



### Maternal Morbidity and Mortality Committee Web Meeting #4

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The National Quality Forum (NQF) convened a public web meeting for the Maternal Morbidity and Mortality Committee on June 25, 2020.

#### Welcome, Introductions, and Review of Web Meeting Objectives

Nicole Williams, NQF Director, welcomed participants to the web meeting and introduced the NQF project team. The Committee co-chairs provided a brief introduction to the call. Ms. Williams then provided the Committee with an overview of the call agenda and meeting objectives. Roll was taken for Committee members.

#### Structure for Measurement Frameworks and Recommendations Reports

Ms. Williams outlined the structure of the project's next major deliverables. The Committee is tasked with developing two frameworks, one for maternal morbidity and one for maternal mortality, and a recommendations report with separate recommendations for maternal morbidity measurement and for maternal mortality measurement. Ms. Williams showed the Committee a framework from a different NQF project as an example of a possible structure and to help inform the subsequent discussion. The example framework included cross-cutting themes, domains, and sub-domains. The current maternal environmental scan draft serves to define and summarize the current measurement landscape and components of the scan will be used to further build out the measurement framework and the recommendations report.

Colleagues from the CDC had been invited to present information and share perspective on developing two separate frameworks for maternal morbidity and mortality. CDC representative Dave Goodman led this presentation. It was previously noted by the committee that developing two frameworks could be a challenge as there would be significant overlap. The CDC acknowledged this potential overlap but also informed the committee of the different measurement needs which depend on the timing of measurement in the lifecourse and in the pregnancy. Narrowing the frameworks to focus separately on maternal morbidity and maternal mortality is considered important because it is a vital aspect of making them more actionable. A single framework might not include enough clear points of action for measures to be developed, whereas separate frameworks for maternal morbidity and mortality will be more amenable to developing new measures. The CDC presented equity as an explicit domain for measurement but highlighted that it looks different among levels of care (system, hospital, individual). Indicators of equity will also vary at each of these levels. In addition, equity in the context of preconception care and avoiding morbidity may revolve around access to appropriate care, but equity in relation to delivery and avoiding mortality might focus more on response.

In response, the Committee highlighted that there is a need for measures that go further in measuring the factors that underlie disparities. For this reason, it is important to define a framework prior to identifying what is possible to measure. A framework will help identify the elements of care that lead to differences in quality. By beginning only with what is currently measurable based on existing data sources, measurement abilities will be limited. The Committee also emphasized that morbidities flow

into mortalities and that it will be difficult to separate measurement recommendations. In response the CDC expressed that it's possible that through the development of two frameworks, the project might end up leading the Committee to identify that the measurement needs for mortality and for morbidity are actually the same.

## Discussion of Existing Maternal Frameworks

The Committee next discussed examples of maternal frameworks to identify which elements they think are important to keep and which might be removed. Elizabeth Howell, Committee Co-Chair, led the discussion and asked the Committee for comments on the sample frameworks presented.

One sample framework was adapted and originally created by Dr. Howell. The Committee confirmed their agreement with including two foundational components of racism and discrimination which are viewed to undergird the entire framework. Committee members discussed the need to include medical education as a source of racial and ethnic bias, and lack of resources available to providers. Outcomes tend to match resources at the hospital level more than individual care received.

The next sample framework shared was a product of the World Health Organization. Committee members felt this framework was lacking in detail, particularly around patient and community issues. A third sample framework focused on person-centered care, to which the Committee responded positively, though they expressed concern with a tier titled “health-seeking behaviors” as it seems to put more onus on the patient for her outcomes than is appropriate. A Committee member also noted that a consistent missing element is provider passion/dedication. By integrating providers throughout various urban and rural areas, providers often treat those within office proximity and not necessarily the population that particularly interests them. A subsequent discussion about providers related provider well-being to the patient experience and emphasized the need to give attention to the provider/physician experience as a direct corollary to the patient experience.

Following the frameworks discussion, the Committee reviewed the current list of existing measures of maternal morbidity and mortality that NQF had assembled, as well as the potential domains and sub-domains by which they could be organized. The Committee discussed the possibility of using pregnancy-associated and pregnancy-related as defining domains under both maternal morbidity and maternal mortality. One Committee member suggested that pregnancy-associated really refers to women's health in general, and the Committee agreed that measures looking at six weeks postpartum are insufficient – that the timeframe must be at least 12 months. Six weeks is often used based on existing data sources and capacity for measurement, but the Committee discussed the need to look at measurement through two separate lenses: realistic and aspirational. There is value in determining useful measures based on existing data sources, but there is a great unmet need in the field to develop aspirational measures that focus on the most critical measurement needs, to encourage the field of measurement to find ways to meet them.

The discussion of the Committee circled back to the development of the frameworks where it was noted that there is a lack of addressing pain control throughout the labor and delivery and then postpartum process, which can additionally lead to more unnecessary morbidities and/or mortality. The Committee also mentioned to be conscious of the theory of change (e.g., assumptions, resources, contributors, etc.) used to pull the frameworks together and recognizing the time element; if the frameworks only flow in a course of time, other nuances could be lost. One Committee member suggested laying out the frameworks as a grid that would include cross-cutting themes within each time component (preconception, prenatal, labor & delivery, post-partum, and future reproductive life cycle) and adding in other factors such as availability of resources and education.

A few additional items mentioned on measurement focused on defining and using pregnancy-associated mortality, which widens the scope of measurement to thousands of women's deaths rather than hundreds of women with the term pregnancy-related. Measuring the effects of trauma and intergenerational trauma through epigenetics, domestic violence, and overdose deaths. Provider passion was mentioned again, specifically measuring cortisol levels of providers as an indicator for provider stress. Lastly, the Committee mentioned inequities of resources among facilities as another contributor to the challenges with measurement.

### **Public Comment**

Ms. Williams opened the web meeting to allow for public comment. No public comments were offered.

### **Next Steps**

At the next web meeting, which will take place on September 10, 2020, the Committee will discuss any member and public comments received on the environmental scan.