



## Perinatal and Women's Health Standing Committee Web Meeting

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The National Quality Forum (NQF) convened a public web meeting for the Perinatal and Women's Health Standing Committee on April 30, 2018.

### Welcome, Introductions, and Review of Web Meeting Objectives

Kate Buchanan, NQF senior project manager, began by welcoming participants to the web meeting. She provided opening remarks and reviewed the meeting objective: Finalize balancing measures for the Perinatal and Women's Health Committee's measure portfolio.

### Balancing Measures for the Perinatal and Women's Health Committee's Measure Portfolio

In February 2018, the Committee identified balancing measures for 9 of 18 [measures in its portfolio](#). On this call, the Committee finalized its review on the need for balancing measures for the remaining nine measures in its portfolio. Balancing measures can potentially mitigate an unintended or adverse consequence of a specific measurement focus. Balancing measures 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. The complete results of the Committee's recommendations are in [Appendix A](#).

#### 0716 Unexpected Complications in Term Newborns

The Committee noted that this measure was itself created as a balancing measure against inappropriately aggressive attempts to reduce the cesarean rate. The Committee recommended 0471 *PC-02 Cesarean Birth*, a measure in the Committee's portfolio, as a balancing measure.

#### 0475 Hepatitis B Vaccine Coverage Among All Live Newborn Infants Prior to Hospital or Birthing Center Discharge

Prior to discussion, staff noted that the Centers for Disease Control and Prevention (CDC) updated its guidelines around Hepatitis B vaccinations in newborns, changing the recommendation from within one month of birth to within 24 hours of birth. Staff are working with the CDC in its capacity as measure developer to determine next steps.

The Committee decided there was no need for a balancing measure.

#### 1382 Percentage of Low Birthweight Births

The Committee discussed several potential balancing measures, including stillbirth rate, maternal depression, and maternal morbidity and mortality.

Committee members noted that the stillbirth rate can capture the impact of interventions and antenatal testing done to increase the gestational age in order to achieve increased birth weight. Also noted, however, was that the cause of stillbirth is often unknown or difficult to determine, and that although low birthweight is one of several known causes of stillbirth,

capturing stillbirth rates is currently still not effectively measured. Ultimately, the Committee decided against stillbirth rate as a balancing measure.

The Committee discussed a potential measure that captures maternal morbidity and mortality as a balancing measure, but decided against this because the continuation of all pregnancies poses a risk to the mother, and it is not specific enough to the issue of low birthweight.

One member cautioned against too many new balancing measures for 1382 because of concerns about measure parsimony and reporting burden, since 1382 is an important outcome and balancing measure to others. Ultimately, the Committee recommended 0716 *Unexpected Complications in Term Newborns* and 0471 *PC-02 Cesarean Birth* as measures currently in use that can act as balancing measures while not increasing reporting burden.

### Neonatal Infections and Infant Screening Measures

The Committee discussed three neonatal screening measures, 0304 *Late Sepsis or Meningitis in Very Low Birth Weight (VLBW) Neonates (risk-adjusted)*, 0478 *Neonatal Blood Stream Infection Rate*, and 1731 *PC-04 Health Care-Associated Bloodstream Infections in Newborns*. The Committee determined that there is no need for balancing measures for any of the three.

### 0483 Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity

In its review of the infant screening measure, 0483 *Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of Prematurity*, the Committee did not find a need for a balancing measure.

### 0480 PC-05 Exclusive Breast Milk Feeding and 0480e PC-05 Exclusive Breast Milk Feeding [eMeasure]

For the *Exclusive Breast Milk Feeding Measure*, the Committee discussed four potential balancing measures: neonatal readmissions, infant falls, maternal depression, and patient experience of care with exclusive breastfeeding.

One concept initially considered by the Committee was a measure that could capture neonatal readmission rates within a week or two of birth due to jaundice, weight loss, or other pertinent issues. The Committee noted that during the 2016 cycle of work it reviewed 2893 *Neonatal Intensive Care All-Condition Readmissions* (The Children's Hospital of Philadelphia [CHOP]), which it did not recommend at the time. The Committee requested an update from the developer to determine if CHOP plans to resubmit the measure for review; NQF staff will follow-up with CHOP and report back to the Committee.

Members noted that there has been an uptick of infant falls in hospitals related to exclusive breastfeeding and infants rooming with their mothers but did not recommend infant falls as a potential balancing measure.

The Committee decided that a balancing measure that assesses maternal depression is important and recommended the development of one to balance 0480. Although depression is not exclusive to breastfeeding, it is an important, related aspect of care. The focus on exclusive breastfeeding can create unintended negative consequences, including depression for women

due to the pressure placed on them. For example, members reported that some HCAHPS results in California indicate that breastfeeding encouragement practices can be construed as pressure or of a lack of sensitivity to a mother's desire. Although there is not a maternity-specific question in HCAHPS, custom questions and free text can capture some unintended consequences of exclusive breastfeeding.

The Committee also agreed that there needs to be a balancing measure that captures patient experience related to exclusive breastfeeding—specifically, a measure that assesses if a patient received the appropriate amount of information and encouragement. A patient experience balancing measure could alleviate some of the concerns by health systems that have not implemented the measure due to fears of patient coercion.

Overall, three balancing measure concepts were recommended for 0430: neonatal readmission due to jaundice, weight loss, etc.; maternal depression; and patient experience of care related to exclusive breastfeeding.

### Public Comment

Ms. Buchanan opened up the call for public comment. NQF received two public comments. The first commenter agreed with the Committee's recommendation on the need for an experience-of-care measure regarding breastfeeding. Additionally, the commenter noted a gap in the field of measures that goes beyond a single episode of care.

In response to an inquiry from the Committee as to whether there have there been any proposed measures for the prenatal period of care, NCQA stated that it is working on a new HEDIS measure for the prenatal time period. This measure assesses prenatal immunizations for TDAP and the flu vaccine. NCQA will soon finalize its development of the measure and intends to submit to NQF for endorsement.

### Next Steps

Ms. Buchanan thanked Committee members for their participation. The Committee will meet on June 20 to complete its work for the Spring 2018 cycle. During the web meeting, the Committee will engage in a prioritization exercise of measures within its portfolio.

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

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	
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
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)

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure/ Concept Identified
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	
2902 Contraceptive Care - Postpartum US Office of Population Affairs	Among women ages 15 through 44 who had a live birth, the percentage that is provided: 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. 2) A long-acting reversible method of contraception (LARC) within 3 and 60 days of delivery. 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.	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
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.	Yes	Measure: 0471 PC-02 Cesarean Birth (The Joint Commission)
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).	No	

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure/ Concept Identified
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)
1382 Percentage of low birthweight births Centers for Disease Control and Prevention	The percentage of births with birthweight <2,500 grams	Yes	Measure: 0716 Unexpected Complications in Term Newborns (CMQCC)  Measure: 0471 PC-02 Cesarean Birth (The Joint Commission)
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	No	
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.	No	

Measure number, Title, and Developer	Measure Description	Is a Balancing Measure Recommended?	Balancing Measure/ Concept Identified
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).	No	
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.	No	
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).	Yes	<p>Concept: neonatal readmissions rate due to jaundice, weight loss, etc.</p> <p>Concept: Screening for maternal depression</p> <p>Concept: Patient experience of care related to exclusive breastfeeding</p>
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.	Yes	<p>Concept: neonatal readmissions rate due to jaundice, weight loss, etc.</p> <p>Concept: Screening for maternal depression</p> <p>Concept: Patient experience of care related to exclusive breastfeeding</p>