



April 23, 2018

**To:** Perinatal and Women's Health Standing Committee  
**From:** NQF Staff  
**Re:** April 30 Spring 2018 Perinatal and Women's Health Standing Committee Web Meeting  
**Purpose:** This memo provides the Perinatal and Women's Health Standing Committee with the relevant background information for the upcoming April 30 web meeting.

### Background on Spring 2018 Cycle Work

The National Quality Forum (NQF) did not have any measures up for maintenance review nor did it receive any new measure submissions for the Perinatal and Women's Health portfolio. To continue the important work of the Perinatal and Women's Health Standing Committee during this cycle, the Committee will finalize its review of the measure portfolio to identify candidate "balancing measures."

### Balancing Measures

The Perinatal and Women's Health Committee portfolio contains 18 endorsed measures. During the 2015-2016 phase of work, the Committee noted the need for "balancing" measures, or measures that can potentially mitigate an unintended or adverse consequence of a specific measurement focus. Balancing measures can ensure that changes made in response to one measure do not worsen outcomes in a separate or related area of care. For example, a decrease in cesarean sections, which is considered a positive outcome, should not increase compromised newborns or stillbirths.

During the February 9, 2018 call, the Committee reviewed 9 of the 18 measures and identified whether it recommended a balancing measure and, if so, whether one exists or what the measure should/could be. [Appendix A](#) lists the currently endorsed measures and the balancing measures identified during the Committee's previous discussion. The Committee's overall discussion is available on the [project webpage](#). Measures identified by the Committee that could be used as balancing measures for currently endorsed measures—but are not yet developed or endorsed—will be shared with CMS and posted for public and developer consideration on the [NQF website](#).

### Preparation for the April 30 Webinar

To prepare for the upcoming web meeting, please review [Appendix A](#), the table of endorsed measures within the Perinatal and Women's Health Committee's portfolio. As you review, please do some preliminary thinking on whether each measure could benefit from a balancing measure and, if so, what that measure(s) might be. Potential balancing measures can be already-endorsed measures in the portfolio or could be ideas for measures that should be developed.

## Appendix A: Table of Endorsed Measures—Balancing Measures Recommended To Date

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure/ Concept Identified
0033 Chlamydia Screening in Women (CHL) National Committee for Quality Assurance	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	No	
0304 Late sepsis or meningitis in Very Low Birth Weight (VLBW) neonates (risk-adjusted) Vermont Oxford Network	Standardized morbidity ratio and observed minus expected measure for nosocomial bacterial infection after day 3 of life in very low birth weight infants	To be reviewed on April 30	
0469 PC-01 Elective Delivery The Joint Commission	This measure assesses patients with elective vaginal deliveries or elective cesarean births at $\geq 37$ and $< 39$ weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding)	Yes	Measure: 0716 Unexpected Complications in Term Newborns (CMQCC)  Concept: measure addressing maternal morbidity and mortality
0469e PC-01 Elective Delivery (eMeasure) The Joint Commission	This measure assesses patients with elective vaginal deliveries or elective cesarean births at $\geq 37$ and $< 39$ weeks of gestation completed. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding). PC-01: Elective Delivery is one of two measures in this set that have been reengineered as eQMs and are included in the EHR Incentive Program and Hospital Inpatient Quality Reporting Program.	Yes	Measure: 0716 Unexpected Complications in Term Newborns (CMQCC)  Concept: measure addressing maternal morbidity and mortality

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure/ Concept Identified
0470 Incidence of Episiotomy Christiana Care Health System	Percentage of vaginal deliveries (excluding those coded with shoulder dystocia) during which an episiotomy is performed.	Yes	Measure: 0716 Unexpected Complications in Term Newborns (CMQCC)
0471 PC-02 Cesarean Birth The Joint Commission	This measure assesses the number of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean birth. This measure is part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding).	Yes	Measure: 0716 Unexpected Complications in Term Newborns (CMQCC)
0475 Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Facility Discharge Centers for Disease Control and Prevention	Percent of live newborn infants that receive Hepatitis B vaccination before discharge (or within 1 month of life, if the infant had an extended hospital stay) at each single hospital/birthing facility during given time period (one year).	To be reviewed on April 30	
0476 PC-03 Antenatal Steroids The Joint Commission	This measure assesses patients at risk of preterm delivery at $\geq 24$ and $< 34$ weeks gestation receiving antenatal steroids prior to delivering preterm newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-04: Health Care-Associated Bloodstream Infections in Newborns, PC-05: Exclusive Breast Milk Feeding).	No	

