NATIONAL QUALITY FORUM
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Memo

June 29-30, 2021

To: Consensus Standards Approval Committee (CSAC)

From: Perinatal and Women's Health Project Team

Re: Perinatal and Women's Health Fall 2020[a]

CSAC Action Required

The CSAC will review recommendations from the Perinatal and Women's Health project at its June 29-30, 2021 meeting and vote on whether to uphold the recommendation from the Standing Committee.

This memo includes a summary of the project, measure recommendations, themes identified and responses to the public and member comments, and the results from the NQF member expression of support. The following documents accompany this memo:

1. **Perinatal and Women's Health Fall 2020 Draft Report**. The draft report has been updated to reflect the changes made following the Standing Committee's discussion of public and member comments. The complete draft report and supplemental materials are available on the project webpage.
2. **Comment Table**. Staff has identified themes within the comments received. This table lists four comments received during the post-meeting comment period and the NQF/Standing Committee responses.

Background

The National Quality Forum (NQF)'s portfolio of measures for Perinatal and Women's Health includes measures for reproductive health; pregnancy, labor and delivery; high-risk pregnancy; newborn, premature, or low birthweight newborns; and postpartum patients. Some measures for other aspects women's health are reviewed by other Standing Committees, e.g., a perinatal vaccination measure is in the Prevention and Population Health Standing Committee portfolio.

For the fall 2020 cycle, the NQF Perinatal and Women's Health project focused on measures related to intrapartum or labor and delivery care. The measure under evaluation focuses on episiotomy procedures.

According to the American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin 165, 53–79 percent of women will sustain some type of laceration at vaginal delivery. Severe perineal lacerations (i.e., third- and fourth-degree injury) involve tearing of the vaginal wall to the anal sphincter complex and are called obstetric anal sphincter injuries (OASIS). Episiotomy is a surgical enlargement of the posterior aspect of the vagina by an incision to the perineum that is performed when there is a clinical need for expedited vaginal delivery of the fetus or a soft tissue dystocia. Evidence shows that

[a] This memo is funded by the Centers for Medicare and Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.

episiotomies are linked to increased OASIS rates and maternal morbidity. Hence, ACOG does not encourage its routine use.

For this project, the Perinatal and Women's Health Committee evaluated one measure undergoing maintenance endorsement consideration against the National Quality Forum's (NQF) evaluation criteria.

The Standing Committee recommended the following measure for continued endorsement:

- 0470 Incidence of Episiotomy (Christiana Care Health System / National Perinatal Information Center)

Draft Report

The Perinatal and Women's Health fall 2020 draft report presents the results of the evaluation of one measure considered under the Consensus Development Process (CDP). The measure was recommended for endorsement.

The measures were evaluated against the 2019 version of the measure evaluation criteria.

Measures	Maintenance	New	Total
Measures under review	1	0	1
Measures recommended for endorsement	1	0	0
Measures not recommended for endorsement	0	0	0
Reasons for not recommending	Importance – 0 Scientific Acceptability -0 Use - 0 Overall - 0 Competing Measure – 0	Importance – 0 Scientific Acceptability -0 Use - 0 Overall - 0 Competing Measure – 0	0

CSAC Action Required

Pursuant to the CDP, the CSAC is asked to consider endorsement of one candidate consensus measure.

Measure Recommended for Endorsement

- 0470 Incidence of Episiotomy (Christiana Care Health System / National Perinatal Information Center)

Overall Suitability for Endorsement: Yes-17; No-0

Comments and Their Disposition

NQF received four comments from four organizations (no member organizations commented) and individuals pertaining to the draft report and to the measure under review.

A table of comments submitted during the comment period, with the responses to each comment and the actions taken by the Standing Committee and measure developers, is posted to the Perinatal and Women's Health project webpage.

Comment Themes and Committee Responses

Comments about specific measure specifications and rationale were forwarded to the developers, who were invited to respond.

The Standing Committee reviewed all of the submitted comments (general and measure-specific) and developer responses. Committee members focused their discussion on measures or topic areas with the most significant and recurring issues.

Themed Comments

Theme 1 – Mediolateral vs. Midline episiotomy coding gaps

The commenter recommended included adding the indication for episiotomy and adding delivery and episiotomy types. They thought adding these additional details could assist in identifying performance gaps and when episiotomy may be appropriate and therefore not included in the measure numerator. Additionally, it was noted by the commenters that CPT and ICD-10 coding currently do not include coding vocabulary for midline or mediolateral episiotomies.

