



**NATIONAL
QUALITY FORUM**

Driving measurable health
improvements together

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Maternal Morbidity and Mortality: Web Meeting #2

February 24, 2020

Welcome

A photograph of a female doctor with short grey hair and glasses, wearing a white lab coat and a blue stethoscope. She is smiling and looking down at a clipboard she is holding. The background is a blurred hospital setting with other people. The image has a warm, yellowish tint.

OUR MISSION

**The trusted voice
driving measurable
health improvements**

A photograph of a young woman wearing a dark blue hijab with white polka dots, looking off to the side with a gentle smile. An older woman with short, light-colored hair is embracing her from behind, her hands resting on the young woman's shoulders. The image has a teal overlay.

OUR VISION

Every person
experiences high
value care and
optimal health
outcomes

A photograph of an elderly couple walking on a paved path in a park. The man, on the left, is balding and wearing a plaid shirt and khaki pants, using a black cane. The woman, on the right, has dark hair and is wearing a bright green polo shirt and jeans, holding the man's arm. She is also carrying a brown paper bag with greenery. The background is a lush green park with trees and a body of water in the distance. The entire image has a green color overlay.

OUR VALUES

Collaboration

Leadership

Passion

Excellence

Integrity



Project Team

- Nicole Williams, Director
- Tami Funk, Project Manager
- Hannah Ingber, Project Analyst
- Dr. Audra Meadows, NQF Consultant

Agenda for the Call

- Welcome and Review of Meeting Objectives
- Overview of project scope
- Revising the Environmental Scan Outline
- Environmental Scan Discussion: Maternal Standards of Care
- Definitions of Morbidity and Mortality
- Opportunity for public comment
- Next steps

Standing Committee

- **Lekisha Daniel-Robinson, MSPH (Co-chair)**
- **Elizabeth Howell, MD, MPP (Co-chair)**
- **Timoria McQueen Saba (Co-chair)**
- Angela Anderson, CNM, DNP, FACNM
- Katherine Barrett, MPH
- Debra Bingham, DrPH, RN, FAAN
- Emily Briggs, MD, MPH, FAAFP
- Beth Ann Clayton, DNP, CRNA, FAAN
- Charlene Collier, MD, MPH, MHS
- Joia Crear-Perry, MD
- U. Michael Currie, MPH, MBA
- Eugene Declercq, PhD, MS, MBA
- Mary-Ann Etiebet, MD, MBA
- Dawn Godbolt, PhD, MS
- Kimberly Gregory, MD, MPH
- Kay Johnson, MPH, MEd
- Deborah Kilday, MSN
- Elliott Main, MD
- Claire Margerison, PhD, MPH
- Kate Menard, MD, PhD
- Katrina Nardini, CNM, WHNP-BC, MSN, MPH, FACNM
- LaQuandra Nesbitt, MD, MPH
- Nicole Purnell
- Diana Ramos, MD, MPH, FACOG
- Elizabeth Rochin, PhD, RN, NE-BC
- Rachel Ruel, MSW, CLC, Community Doula
- Amber Weiseth, DNP, MSN, RNC-OB
- Amanda Williams, MD, MPH
- Tiffany Willis, PsyD
- Susan Yendro, RN, MSN

Federal Liaisons

- **Girma Alemu, MD, MPH**
 - ▣ Health Resources and Services Administration
- **Wanda Barfield, MD, MPH, RADM USPHS**
 - ▣ Centers for Disease Control and Prevention
- **Renee E. Fox, MD**
 - ▣ Centers for Medicare & Medicaid Services
- **Erin Patton, MPH, CHES**
 - ▣ Centers for Medicare & Medicaid Services
- **Marsha R. Smith, MD, MPH, FAAP**
 - ▣ Centers for Medicare & Medicaid Services

Environmental Scan

Full Project Overview

- The purpose of this project is to assess the current state of maternal morbidity and mortality measurement and to provide recommendations for specific short- and long-term innovative, actionable approaches to improve maternal morbidity and mortality measurement, and to use measurement to improve maternal health outcomes.
- To do this, NQF will
 - ▣ Examine maternal morbidity separately from maternal mortality, with maternal morbidity as the primary focus;
 - ▣ Conduct comprehensive environmental scans to review, analyze and synthesize information regarding (1) maternal morbidity measurement and (2) maternal mortality measurement.