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure/ Concept Identified
0478 Neonatal Blood Stream Infection Rate (NQI 03) Agency for Healthcare Research and Quality	Discharges with healthcare-associated blood stream infection per 1,000 discharges for newborns and outborns with birth weight of 500 grams or more but less than 1,500 grams; with gestational age between 24 and 30 weeks; or with birth weight of 1,500 grams or more and death, an operating room procedure, mechanical ventilation, or transferring from another hospital within two days of birth. Excludes discharges with a length of stay less than 3 days and discharges with a principal diagnosis of sepsis, sepsis or bacteremia, or newborn bacteremia.	To be reviewed on April 30	
0480 PC-05 Exclusive Breast Milk Feeding The Joint Commission	PC-05 assesses the rate of newborns exclusively fed breast milk during the newborn's entire hospitalization. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns).	To be reviewed on April 30	
0480e PC-05 Exclusive Breast Milk Feeding (eMeasure) The Joint Commission	PC-05 assesses the rate of newborns exclusively fed breast milk during the newborn's entire hospitalization. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Section, PC-03: Antenatal Steroids, PC-04: Health Care-Associated Bloodstream Infections in Newborns). PC-05, Exclusive Breast Milk Feeding, is one of two measures in this set that have been reengineered as eQMs and are included in the EHR Incentive Program and Hospital Inpatient Quality Reporting Program.	To be reviewed on April 30	

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure/ Concept Identified
0483 Proportion of infants 22 to 29 weeks gestation screened for retinopathy of prematurity. Vermont Oxford Network	Proportion of infants born from 22 weeks, 0 days to 29 weeks, 6 days gestational age who were in the reporting hospital at the postnatal age recommended for screening for retinopathy of prematurity (ROP) by the American Academy of Pediatrics (AAP) and who received a retinal examination for ROP prior to discharge.	To be reviewed on April 30	
0716 Unexpected Complications in Term Newborns California Maternal Quality Care Collaborative	This is a hospital level performance score reported as the percent of infants with Unexpected Newborn Complications among full term newborns with no preexisting conditions, typically calculated per year.	To be reviewed on April 30	
1382 Percentage of low birthweight births Centers for Disease Control and Prevention	The percentage of births with birthweight <2,500 grams	To be reviewed on April 30	
1731 PC-04 Health Care-Associated Bloodstream Infections in Newborns The Joint Commission	This measure assesses the number of staphylococcal and gram negative septicemias or bacteremias in high-risk newborns. This measure is a part of a set of five nationally implemented measures that address perinatal care (PC-01: Elective Delivery, PC-02: Cesarean Birth, PC-03: Antenatal Steroids, PC-05: Exclusive Breast Milk Feeding).	To be reviewed on April 30	

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure/ Concept Identified
2902 Contraceptive Care - Postpartum US Office of Population Affairs	<p>Among women ages 15 through 44 who had a live birth, the percentage that is provided:</p> <p>1) A most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately (i.e., injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within 3 and 60 days of delivery.</p> <p>2) A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery.</p> <p>Two time periods are proposed (i.e., within 3 and within 60 days of delivery) because each reflects important clinical recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). The 60-day period reflects ACOG recommendations that women should receive contraceptive care at the 6-week postpartum visit. The 3-day period reflects CDC and ACOG recommendations that the immediate postpartum period (i.e., at delivery, while the woman is in the hospital) is a safe time to provide contraception, which may offer greater convenience to the client and avoid missed opportunities to provide contraceptive care.</p>	Yes	Measure under development: Patient reported measure of experience of contraceptive care

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure/ Concept Identified
2903 Contraceptive Care – Most & Moderately Effective Methods US Office of Population Affairs	The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) FDA-approved methods of contraception. The proposed measure is an intermediate outcome measure because it represents a decision that is made at the end of a clinical encounter about the type of contraceptive method a woman will use, and because of the strong association between type of contraceptive method used and risk of unintended pregnancy.	Yes	Measure under development: Patient reported measure of experience of contraceptive care
2904 Contraceptive Care - Access to LARC US Office of Population Affairs	Percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a long-acting reversible method of contraception (i.e., implants, intrauterine devices or systems (IUD/IUS). It is an access measure because it is intended to identify situations in which women do not have access to the long-acting reversible methods of contraception (LARC), i.e., contraceptive implants and intrauterine devices.	Yes	Measure under development: Patient reported measure of experience of contraceptive care