Developer Response

The Developer agreed that having the ability to differentiate between episiotomy types would be beneficial, but the ability does not exist in current coding systems. The developer has begun investigating avenues for improving the measure in the future.

Committee Response

The Standing Committee discussed the concerns raised in the comment. The Committee agreed that differentiation between episiotomy types would be desirable in the future, but decided that a revote on the measure was not necessary. The Committee continued their support for overall recommendation of the measure.

Member Expression of Support

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support ('support' or 'do not support') for each measure submitted for endorsement consideration to inform the Committee's recommendations. No NQF members provided their expression of support. Appendix C details the expression of support.

Appendix A: CSAC Checklist

The table below lists the key considerations to inform the CSAC's review of the measures submitted for endorsement consideration.

Key Consideration	Yes/No	Notes
Were there any process concerns raised during the CDP project? If so, briefly explain.	No	*
Did the Standing Committee receive requests for reconsideration? If so, briefly explain.	No	*
Did the Standing Committee overturn any of the Scientific Methods Panel's ratings of Scientific Acceptability? If so, state the measure and why the measure was overturned.	No	*
If a recommended measure is a related and/or competing measure, was a rationale provided for the Standing Committee's recommendation? If not, briefly explain.	N/A	*
Were any measurement gap areas addressed? If so, identify the areas.	No	*
Are there additional concerns that require CSAC discussion? If so, briefly explain.	No	*

*cell intentionally left blank

Appendix B: Measures Not Recommended for Endorsement

The Perinatal and Women's Health Standing Committee recommended the candidate measure for endorsement.

Appendix C: NQF Member Expression of Support Results

No NQF members provided their expression of support.

Appendix D: Details of Measure Evaluation

Rating Scale: H=High; **M**=Moderate; **L**=Low; **I**=Insufficient; **NA**=Not Applicable

Note: Vote totals may differ between measure criteria and between measures as Standing Committee members often have to join calls late or leave calls early. NQF ensures that quorum is maintained for all live voting. All voting outcomes are calculated using the number of Standing Committee members present for that vote as the denominator.

Quorum (17 out of 25 Standing Committee members) was met and maintained for the entirety of the measure evaluation meeting on February 12, 2021.

NQF #0470 Incidence of Episiotomy

Submission

Description: Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.

Numerator Statement: Number of episiotomy procedures [(ICD-9 code 72.1, 72.21, 72.31, 72.71, 73.6; ICD-10 PCS:0W8NXZZ) performed on women undergoing a vaginal delivery (excluding those with shoulder dystocia ICD-10; O66.0)] during the analytic period- monthly, quarterly, yearly, etc.

Denominator Statement: All vaginal deliveries during the analytic period- monthly, quarterly, yearly, etc. excluding those coded with a shoulder dystocia ICD-10: O66.0.

Exclusions: Women who have a coded complication of shoulder dystocia. In the case of shoulder dystocia, an episiotomy is performed to free the shoulder and prevent/mitigate birth injury to the infant.

Adjustment/Stratification: None

Level of Analysis: Facility

Setting of Care: Inpatient/Hospital

Type of Measure: Process

Data Source: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

Measure Steward/Developer: Christiana Care Health System/NPIC

STANDING COMMITTEE MEETING February 12, 2021

1. **Importance to Measure and Report: The measure meets the Importance criteria.**

(1a. Evidence, 1b. Performance Gap)

1a. Evidence **Total Votes-17; H-12; M-5; L-0; I-0**; 1b. Performance Gap: **Total Votes-17; H-16; M-1; L-0; I-0**

Rationale:

- This process measure was last reviewed in 2016. The developer reported that this measure is intended to reduce the incidence of episiotomy during vaginal delivery, thereby reducing rates of perineal injury.
- The developer cited a new July 2016 ACOG practice bulletin (no. 165), which provides further evidence that the routine use of episiotomy is unbeneficial and potentially detrimental to the mother. This update was given an "A" grade.
- The evidence cited by the developer does not describe an optimal episiotomy level. However, the developer reports data from 2014 from within their facilities: "6-7% of women continue to undergo this procedure."
- By 2014, the developer reported that overall incidence dropped from 11.5% to 7.2%. By 2020, the average rate across hospitals dropped to 4.7% with a range of 0.0% to 13.9%.
- Standing Committee members agreed that although episiotomy rates have steadily declined since measure implementation, further reduction in episiotomies during routine vaginal deliveries is warranted.
- The Standing Committee agreed that this is an important focus area of measurement, given the positive impacts the use of the measure has made.