Full Project Scope and Objectives

- Perform an Environmental Scan
- Create Two Frameworks
 - ▣ Separate Frameworks: Morbidity and Mortality
- Identify Existing and Potential Measure Concepts
- Write a Recommendations Report
 - ▣ Two sets of recommendations: Morbidity and Mortality



Environmental Scan Overview

- Review and **analyze the peer-reviewed literature** to assess the prevalence and incidence of maternal morbidity and mortality.
 - ▣ Highlight medical and nonmedical risk factors for adverse maternal health outcomes
- **Outline standard processes for maternal care delivery to identify gaps** in care where patients could be placed at greater risk
- Conduct an **outcomes assessment** that reflects the current outcomes landscape with respect to mortality, readmissions, and complications. Include rural communities, access to care, disparities, and the impact of race and implicit bias.
- **Highlight innovations in measure methodologies.** NQF will conduct a scan of regional-, state-, and federal-level, maternal health measurement-based initiatives to drive quality improvement
- **Identifying current measure concepts and fully developed measures,** as well as limitations or gaps in maternal morbidity and mortality measurement

Edits to Environmental Scan Outline



Environmental Scan Outline

- Background & Project Overview
- Maternal Morbidity Prevalence/Incidence
- Maternal Mortality Prevalence/Incidence
- Standard Processes for Maternal Care Delivery
- Outcomes Assessment
- Environmental Scan Methodology
- Innovations in Measure Methodologies
- Environmental Scan Findings



Revised Environmental Scan Outline Sections

- **Maternal Morbidity Prevalence/Incidence**
 - ▣ **Prevalence/Incidence***
 - » **By race/ethnicity**
 - » **By geographic area**
 - ▣ **Comparison to other high-income countries**
 - ▣ Medical Risk Factors
 - ▣ Non-medical Risk Factors
- **Maternal Mortality Prevalence/Incidence**
 - ▣ **Prevalence/Incidence**
 - » **By race/ethnicity**
 - » **By geographic area**
 - ▣ **Comparison to other high-income countries**
 - ▣ Medical Risk Factors
 - ▣ Non-medical Risk Factors

**Orange color denotes changes from previous scan outline*



Revised Environmental Scan Outline Sections

- **Outcomes Assessment**
 - ▣ Morbidity Outcomes (with respect to mortality, readmissions, and complications)
 - » **Influencing Factors (race, implicit bias, geography)***
 - ▣ Mortality Influencing Factors

**Orange color denotes changes from previous scan outline*

Standards of Maternal Care



Environmental Scan Overview

- Review and analyze the peer-reviewed literature to assess the prevalence and incidence of maternal morbidity and mortality.
 - ▣ Highlight medical and nonmedical risk factors for adverse maternal health outcomes
- **Outline standard processes for maternal care delivery to identify gaps in care where patients could be placed at greater risk**
- Conduct an outcomes assessment that reflects the current outcomes landscape with respect to mortality, readmissions, and complications. Include rural communities, access to care, and disparities.
- Highlight innovations in measure methodologies. NQF will conduct a scan of regional-, state-, and federal-level, maternal health measurement-based initiatives to drive quality improvement
- Identifying current measure concepts and fully developed measures, as well as limitations or gaps in maternal morbidity and mortality measurement

