



Perinatal and Women's Health

Background

The United States ranks 61st in the world for maternal health, despite the fact that it spends more on maternity healthcare than any other country. In 2010, the U.S. spent \$111 billion on perinatal healthcare, more than any other health sector. In 2017, there were more than 3.8 million births in the United States, and 9.9 percent of these births were preterm. In 2011, of the 7.6 million hospital stays with Medicaid as the primary payer, 29 percent (or 3 of the top 5 conditions) were related to pregnancy and childbirth: newborn infant, trauma to the perineum and vulva caused by childbirth, and delivery following a cesarean section. For the 61 million women of reproductive age in the United States, access to high-quality care before and between pregnancies, including pregnancy planning, contraception, and preconception care, can reduce the risk of pregnancy-related complications, including maternal and infant mortality.

The National Quality Forum's (NQF) 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.

Committee Charge

A multistakeholder Standing Committee has been established to evaluate newly submitted measures and measures undergoing maintenance review and make recommendations for which they should be endorsed as consensus standards. This Committee works to identify and endorse new performance measures for accountability and quality improvement that specifically address perinatal and women's health. Additionally, the Committee continues to evaluate consensus standards previously endorsed by NQF under the maintenance process.

The Standing Committee's primary work is to evaluate the submitted measures against NQF's standard [measure evaluation criteria](#) and make recommendations for endorsement. NQF will convene a multistakeholder Committee charged with providing guidance and input to accomplish the project objectives:

- Oversee the portfolio of measures
- Identify and evaluate competing and related measures
- Identify opportunities for harmonization of similar measures
- Recommend measure concepts for development to address gaps in the portfolio
- Provide advice or technical expertise about the subject to other committees (i.e., cross-cutting Committees or the Measure Applications Partnership)
- Ensure input is obtained from relevant stakeholders
- Review draft documents
- Recommend specific measures and research priorities to NQF members for consideration under the Consensus Development Process (CDP).

Committee Structure

The Committee will include no more than 25 individuals.

Terms

New Standing Committee members are appointed to a two- or three-year term with the ability to extend for one additional term of two years; Committee members may serve two consecutive terms, for a total of five years (or 10 evaluation cycles). The Committee member's term on a Standing Committee begins upon selection to the Committee, immediately following the close of the roster public commenting period.

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 will 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 the scheduled orientation web meeting (two hours)
- Identifying and disclosing potential biases (real or perceived)
- Reviewing all measure submission forms (approximately two hours per measure)
- Completing all surveys and evaluations
- Attending all scheduled evaluation meetings. These may be in-person meetings (one to two full days in Washington, DC) or a series of webinars (typically two hours each)
- Present some measures and lead discussion for the Committee at calls or meetings, participate in the discussion, and vote on ratings and recommendations for all measures
- Review meeting summaries and/or draft reports
- Complete measure evaluation by reviewing the comments received on the draft report and then participating on the post-comment webinar (two hours)
- Participate in additional calls or webinars, as necessary

Table of Scheduled Meeting Dates

Meeting	Date/Time
Orientation Web Meeting	January 11, 2021 at 12 PM - 2 PM ET
Evaluation Web Meeting #1	February 5, 2021 at 3 PM - 5 PM ET
Evaluation Web Meeting #2	February 12, 2021 at 1 PM - 3 PM ET
Post-Comment Web Meeting	June 2, 2021 at 12 PM - 2 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, a limited number of individuals from each of these stakeholder groups can be seated onto a Committee.

NQF is seeking nominees to fill **three seats** for the Perinatal and Women's Health Standing Committee. NQF is specifically seeking patients/consumer advocates and individuals with relevant expertise with health plans/integrated delivery systems. Individuals with expertise in women's health policy, women's health, reproductive health, perinatal mental health, and perinatal and women's health disparities are encouraged to apply.

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

Please note that nominations are of 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 individual subject matter experts. 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 Committee, please **submit** the following information:

- 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 and involvement in candidate measure development
 - 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 nominations 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 Monday, November 2, 2020**.

Questions

If you have any questions, please contact Erin Buchanan at 202-783-1300 or

perinatal@qualityforum.org. Thank you for your interest.