- The Standing Committee noted that disparities by race and age remain and recommended that the developer provide performance based on social risks (e.g., race, ethnicity, geography, payer, and hospital characteristics) to differentiate outcomes in varied populations.

2. **Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria.**

(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)
2a. Reliability: **Total Votes-17; H-14; M-3; L-0; I-0**; 2b. Validity: **Total Votes-17; H-0; M-17; L-0; I-0**
Rationale:

- The developer provided signal-to-noise reliability statistics to test the measure score (Mean: 4.8%; Standard Deviation: 3.1%; Standard Error: 0.32%; IQR of 4.4%).
- The developer provided a Cohen's Kappa statistic and inter-rater agreement to determine percent agreement between the encounters in each documentation method and to test data element reliability (Kappa: 0.958; IRR: 97.7%).
- The developer provided several tests of validity (Sensitivity = 0.9725; Specificity = 0.9858; Positive Predicted Value (PPV) = 97.21%; Negative Predicted Value (NPV) = 98.60%).
- The Standing Committee agreed that the reliability of the measure was considered high.
- The Standing committee agreed that the validity of the measure was considered high.
- No specific concerns with the scientific acceptability of the measure were noted.

3. **Feasibility: Total Votes-17; H-15; M-2; L-0; I-0**

(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified; 3d. Data collection strategy can be implemented)
Rationale:

- The developer reported that data generated and used by healthcare personnel during the provision of care are coded by someone other than person obtaining the original information (e.g., DRG, ICD-10 data) and that all data elements are in defined fields in electronic sources.
- The developer reported that the measure is calculated using MS-DRG and ICD-10 code criteria.
- The Standing Committee regarded the measure as highly feasible with no concerns.

4. **Usability and Use: The maintenance measure meets the Use sub-criterion.**

(Used and useful to the intended audiences for 4a. Accountability and Transparency; 4b. Improvement; and 4c. Benefits outweigh evidence of unintended consequences)
4a. Use: Total Votes-17; Pass-17; No Pass-0; 4b. Usability: Total Votes-17; H-16; M-1; L-0; I-0
Rationale:

- The developer reported that the measure is publicly reported and used for accountability as part of The Leapfrog Group and the NPIC Metric.
- The developer offers quarterly webinars to hospitals to disseminate performance results and reported that measure users also receive data, performance interpretation assistance, and measure performance improvement assistance upon request. The developers reported that users are satisfied with the measure and have not reported feedback warranting significant change to the measure.
- The performance trend for this measure is as follows: CY 2010: 11.5%, CY 2014: 7.2%, CY 2019: 4.7%.
- The Standing Committee noted that the measure is in use with no recognized harms from unintended consequences.
- No specific concerns with the use and usability of the measure were noted.

5. **Related and Competing Measures**

- No related or competing measures were noted.

Standing Committee Recommendation for Endorsement: **Total Votes-17; Yes-17**; **No-0**

6. **Public and Member Comment**

- No measure-specific comments were submitted for this measure during the pre-evaluation commenting period.
- Four comments were received during the public comment period. One comment from the developer clarified that a code, MS-DRG 806, was mistakenly left out of the text in the dominator details but all data and statistical analysis in the submission correctly included this code. Three other commenters supported the measure and urged for the restricted use of

episiotomies unless clinically warranted. One commenter made recommendations to update the measure, suggesting stratification by episiotomy indication, and episiotomy and vaginal delivery types. They also noted mediolateral vs. midline episiotomy coding gaps.

7. **Consensus Standards Approval Committee (CSAC) Endorsement Decision: Yes-X; No-X (June 29, 2021: [Endorsed or Not Endorsed])**

The CSAC upheld [or did not uphold] the Standing Committee's decision to recommend the measure for endorsement.

8. **Appeals**

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Perinatal and Women's Health Fall 2020 Review Cycle

CSAC Review

June 29-30, 2021

Funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001

Standing Committee Recommendations

- One measure reviewed for fall 2020
  - The measure was not reviewed by the Scientific Methods Panel
- One measure recommended for endorsement
  - **#0470** Incidence of Episiotomy (Christiana Care Health System / National Perinatal Information Center) (maintenance)
  - No measures were not recommended for endorsement

Public and Member Comment and Member Expressions of Support

- 4 comments were received
  - 3 comments were supportive of the measure under review but expressed a desire for better Mediolateral vs. Midline episiotomy coding in the future for #0470
  - 1 comment submitted by the developer clarified their methods for testing the measure #0470
- No NQF member expressions of support received

Questions?

