



NATIONAL QUALITY FORUM

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Memo

September 18, 2020

To: Perinatal and Women's Health Standing Committee

From: NQF staff

Re: Post-comment web meeting to discuss public comments received and NQF member expression of support

Purpose of the Call

The Perinatal and Women's Health Standing Committee will meet via web meeting on September 18, 2020 from 12:00 pm to 2:00 pm ET. The purpose of this meeting is to:

- Review and discuss comments received during the post-evaluation NQF member and public comment period;
- Provide input on proposed responses to the post-evaluation comments;
- Review and discuss NQF members' expression(s) of support of the measures under consideration; and
- Determine whether reconsideration of any measures or other courses of action are warranted.

Standing Committee Actions

1. Review this briefing memo and the [draft report](#).
2. Review and consider the full text of all comments received and the draft proposed responses to the post-evaluation comments (see comment table).
3. Review the NQF members' expressions of support of the submitted measures.
4. Be prepared to provide feedback and input on proposed post-evaluation comment responses.

Conference Call Information

Please use the following information to access the conference call line and webinar:

Dial-in #: 1-800-768-2983

Access Code: 586-6339

Web link: <https://core.callinfo.com/callme/?ap=8007682983&ac=5866339&role=p&mode=ad>

Background

Maternal and child health is a public health priority, since pregnancy and childbirth are some of the leading causes of hospitalization for women. Additionally, compared to other countries in the World Health Organization's (WHO) latest maternal mortality ranking, the United States 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. For women of reproductive age in the United States, access to high-quality care before and between pregnancies can reduce the risk of pregnancy-related complications, including maternal and infant mortality.⁵

For the spring 2020 cycle, the NQF Perinatal and Women's Health project focused on measures related to care delivered immediately before and after birth. This included labor and delivery care, practices to promote positive health outcomes for mothers and infants, and unexpected negative infant health outcomes. Regarding care delivered immediately before birth, roughly one in three women in the United States give birth by cesarean delivery.^{6,7} The American College of Obstetrics and Gynecology guidelines advise that providers promote vaginal delivery unless otherwise indicated or requested by the patient.⁸ Each subsequent cesarean delivery can increase the risk of negative health outcomes. An additional concern with the frequency of cesarean births in the United States is its potential overuse, which results in higher costs to patients and to society.⁹ Regarding care delivered immediately after birth, the WHO advises exclusive breast milk feeding for the first six months of life.¹⁰ Encouragement and education around exclusive breast milk feeding during a hospitalization can help to improve rates.

During its June 26, 2020 web meeting, the NQF Perinatal and Women's Health Standing Committee evaluated six maintenance measures:

- **0469** PC-01 Elective Delivery (The Joint Commission);
- **0469e** PC-01 Elective Delivery e (The Joint Commission);
- **0480** PC-05 Exclusive Breast Milk Feeding (The Joint Commission);
- **0480e** PC-05 Exclusive Breast Milk Feeding e (The Joint Commission);
- **0471** PC-02 Cesarean birth (The Joint Commission); and
- **0716** Unexpected Complications in Term Newborns (California Maternal Quality Care Collaborative).

Comments Received

NQF solicits comments on measures undergoing review in various ways and at various times throughout the evaluation process. First, NQF solicits comments on endorsed measures on an ongoing basis through the Quality Positioning System. Second, NQF solicits member and public comments during a 16-week comment period via an online tool on the project webpage.

Pre-evaluation Comments

NQF solicits comments prior to the evaluation of the measures via an online tool on the project webpage. For this evaluation cycle, the pre-evaluation comment period was open from May 1, 2020 to September 3, 2020 for the measures under review. NQF received no pre-evaluation comments.

Post-evaluation Comments

The draft report was posted on the project webpage for public and NQF member comment on August 5, 2020 for 30 calendar days. The Standing Committee's recommendations will be reviewed by the Consensus Standards Approval Committee (CSAC) on November 17-18, 2020. The CSAC will determine whether to uphold the Standing Committee's recommendation for each measure submitted for endorsement consideration. All Committee members are encouraged to attend the CSAC meeting to listen to the discussion.

During this commenting period, NQF received two comments from two organizations/stakeholders.

Member Council	# of Member Organizations/Stakeholders Who Commented
Public/Community Health Agency	1
Provider Organization	1
Consumer	0

All comments that were received (both pre- and post-evaluation) are in the comment table (excel spreadsheet) posted to the Committee SharePoint site. This comment table contains the commenter's name, comment, associated measure, topic (if applicable), and—for the post-evaluation comments—draft responses (including measure steward/developer responses) for the Committee's consideration. Please review this table in advance of the meeting and consider the individual comments received and the proposed responses to each. Where possible, NQF staff has proposed draft responses for the Committee to consider.

To facilitate discussion, the post-evaluation comments have been categorized into major topic areas or themes. Although all comments are subject to discussion, the intent is not to discuss each individual comment on the September 18, 2020, call. Instead, we will spend the majority of the time considering the themes discussed below, and the set of comments as a whole. Please note that the organization of the comments into major topic areas is not an attempt to limit Committee discussion.

