

NATIONAL QUALITY FORUM

CALL FOR MEASURES: PERINATAL AND REPRODUCTIVE HEALTHCARE: ENDORSEMENT MAINTENANCE PROJECT 2011

BACKGROUND:

Research suggests that morbidity and mortality in pregnancy and childbirth can largely be prevented through adherence to existing evidence-based guidelines. Lower quality care during pregnancy, labor and delivery, and the postpartum period can translate into unnecessary complications such as prolonged lengths of stay, costly neonatal intensive care unit (NICU) admissions, and anxiety and suffering for patients and families. Moreover, numerous studies have documented persistent racial, ethnic, and socioeconomic disparities in maternal morbidity and mortality, preterm births, low birthweight infants, and other adverse outcomes.^{1 2 3} However, without appropriate information about performance at a national level, quality improvement efforts for mothers and newborns will be unfocused and incentives for improvement limited.

This project seeks to identify and endorse performance measures for public reporting and quality improvement that specifically address:

- reproductive health;
- pregnancy;
- childbirth and post-partum care; and
- newborn care.

Additionally, 31 perinatal and reproductive health-related consensus standards endorsed by NQF prior to December 2009 will also be evaluated under the maintenance process. As the quality measurement enterprise has matured, better data systems have become available; electronic health records are closer to reality; and the demand for meaningful performance measures has prompted development of more sophisticated measures of healthcare processes and outcomes. An evaluation of all NQF-endorsed[®] perinatal and reproductive health measures and consideration of new measures will ensure the currency of NQF's portfolio of voluntary consensus standards.

CALL FOR MEASURES

In this call, NQF is seeking performance measures that could be used in public reporting in the following topic areas:

- reproductive health;
- pregnancy and prenatal care;
- childbirth and postpartum care; and
- newborn care.

Additionally, NQF is seeking:

- individual or composite measures of process or outcomes from all care settings;
- measures sensitive to the needs of vulnerable populations, including racial/ethnic minorities and Medicaid populations; and
- to the extent possible, the inclusion of electronic specifications for the measures submitted to this project.

Measure Submissions Due By Monday, October 17, 2011 6:00 PM ET

NATIONAL QUALITY FORUM

This consensus standards endorsement maintenance project consists of two activities:

1. Identification and endorsement of reproductive health, pregnancy, childbirth and postpartum care, and newborn care measures for public reporting and quality improvement, as well as measures addressing any treatments, diagnostic studies, interventions, or procedures associated with these conditions.
2. Maintenance of 31 NQF-endorsed voluntary consensus standards relevant to reproductive health, pregnancy, childbirth and postpartum care, and newborn care. These measures were reviewed prior to 2009 in various projects and will be considered for endorsement maintenance as a part of the current project.

Any organization or individual may submit measures for consideration. To be included as part of the initial evaluation, candidate consensus standards must be within the scope of the project and meet the following general conditions as specified in the [measure evaluation criteria](#):

- A. The measure steward is in public domain or a [measure steward agreement](#) is signed.
- B. The measure owner/steward verifies there is an identified responsible entity and process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.
- C. The intended use of the measure includes both public reporting and quality improvement.
- D. The measure must be fully specified and tested for reliability and validity.
- E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.
- F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

Measures without testing on reliability and validity will not be eligible for submission; however, a few exceptions may apply.

To submit a measure, please complete the following:

- [online measure submission form \(available on the project page\)](#)
- [measure steward agreement](#)

Please note that materials will not be accepted unless accompanied by a fully executed [measure steward agreement](#). All materials not meeting this requirement will be returned to the sender.

Materials must be submitted using the online submission process by **6:00 pm ET on Monday, October 17, 2011.**

If you have any questions, please contact Reva Winker, MD or Suzanne Theberge, MPH, at 202.783.1300 or perinatal@qualityforum.org. Thank you for your assistance.

¹ David RJ, Collins JW Jr, Differing birth weight among infants of U.S.-born blacks, African-born blacks, and U.S.-born whites, *N Engl J Med*, 1997;337(17):1209-1214.

² Saftlas AF, Koonin LM, Atrash HK, Racial disparity in pregnancy-related mortality associated with livebirth: can established risk factors explain it? *Am J Epidemiol*, 2000;152(5):413-419.

³ Luo ZC, Wilkins R, Kramer MS, The Fetal and Infant Health Study Group of the Canadian Perinatal Surveillance System, Disparities in pregnancy outcomes according to marital and cohabitation status, *Obstet Gynecol*, 2004;103(6):1300-1307.

Measure Submissions Due By Monday, October 17, 2011 6:00 PM ET