- NQF Project team:
  - Chelsea Lynch, MPH, MSN, RN, CIC, Director
  - Erin Buchanan, MPH, Manager
  - Yemsrach Kidane, PMP, Project Manager
  - Hannah Ingber, MPH, Senior Analyst
  - Sharon Hibay, DNP, BS, RN, Senior Consultant
- Project webpage: http://www.qualityforum.org/Perinatal_and_Womens_Health.aspx
- Project email address: perinatal@qualityforum.org

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Perinatal and Women's Health, Fall 2020 Cycle: CDP Report

DRAFT REPORT FOR CSAC REVIEW
JUNE 29-30, 2021

This report is funded by the Centers for Medicare & Medicaid Services under contract HHSM-500-2017-00060I Task Order HHSM-500-T0001.

http://www.qualityforum.org

Contents

Executive Summary

Maternal and infant health is a public health priority and high quality care leads to improved outcomes (i.e., clinical, patient-centric, and cost). The Perinatal and Women's Health Standing Committee oversees the measurement portfolio used to advance accountability and quality in the delivery of perinatal and women's health services. The National Quality Forum's (NQF) portfolio of measures for this topic includes measures for reproductive health; pregnancy and labor and delivery; high-risk pregnancy; newborn, premature, or low-birth-weight newborns; and postpartum patients. Measures related to other aspects of women's health are reviewed by other Standing Committees (e.g., an osteoporosis management measure for women is in the Prevention and Population Health Standing Committee portfolio). The background and description of NQF's most recent Perinatal and Women's Health Standing Committee meeting, as well as previous meetings, are available on NQF's project webpage.

For the fall 2020 cycle, the Perinatal and Women's Health Standing Committee evaluated one measure undergoing maintenance review against NQF's standard evaluation criteria. The Standing Committee recommended the measure for endorsement. The recommended measure is listed below:

- **NQF #0470** Incidence of Episiotomy (Christiana Care Health System/National Perinatal Information Center (NPIC))

A brief summary of the measure currently under review is included in the body of the report; detailed summaries of the Standing Committee's discussion and ratings of the criteria for the measure are in Appendix A.

Introduction

According to the Centers for Disease Control and Prevention's (CDC) National Vital Statistics System (NVSS), the 2018 maternal mortality rate was 17.4 maternal deaths per 100,000 live births, and it increases with age; women ages 40 and older die at a rate of 81.9 per 100,000 live births.[1] Women of this age group are 7.7 times more likely to die compared with women under the age of 25. Additionally, the maternal death rate for African American women was more than double that of White women and three times the rate for Hispanic women. Compared with other countries in the World Health Organization's (WHO) latest maternal mortality ranking, the United States (U.S.) ranked 55th, just behind Russia (17 per 100,000) and just ahead of Ukraine (19 per 100,000).[1] Moreover, birth-related events are considered to be among the best measures for assessing healthcare quality.[2] For women of reproductive age in the U.S., access to high quality care, before and between pregnancies, can reduce the risk of pregnancy-related complications, including maternal and infant morbidity and mortality.[3] The 2018 infant mortality rate was 5.7 deaths per 1,000 live births and the low-birth-weight rate (i.e., infants born at less than 2,500 grams) was 8.28 percent. Moreover, the top six leading causes of death for infants were birth defects, maternal pregnancy complications, sudden infant death syndrome (SIDS), injuries, preterm birth, and low birth weight.[4,5]

For the fall 2020 cycle, the NQF Perinatal and Women's Health project focused on a measure related to episiotomy. Outdated guidance previously encouraged episiotomy during routine vaginal deliveries due to the belief that episiotomy could ease the birth process for both parent and child. As of 2016, the American College of Obstetricians and Gynecologists (ACOG) evidence links the restricted use of episiotomy to lower rates of perineal injury. Thus, decreasing routine episiotomies will influence perineal injury rates in vaginal deliveries, the targeted measure population.[6]

NQF Portfolio of Performance Measures for Perinatal and Women's Health Conditions

The Perinatal and Women's Health Standing Committee (Appendix C) oversees NQF's portfolio of Perinatal and Women's Health measures, which includes measures for reproductive health; pregnancy and labor and delivery; high-risk pregnancy; newborn, premature, or low-birth-weight newborns; and postpartum patients. The Perinatal and Women's Health portfolio measures that are currently in use in federal programs can be found in Appendix B. This portfolio contains 16 measures: eight process measures and eight outcome and resource use measures (see Table 1 below). There are no composite measures in the portfolio. This portfolio also contains two electronic clinical quality measures (eCQMs).