Additionally, please note measure stewards/developers were asked to respond where appropriate.

Comments and Their Disposition

Themed Comments - Consistency of Consensus Development Process

One commenter expressed concerns that the evidence vote for 0471: PC-02 Cesarean Birth and 0716: Unexpected Complications in Term Newborns was not consistent with the consensus development process (CDP). Specifically, the commenter noted that these measures have votes of "Yes/No" while the remaining [Spring 2020] measures have votes of "High", "Moderate", "Low", or "Insufficient". The commenter requests clarification on whether the CDP was followed for each of the measures reviewed by this Committee due differences in measures evaluation.

NQF Staff Response:

Thank you for your comment. Pursuant to the NQF measure evaluation guidance (page 15), outcome measures are evaluated based on a "pass" or "no pass" basis (i.e., yes or no). Both 0471: PC-02 Cesarean Birth and 0716: Unexpected Complications in Term Newborns are outcome measures and therefore were voted in accordance to this protocol and received a "pass" or "no pass" rating.

Proposed Committee Response:

Thank you for your comment. Since 0471: PC-02 Cesarean Birth and 0716: Unexpected Complications in Term Newborns are both outcome measures, the Committee evaluated the Evidence using a "pass" or "no pass" rating, as described on page 15 of the NQF measure evaluation guidance.

Measure-Specific Comments

0480: PC-05 Exclusive Breast Milk Feeding

One commenter suggested additional exclusions, such as diagnosis of hypoglycemia requiring treatment, mother transferred or admitted to the Intensive Care Unit and unable to breastfeed/pump, and newborn admission to an Intermediate Care Nursery.

Measure Steward/Developer Response:

A number of infant medical problems are iatrogenic, and most are often avoided by early and frequent breast milk feedings. It appears for many of these indications, i.e., hypoglycemia; there is large variation in the definitions, thresholds and application of supplementation utilization. The rate of these complications should not vary greatly from hospital to hospital, though their severity can be driven by obstetric care. For example, the better the maternal blood sugar control, the lower the rate of newborn hypoglycemia. Chertok et al (2009) looked at infant glucose levels of term infants born to mothers with gestational diabetes who were breastfed immediately following delivery compared to infants with delayed breastfeeding. They found that infants who breastfed right after delivery had significantly higher mean blood glucose levels compared to those infants with delayed feedings.

The situations you cite have been discussed extensively with our perinatal care technical advisory panel and the CDC. Legitimate reasons for supplementation can be case-specific—even if a particular condition does not generally require supplementation, it might in specific circumstances. For example, delayed lactogenesis and hyperbilirubinemia might not individually be adequate reasons for supplementation, the combination of the two could be. For that very reason, we have chosen to NOT exclude these cases where there can be a wide variation in practice.

PC-05 no longer excludes maternal medical conditions effective with 10/1/15 discharges. This change was made because these conditions are unusual (~2% of patients), and they cannot be modeled in the electronic Clinical Quality Measure (eCQM) version of PC-05. The removal of measure exclusions will also significantly reduce the burden of data abstraction. In addition, PC-05a: Exclusive Breast Milk Feeding Considering Mother's Initial Feeding Plan was retired effective with 10/1/15 discharges. As a result of some mothers declining exclusive breast milk feeding and by removing exclusions, The Joint Commission does not anticipate or expect that measure rates for PC-05 will reach near 100% as has been the case for many other measures. Available evidence suggests that a 70% threshold may be a more reasonable target for many organizations.

Proposed Committee Response:

Thank you for your comments. The Committee will review these comments during its deliberations on the Post-Comment Call scheduled on September 18, 2020.

Action Item:

The Committee should review the comments and the developer's response and be prepared to discuss any recommendations for the developer to consider.

NQF 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 member expressions of support were received.

Notes

- 1 National Vital Statistics Reports Volume 69, Number 2 January, 2020 Maternal Mortality in the United States: 69(2):18.
- 2 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.
- 3 Caughey AB, Cahill AG, Guise J-M, et al. Safe prevention of the primary cesarean delivery. *Am J Obstet Gynecol*. 2014;210(3):179-193.
- 4 National Vital Statistics Reports Volume 67, Number 8, November 7, 2018. :50.
- 5 American College of Obstetricians and Gynecologists' Committee on Obstetric Practice. Cesarean Delivery on Maternal Request. *Obstet Gynecol*. 2019;133(1).
- 6 Srinivas SK, Fager C, Lorch SA. Evaluating Risk-Adjusted Cesarean Delivery Rate as a Measure of Obstetric Quality. *Obstet Gynecol*. 2010;115(5):1007-1013.
- 7 WHO | Breastfeeding. WHO. http://www.who.int/nutrition/topics/exclusive_breastfeeding/en/. Last accessed July 2020.