**Orange color denotes focus of today's discussion*

Questions for the Committee

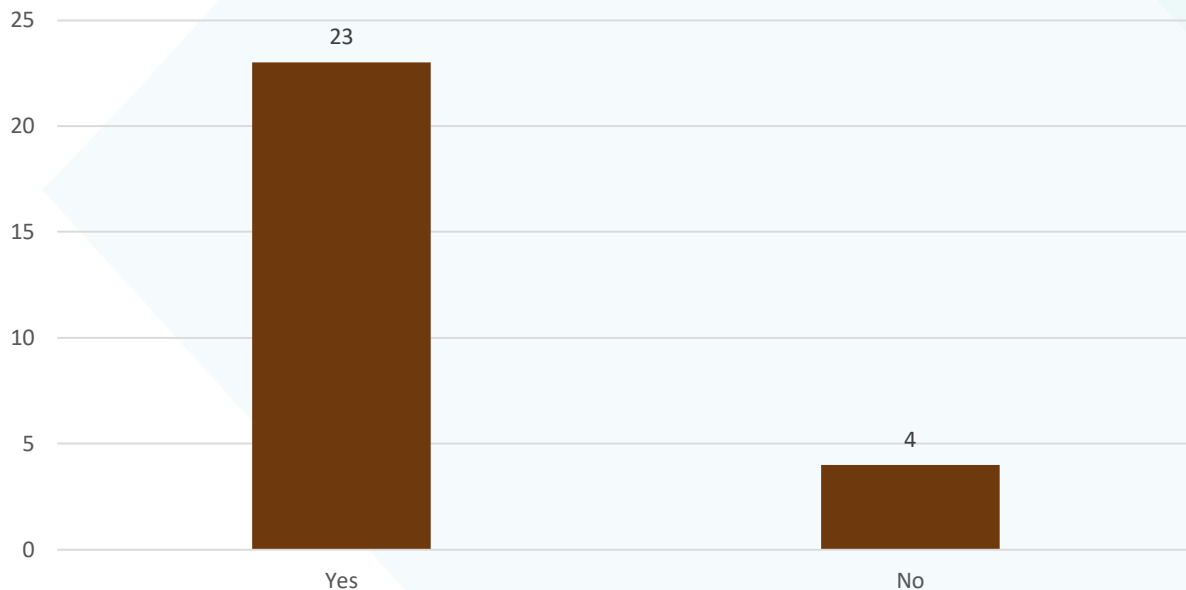
- How best do we assess standard processes for maternal care delivery?
- Where do you see gaps in current standard maternal care processes where patients may be placed at greater risk?
- Where in the scan should we address the scope of “SMM 21”?
 - ▣ Gaps in Standard Care
 - ▣ Morbidity/Mortality Outcomes
 - ▣ Other
- What additional resources would provide the best insight into standard maternal care?

Definitions of Maternal Morbidity and Mortality

Severe Maternal Morbidity

“Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health.”

Are you comfortable accepting this as our working definition of maternal morbidity for the duration of this project?





SMM Comments

- “The definition needs to incorporate something about severity - life threatening; significant impairment of quality of life or functioning, etc.”
- “Definition is generally adequate, but I'm concerned about the qualifier "unexpected.””
- “I think the term "delivery" should be changed to say "birth". This change would make this definition be more consistent with the other ACOG Revitalize project.”
- “It is a bit more nuanced. The statement is not a direct quote from the article cited. To date, there is not complete consensus among systems and professional organizations as to what conditions should represent severe maternal morbidity. Also unexpected or unintended are judgmental terms that will be used very differently in different settings.”
- “I do think that we may need to explore antepartum events as this definition does not include antepartum that may not extend into labor and delivery but may cause sequelae later.”