Table 1. NQF Perinatal and Women's Health Portfolio of Measures

Type	Process	Outcome/Resource Use	Composite
Preconception	1	3	0
Birth	6	1	0
Newborns	1	4	0
Total	8	8	0

Additional measures for related topics have been assigned to other project portfolios. These include various complications and outcomes measures (Surgery), management and screening of osteoporosis in women (Primary Care and Chronic Illness), and routine breast cancer screening (Prevention and Population Health).

Perinatal and Women's Health Measure Evaluation

On February 12, 2021, the Perinatal and Women's Health Standing Committee evaluated one measure undergoing maintenance review against NQF's standard measure evaluation criteria.

Table 2. Perinatal and Women's Health Measure Evaluation Summary

Status	Maintenance	New	Total
Measures under review	1	0	1
Measures recommended for endorsement	1	0	1

Comments Received Prior to Standing Committee Evaluation

NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System (QPS). In addition, NQF accepts comments for a continuous 16-week period during each evaluation cycle via an online tool located on the project webpage. For this evaluation cycle, the commenting period opened on December 23, 2020, and closed on January 21, 2021. No comments were received during the pre-evaluation commenting period.

Comments Received After Standing Committee Evaluation

The continuous 16-week public commenting period with NQF member support closed on April 28, 2021. Following the Standing Committee's evaluation of the measures under review, NQF received four comments from four non-member organizations and zero member organizations pertaining to the draft report and to the measure under review. One comment was from the measure developer clarifying the submission. The remaining comments were generally supportive of the measure with one also outlining several concerns. All comments have been summarized in Appendix A.

Throughout the 16-week continuous public commenting period, NQF members had the opportunity to express their support ("support" or "do not support") for the measure submitted for endorsement consideration to inform the Standing Committee's recommendations. No NQF members shared their expressions.

Summary of Measure Evaluation

The following brief summary of the measure evaluation highlights the major issues that the Standing Committee considered. Details of the Standing Committee's discussion and ratings of the criteria for each measure are included in Appendix A.

NQF #0470 Incidence of Episiotomy (Christiana Care Health System/ National Perinatal Information Center (NPIC)): Recommended

Description: Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.; **Measure Type**: Process; **Level of Analysis**: Facility; **Setting of Care**: Inpatient/Hospital; **Data Source**: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

The Standing Committee recommended the measure for continued endorsement. Most recently endorsed in 2016, the focus of the measure is patients who undergo routine vaginal deliveries during which an episiotomy is performed (excluding those coded with shoulder dystocia). In July 2016, ACOG published the *Prevention and Management of Obstetric Lacerations at Vaginal Delivery Practice Bulletin* (no. 165), which called for the restricted use of episiotomy as a best practice due to increased complications to the mother, including perineal tears, blood loss, pain, and urinary and anal morbidities.[7] During the measure evaluation meeting, Standing Committee members agreed that although episiotomy rates have steadily declined since measure implementation, further reduction in episiotomies during routine vaginal deliveries is warranted. Standing Committee members also reported increasing episiotomy trends when the measure was not consistently monitored in practice, reinforcing that continued use is beneficial. For the evidence criterion, the Standing Committee determined that although the rates have steadily decreased over time, disparities by race and age remain. The Standing Committee agreed that this is an important focus area of measurement, given the positive impacts the use of the measure has made, and they passed the measure on evidence and performance gap. Standing Committee members also recommended that the developers provide performance rates based on social risks (e.g., race, ethnicity, geography, payer, and hospital characteristics) to differentiate outcomes in varied populations. They also suggested that future measure advances could show performance stratification by episiotomy type (i.e., midline (vertical) versus mediolateral (angled) incision), given the potential for different outcomes, although available outcomes research on differences based on episiotomy type is unclear. Other members viewed stratification by episiotomy type as unnecessary because episiotomy rates continue to decrease, and providers no longer learn episiotomy as a standard practice during vaginal delivery. Regarding scientific acceptability, the Standing Committee agreed that the developer presented acceptable results for both reliability and validity testing for facility-level measurement and expressed no concerns. The Standing Committee regarded the measure as highly feasible because it is calculated with administrative data and expressed no concerns. In the discussions related to use and usability, the Standing Committee noted that the measure is used by NPIC and The Leapfrog Group with no recognized harms from unintended consequences. The Standing Committee observed that there are no related or competing measures. All 17 Standing Committee members present voted to recommend the measure for overall suitability of endorsement.

