



NATIONAL
QUALITY FORUM

Fast Forward

BRIEFS ON NEW WORK BY NQF

ISSUE NO. 2

Preventing Harm to Newborns and Mothers:
A Case Study on Early Elective Deliveries

THE PROBLEM

- Healthy pregnant women are increasingly undergoing early, non-medically necessary deliveries before 39 weeks rather than waiting for full-term labor.
- Studies show that these “early elective deliveries” prior to 39 weeks result in more complications, including death, for infants and even mothers.

WHAT WE'RE DOING

- Bringing together key stakeholders to address inappropriate maternity care, including early elective deliveries.
- Promoting NQF-endorsed measures—as part of a larger Joint Commission perinatal measure set—proven to be critical in improving maternity outcomes.
- Providing clinicians with the necessary tools and resources to support healthy mothers and babies.

FAST FORWARD

- Elective deliveries prior to 39 weeks account for 5 percent or less of births across the country, down from current rates of 10-15 percent.
- Patients are adequately educated about the importance of delivery past 39 weeks, and are able to make informed care decisions with their physician or midwife.
- Healthier, fully developed babies are born, leading to fewer neonatal intensive care unit admissions and significant cost savings.

There is compelling evidence that elective delivery prior to 39 weeks, the recommended gestation period, can cause infants serious harm—including problems with breathing, feeding, and development—or even death. Yet elective deliveries prior to 39 weeks are an increasingly common practice in the United States, often for non-medical reasons.

Efforts to reduce early deliveries have been gaining momentum across the country in recent years, thanks to support from the NQF-convened, HHS-funded National Priorities Partnership (NPP), major advocacy organizations, and hospitals and physicians committed to doing right by their patients. Many of these efforts include a strong focus on measurement of early elective deliveries prior to 39 weeks, support for hospitals and birthing centers committed to a “hard stop” of such deliveries, and educational tools for providers and patients on the importance of delivering full-term babies.

NQF is playing an integral role in facilitating these efforts, starting with the endorsement of a measure from The Hospital Corporation of America (HCA) assessing elective deliveries prior to 39 weeks. This

A Nationwide “Hard Stop” Early Elective Delivery Policy Could:¹

1.7%

Reduce early elective deliveries to as low as 1.7 percent of all births

500k
DAYS

Avoid approximately one-half million days of newborns in neonatal intensive care units

\$1B

Save about \$1 billion in healthcare savings annually

¹ Clark SL, MD, Donna RF, RN, MN, Janet AM, RN, et al. Reduction in elective delivery at <39 weeks of gestation: comparative effectiveness of 3 approaches to change and the impact on neonatal intensive care admission and stillbirth. *American Journal of Obstetrics and Gynecology*. November 2010.

measure has been increasingly adopted by hospitals and health systems working to improve maternity care. The measure has also been championed by The Joint Commission, private plans, Leapfrog, and March of Dimes as a way to improve healthcare quality and cut costs. In fact, eligible Joint Commission-accredited hospitals will be required to report on the measure beginning in 2014, and the Centers for Medicare & Medicaid Services has included the measure in the Hospital Inpatient Quality Reporting program for FY2015, thus requiring all hospitals to report on their performance or face a financial penalty.

The results of this multi-faceted effort have been significant. Case in point: a HCA study found that 27 hospitals focused on reducing early elective deliveries were able to reduce delivery rates by 55 percent over two years, which correlated with a 16 percent decline in admission rates to neonatal intensive care units. HCA's groundbreaking work in developing this important measure led to this achievement.

Following this success, the NPP established the Maternity Action Team to develop a plan for improving care and reducing early elective deliveries. The team—composed of nearly 30 public and private stakeholders—has set a national goal of reducing the percentage of babies electively delivered prior to 39 weeks to 5 percent or less, and will monitor progress with the endorsed measure. Specifically, the team is encouraging frontline training to medical staff on implementing “hard stop” early elective delivery policies and patient safety checklists. They are also promoting consistent information sharing—championed in particular by engaged provider groups including the American Congress of Obstetricians and Gynecologists—where expectant mothers receive trustworthy, accurate information from healthcare providers and become active partners in care decisions.

Moving forward, the Maternity Action Team will increase its focus on reducing cesarean births among low-risk women across the country to 15 percent or less of all births. NQF looks forward to working with the healthcare community to achieve these aims and ensuring the health of mothers and babies everywhere.

The Maternity Action Team set shared goals and identified and implemented action steps for reducing early elective delivery and c-section in low-risk women. We've seen the rate of such deliveries decrease in many hospitals across the country, which has led to broader efforts to reduce cesareans in low-risk women. Collaboration is the operative word.

Maureen Corry, Executive Director, Childbirth Connection

Leapfrog galvanized efforts to end early elective deliveries by publicly reporting rates by hospital. Data from over 750 hospitals from 2010-2012 shows that 75 percent of hospitals improved in 2012, and the national average dropped from 14.0% to 11.2%, evidence to the commitment many hospitals are making to put babies and mothers first.

Leah Binder, President and CEO, The Leapfrog Group

The NPP Maternity Action Team strongly encouraged broad use of The Joint Commission metric as an approach to reducing the percentage of babies electively delivered before term. Such standardized measurement will now enable the nation to track progress in this area consistent with professionally established benchmarks.

Margaret VanAmringe, Vice President for Public Policy and Government Relations, The Joint Commission

FUNDER

NQF is thankful for the support of the Department of Health and Human Services that funds the National Priorities Partnership.

NQF SUBJECT MATTER EXPERTS

Reva Winkler, MD, MPH

Karen Adams, PhD, MT

Wendy Prins, MPH, MPT

QUICK LINKS

> [National Priorities Partnership Maternity Action Team](#)

> [National Priorities Partnership Partner Organizations](#)

> [Find perinatal and reproductive health performance measures in QPS, NQF's measure search tool](#)



ABOUT NQF

The National Quality Forum (NQF) is a private organization recognized and funded in part by Congress to do public service work aimed at making healthcare of the highest value. Non-profit, non-partisan, and member-driven, NQF specializes in performance measures that enable standardized measurement of healthcare services. Its unique consensus model for making decisions and recommendations allows everyone invested in healthcare's future to have a say in its direction; NQF-endorsed measures are seen as the 'gold standard' given the rigor and multi-stakeholder decision-making that go into them. NQF earns its public trust through this commitment to consensus, having a seat at the table for all-comers, and by making its entire body of work transparent to the public.