertise in maternal health; maternal health disparities; reproductive health; mental health and substance abuse disorders; health equity and social determinants of health; patient/consumer advocacy; obstetrics and gynecology; midwifery; clinicians at all levels; measure development and implementation; and other related fields.

**Please review the NQF conflict of interest policy to learn about how NQF identifies potential conflict of interest.** All potential Committee members must disclose any current and past activities prior to and during the nomination process in order to be considered.

## CONSIDERATION AND SUBSTITUTION

Priority will be given to nominations from NQF members when nominee expertise is comparable. Please note that nominations are to an individual, not an organization, so “substitutions” of other individuals are *not permitted*. Committee members are encouraged to engage colleagues and solicit input from them throughout the process.

## APPLICATION REQUIREMENTS

Nominations are sought for individuals. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve.

To nominate an individual to the project committee, please **submit** the following information:

**Nominations due by Thursday, November 7, 2019 6:00 pm ET**

- A completed [online nomination form](#), including:
  - A brief statement of interest
  - A brief description of nominee expertise highlighting experience relevant to the committee
  - A short biography (maximum 100 words), highlighting experience/knowledge relevant to the expertise described above
  - Curriculum vitae or list of relevant experience (e.g., publications) *up to 20 pages*
- A completed disclosure of interest form. This will be requested upon your submission of the nomination form for Committees actively seeking nominees.
- Confirmation of availability to participate in currently scheduled calls and meeting dates. Committees or projects actively seeking nominees will solicit this information upon submission of the online nomination form.

#### DEADLINE FOR SUBMISSION

All nominations **MUST** be submitted by **6:00 pm ET on November 7, 2019**.

#### QUESTIONS

If you have any questions, please contact Suzanne Theberge and Hannah Ingber at 202-783-1300 or [maternal@qualityforum.org](mailto:maternal@qualityforum.org). Thank you for your interest.