During the post-comment meeting, four comments were received, one from the measure developer and three from the public. The developer submitted a comment clarifying that a code was mistakenly left out of the text in the denominator details, MS-DRG 806 (Vaginal Delivery Without Sterilization/D&C with CC). The developer noted that "all data and statistical analyses in the document correctly included MS-DRG 806 and it has been included in the publicly available measure-specific web page since the MS-DRG was added for discharges starting in 10/1/2018". One comment was discussed by the Standing Committee during the post-comment meeting. The commenter noted that by avoiding the use of

episiotomy, the measure may introduce the unintended consequence of providers being incentivized to perform more cesarean sections, which are also discouraged unless clinically appropriate. The commenter also noted that the denominator of the measure combines three different procedures and the numerator combines two different procedures, all of which impart different risks of Outcome and Assessment Information Set (OASIS). Additionally, the commenter noted that midline and mediolateral episiotomies are not distinguished in International Statistical Classification of Diseases and Related Health Problems (ICD) version 10 or Current Procedural Terminology® (CPT) coding. The commenter also pointed out that the United Kingdom's RCOG recommends that routine mediolateral episiotomy be considered for forceps-assisted and vacuum-assisted deliveries. Finally, the commenter added they remain "reluctantly" in favor of continued endorsement of #0470, while noting the need for improvements to the measure to allow for the nuances described above. There were no objections from Standing Committee members to the developer responses nor any requests to reconsider or revote on any measure evaluation criterion.

Measures Withdrawn From Consideration

One measure previously endorsed by NQF has either not been resubmitted for maintenance of endorsement or has been withdrawn during the endorsement evaluation process. Endorsement for this measure will be removed.

Table 3. Measures Withdrawn From Consideration

Measure	Reason for withdrawal
NQF #0304 Late Sepsis or Meningitis in Very Low-Birth-Weight (VLBW) Neonates (Risk-Adjusted)	The developer is no longer able to support measure.

References

1 National Vital Statistics Reports Volume 69, Number 2 January, 2020 Maternal Mortality in the United States: 69(2):18.

2 Quality in perinatal care: applying performance measurement using joint commission on accreditation of healthcare organizations indicators in Italy | BMC Medical Research Methodology | Full Text. https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-019-0722-z#:~:text=Introduction,for%20assessing%20health%2Dcare%20quality. Last accessed March 2021.

3 Recommendations to Improve Preconception Health and Health Care - United States: A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm. Last accessed February 2020.

4 Infant Mortality | Maternal and Infant Health | Reproductive Health | CDC. https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm. Published September 10, 2020. Last accessed October 2020.

5 National Vital Statistics Reports Volume 68, Number 13, November 30, 2019, Births: Final Data for 2018. :47.

6 An Interview with Texas Children's Hospital. Leapfrog. https://www.leapfroggroup.org/news-events/interview-texas-childrens-hospital. Published January 18, 2019. Last accessed March 2021.

7 American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Obstetrics. Practice Bulletin No. 165: Prevention and Management of Obstetric Lacerations at Vaginal Delivery. *Obstet Gynecol*. 2016;128(1):e1-e15.

Appendix A: Details of Measure Evaluation

Rating Scale: H=High; **M**=Moderate; **L**=Low; **I**=Insufficient; **NA**=Not Applicable

Vote totals may differ between measure criteria and between measures as Standing Committee members often have to join calls late or leave calls early. NQF ensures that quorum is maintained for all live voting. All voting outcomes are calculated using the number of Standing Committee members present during the meeting for that vote as the denominator. Quorum (17 Standing Committee members) was met and maintained for the entirety of the meeting. The vote totals reflect members present and eligible to vote at the time of the vote.

Measures Recommended

NQF #0470 Incidence of Episiotomy

Submission | Specifications

Description: Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.

Numerator Statement: Number of episiotomy procedures [(ICD-9 code 72.1, 72.21, 72.31, 72.71, 73.6; ICD-10 PCS:0W8NXZZ) performed on women undergoing a vaginal delivery (excluding those with shoulder dystocia ICD-10; O66.0)] during the analytic period- monthly, quarterly, yearly, etc.

Denominator Statement: All vaginal deliveries during the analytic period- monthly, quarterly, yearly, etc. excluding those coded with a shoulder dystocia ICD-10: O66.0.

Exclusions: Women who have a coded complication of shoulder dystocia. In the case of shoulder dystocia, an episiotomy is performed to free the shoulder and prevent/mitigate birth injury to the infant.