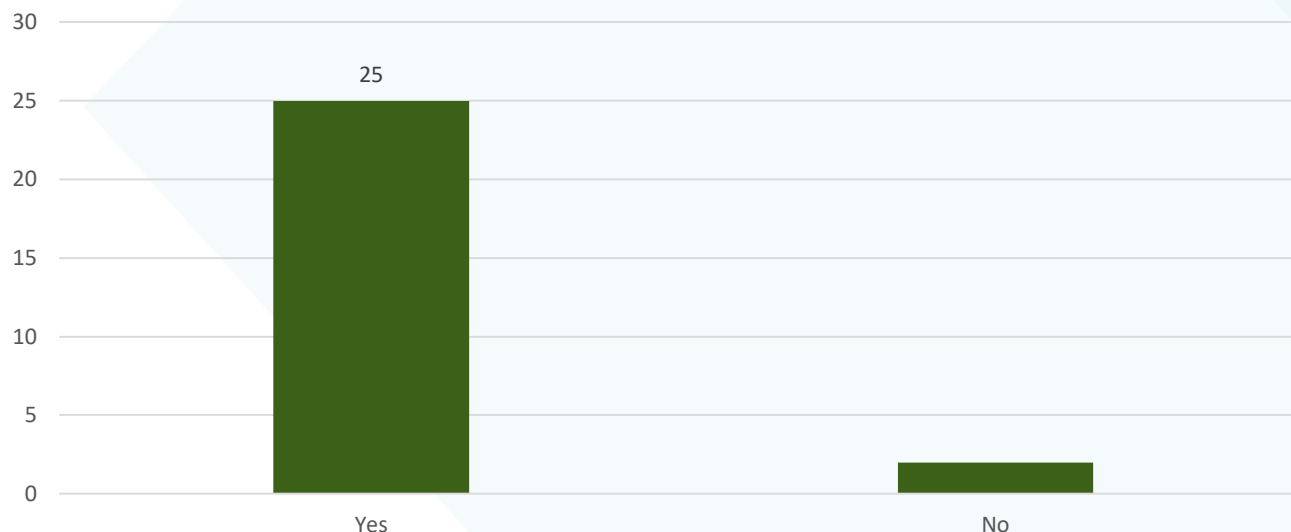
Maternal Morbidity

- How do we define maternal morbidity vs. severe maternal morbidity? How do we identify the types of maternal morbidity that lie outside of 'severe' morbidity?
- How do we address morbidity more broadly, from a lifecourse perspective for the purpose of this project?

Pregnancy-Related Mortality

“A pregnancy-related death is defined as the death of a woman while pregnant or within 1 year of the end of a pregnancy – regardless of the outcome, duration or site of the pregnancy – from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.”

Are you comfortable accepting this as our working definition of pregnancy-related maternal mortality for the duration of this project?