Adjustment/Stratification: None

Level of Analysis: Facility

Setting of Care: Inpatient/Hospital

Type of Measure: Process

Data Source: Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records

Measure Steward/Developer: Christiana Care Health System/NPIC

STANDING COMMITTEE MEETING February 12, 2021

1. Importance to Measure and Report: The measure meets the Importance criteria.

(1a. Evidence, 1b. Performance Gap)

1a. Evidence **Total Votes-17; H-12; M-5; L-0; I-0**; 1b. Performance Gap: **Total Votes-17; H-16; M-1; L-0; I-0**

Rationale:

- This process measure was last reviewed in 2016. The developer reported that this measure is intended to reduce the incidence of episiotomy during vaginal delivery, thereby reducing rates of perineal injury.
- The developer cited a new July 2016 ACOG practice bulletin (no. 165), which provides further evidence that the routine use of episiotomy is unbeneficial and potentially detrimental to the mother. This update was given an “A” grade.
- The evidence cited by the developer does not describe an optimal episiotomy level. However, the developer reports data from 2014 from within their facilities: “6-7% of women continue to undergo this procedure.”
- By 2014, the developer reported that overall incidence dropped from 11.5% to 7.2%. By 2020, the average rate across hospitals dropped to 4.7% with a range of 0.0% to 13.9%.

- Standing Committee members agreed that although episiotomy rates have steadily declined since measure implementation, further reduction in episiotomies during routine vaginal deliveries is warranted.
- The Standing Committee agreed that this is an important focus area of measurement, given the positive impacts the use of the measure has made.
- The Standing Committee noted that disparities by race and age remain and recommended that the developer provide performance based on social risks (e.g., race, ethnicity, geography, payer, and hospital characteristics) to differentiate outcomes in varied populations.

2. Scientific Acceptability of Measure Properties: The measure meets the Scientific Acceptability criteria.
(2a. Reliability - precise specifications, testing; 2b. Validity - testing, threats to validity)
2a. Reliability: **Total Votes-17; H-14; M-3; L-0; I-0**; 2b. Validity: **Total Votes-17; H-0; M-17; L-0; I-0**

Rationale:

- The developer provided signal-to-noise reliability statistics to test the measure score (Mean: 4.8%; Standard Deviation: 3.1%; Standard Error: 0.32%; IQR of 4.4%).
- The developer provided a Cohen's Kappa statistic and inter-rater agreement to determine percent agreement between the encounters in each documentation method and to test data element reliability (Kappa: 0.958; IRR: 97.7%).
- The developer provided several tests of validity (Sensitivity = 0.9725; Specificity = 0.9858; Positive Predicted Value (PPV) = 97.21%; Negative Predicted Value (NPV) = 98.60%).
- The Standing Committee agreed that the reliability of the measure was considered high.
- The Standing committee agreed that the validity of the measure was considered high.
- No specific concerns with the scientific acceptability of the measure were noted.

3. Feasibility: Total Votes-17; H-15; M-2; L-0; I-0
(3a. Clinical data generated during care delivery; 3b. Electronic sources; 3c. Susceptibility to inaccuracies/ unintended consequences identified; 3d. Data collection strategy can be implemented)
Rationale:

- The developer reported that data generated and used by healthcare personnel during the provision of care are coded by someone other than person obtaining the original information (e.g., DRG, ICD-10 data) and that all data elements are in defined fields in electronic sources.
- The developer reported that the measure is calculated using MS-DRG and ICD-10 code criteria.
- The Standing Committee regarded the measure as highly feasible with no concerns.

4. Usability and Use: The maintenance measure meets the Use sub-criterion.
(Used and useful to the intended audiences for 4a. Accountability and Transparency; 4b. Improvement; and 4c. Benefits outweigh evidence of unintended consequences)
4a. Use**: Total Votes-17; Pass-17; No Pass-0**; 4b. Usability: **Total Votes-17; H-16; M-1; L-0; I-0**
Rationale:

- The developer reported that the measure is publicly reported and used for accountability as part of The Leapfrog Group and the NPIC Metric.
- The developer offers quarterly webinars to hospitals to disseminate performance results and reported that measure users also receive data, performance interpretation assistance, and measure performance improvement assistance upon request. The developers reported that

users are satisfied with the measure and have not reported feedback warranting significant change to the measure.

- The performance trend for this measure is as follows: CY 2010: 11.5%, CY 2014: 7.2%, CY 2019: 4.7%.
- The Standing Committee noted that the measure is in use with no recognized harms from unintended consequences.
- No specific concerns with the use and usability of the measure were noted.

5. Related and Competing Measures

- No related or competing measures were noted.

Standing Committee Recommendation for Endorsement: **Total Votes-17; Yes-17**; **No-0**

6. Public and Member Comment

- No measure-specific comments were submitted for this measure during the pre-evaluation commenting period.
- Four comments were received during the public comment period. One comment from the developer clarified that a code, MS-DRG 806, was mistakenly left out of the text in the dominator details but all data and statistical analysis in the submission correctly included this code. Three other commenters supported the measure and urged for the restricted use of episiotomies unless clinically warranted. One commenter made recommendations to update the measure, suggesting stratification by episiotomy indication, and episiotomy and vaginal delivery types. They also noted mediolateral vs. midline episiotomy coding gaps.

7. Consensus Standards Approval Committee (CSAC) Endorsement Decision: Yes-X; No-X (June 29, 2021: [Endorsed or Not Endorsed])

The CSAC upheld [or did not uphold] the Standing Committee's decision to recommend the measure for endorsement.

8. Appeals

Appendix B: Perinatal and Women's Health Portfolio—Use in Federal Programs[a]

NQF #	Title	Federal Programs: Finalized or Implemented as of February 8, 2021
0033	Chlamydia Screening in Women (CHL)	Medicaid (Implemented); Marketplace Quality Rating System (QRS) (Implemented)
0469	PC-01 Elective Delivery	Hospital Inpatient Quality Reporting (Implemented); Medicaid (Implemented)
0469e	PC-01 Elective Delivery	None
0470	Incidence of Episiotomy	None
0471	PC-02 Cesarean Birth	Medicaid (Implemented)
0478	Neonatal Blood Stream Infection Rate (NQI 03)	None
0480	PC-05 Exclusive Breast Milk Feeding	None
0480e	PC-05 Exclusive Breast Milk Feeding	Hospital Inpatient Quality Reporting (Implemented); Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (Implemented)
0483	Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity	None
0716	Unexpected Newborn Complications in Term Infants	None
1382	Percentage of Low-Birth-Weight Births	Medicaid (Implemented)
2902	Contraceptive Care – Postpartum	Medicaid (Implemented)
2903	Contraceptive Care – Most & Moderately Effective Methods	Medicaid (Implemented)
2904	Contraceptive Care – Access to LARC	Medicaid (Implemented)
3543	Person-Centered Contraceptive Counseling (PCCC)	None

[a] Per CMS Measures Inventory Tool as of February 8, 2021

Appendix C: Perinatal and Women's Health Standing Committee and NQF Staff

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Appendix D: Measure Specifications

Measure	NQF #0470 Incidence of Episiotomy: Specifications
Steward	Christiana Care Health System
Description	Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.
Type	Process
Data Source	Claims, Electronic Health Data, Electronic Health Records, Paper Medical Records, UB04 claims data.
Level	Facility
Setting	Inpatient/Hospital
Numerator Statement	Number of episiotomy procedures [(ICD-9 code 72.1, 72.21, 72.31, 72.71, 73.6; ICD-10 PCS:0W8NXZZ) performed on women undergoing a vaginal delivery (excluding those with shoulder dystocia ICD-10; O66.0)] during the analytic period- monthly, quarterly, yearly, etc.
Numerator Details	Any vaginal delivery with one of the ICD-9 codes for episiotomy- 72.1, 72.21, 72.31, 72.71, 73.6 (ICD-10 PCS:0W8NXZZ)
Denominator Statement	All vaginal deliveries during the analytic period- monthly, quarterly, yearly, etc. excluding those coded with a shoulder dystocia ICD-10: O66.0.
Denominator Details	Any woman with a vaginal delivery calculated by either MS DRG 774,775,767,768: MS DRGs starting with 10/1/2018 discharges: 768, 796, 797, 798, 805, and 807
Exclusions	Women who have a coded complication of shoulder dystocia. In the case of shoulder dystocia, an episiotomy is performed to free the shoulder and prevent/mitigate birth injury to the infant.
Exclusion details	Vaginal deliveries coded with shoulder dystocia, ICD-9 code 660.41, 660.42(ICD-10 CM : O66.0)
Risk Adjustment	No risk adjustment or risk stratification
Stratification	NA
Type Score	Rate/proportion, better quality = lower score
Algorithm	A. Identify all vaginal deliveries for time period in question B. Exclude those coded with shoulder dystocia to obtain denominator cases C. Of the denominator cases, identify those coded with an episiotomy D Divide numerator by denominator and calculate the rate or convert a percent
Copyright / Disclaimer	Not applicable

Appendix E: Related and Competing Measures

No related or competing measures were identified.

Appendix F: Pre-Evaluation Comments

No comments were received during the pre-evaluation commenting period.

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