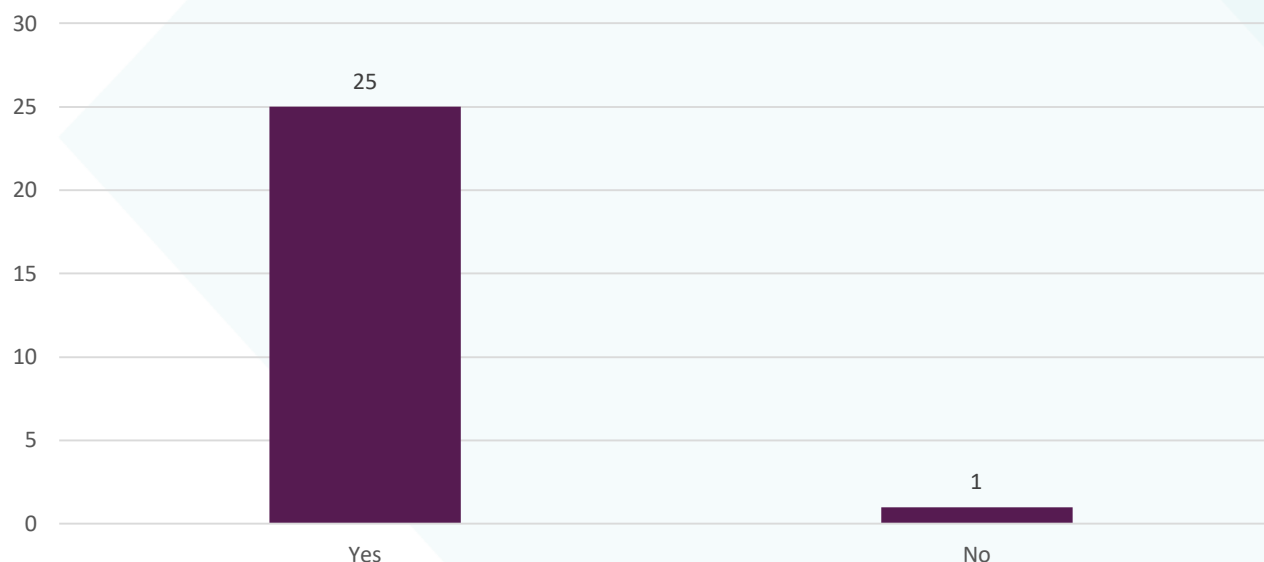
Pregnancy-Related Mortality Comments

- “I think we need to discuss this issue; I am fine with this definition except that excludes suicides and substance-related deaths. This is not acceptable because these are two major causes of maternal deaths that sometimes should be classified as pregnancy-related”
- “Some accidental or incidental causes of death could still be considered pregnancy-related deaths. The definition used by the CDC in their 9-state review is: Pregnancy-related: The death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.”

Pregnancy-Associated Mortality

“A death from any cause during pregnancy or within 1 calendar year of delivery or pregnancy termination, regardless of the duration or anatomical site of the pregnancy.”

Are you comfortable accepting this as our working definition of pregnancy-associated maternal mortality for the duration of this project?



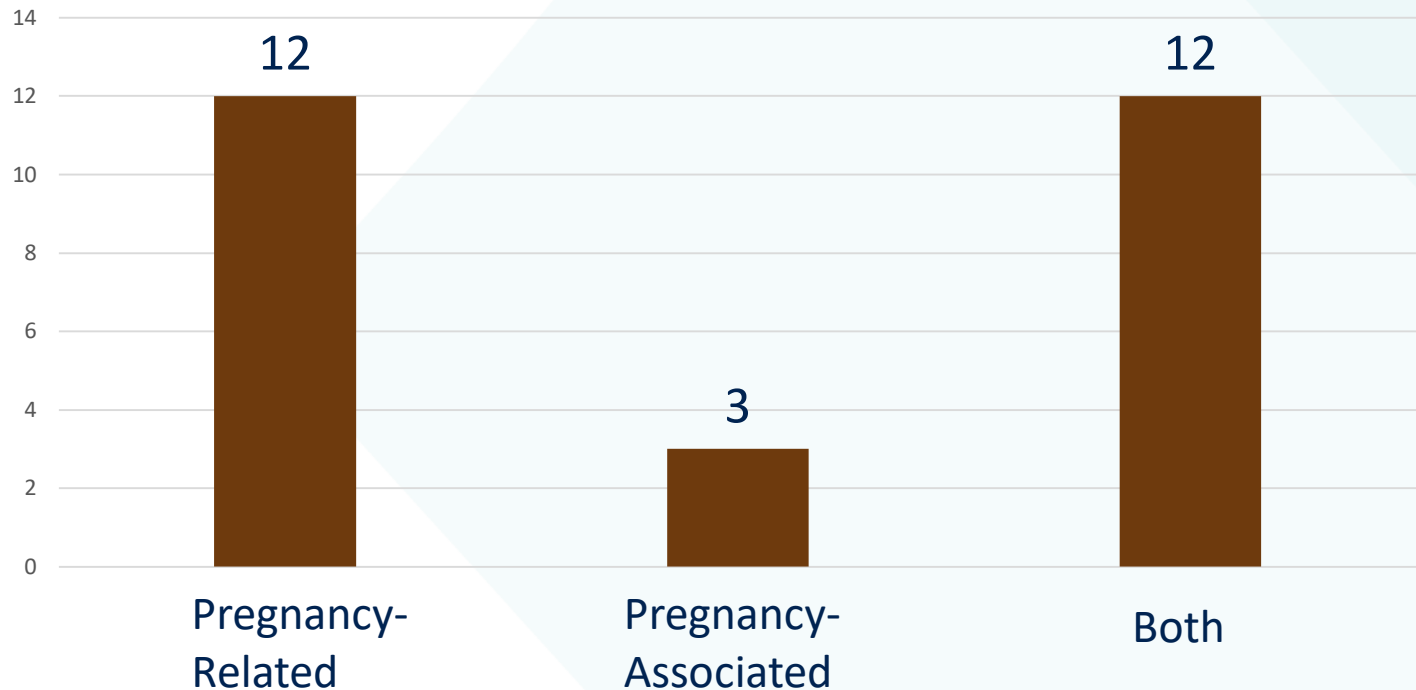


Pregnancy-Associated Mortality Comments

- “I am comfortable using this as a definition. But I want to acknowledge that I have reviewed many cases and there are times when this appears arbitrary and satisfies the rule, but just doesn't make clinical sense and will lead to an over-estimate. For example brain aneurysm 6 mos after an ectopic or normal birth. DVT, heart attack, sepsis 360 days after delivery.”



Do you believe we should focus our work on pregnancy-related mortality, pregnancy-associated mortality, or both?





Decision Comments

- “Pregnancy related should be the focus, but our conversations will likely cross over to the associated area. As we are developing frameworks for measuring these topics, we should consider the aspects related to maternal health.”
- “However, depends. If accidental deaths and suicides are considered pregnancy associated, then I would recommend both. If they are considered a subset of pregnancy related, then I would suggest pregnancy related only deaths.”
- “Please see my explanation above (substance use and suicides)”
- “Currently, the field needs guidance for both. For example, suicide is often not counted by MMRC’s but we know they are associated with pregnancy and there is a high rate of untreated Maternal Depression and Anxiety.”
- “See my previous responses on definitions. One reason I say we should look at both is because of the rise of substance use disorder which many people consider to be pregnancy-associated deaths.”
- “I think both are important, especially as many MMRC groups struggle to define certain types of death (overdose) as related vs associated. I also think some states have high numbers of pregnancy-associated deaths, many of which include overdose, which is a problem that we need to address.”

Decision Comments continued

- “I answered both because Perinatal Mood and Anxiety Disorders (PMAD) are a rising concern for women in the US and we do not have adequate resources to diagnose and treat in many states. In our state, a recent report indicated that a full 75% of our mother's who died within a year of a pregnancy had a current or past mood disorder diagnosis and 45% of our deaths were either suicide or accidental overdose. Suicide and accidental overdose deaths are often categorized as pregnancy-associated, an argument can be made for some to be categorized as pregnancy-related, as pregnancy can aggravate existing mental health conditions. Women may also be reluctant to stay on or start psychiatric medications during pregnancy and breastfeeding and/or clinicians may be reluctant to prescribe them during these periods. For some women, pregnancy may be the first time they ever experience a mood disorder.”
- “I feel we should consider both because there is a demographic of women and children who are at risk that would be left out of this work if we only focused on pregnancy related mortality. Whether pregnancy related or pregnancy associated, this is a vulnerable population that we should be addressing in our work.”
- “Sometimes there is overlap and opportunity to understand the relationship or sequence of events.”



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Questions?

Next Steps

Next Steps

- Environmental Scan Draft Report
 - ▣ *Please watch for emails and communication from the NQF Project Team*
- **Web Meeting 3** – Review Draft Environmental Scan
 - ▣ *May 27, 2020 12-2:00 pm*



Project Contact Info

- Email: maternal@qualityforum.org
- NQF phone: 202-783-1300
- Project page:
<http://www.qualityforum.org/ProjectDescription.aspx?projectId=91184>
- SharePoint site:
<http://share.qualityforum.org/Projects/MaternalMorbidityandMortality/SitePages/Home.aspx>

THANK YOU.

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