

### Transcript Details

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### A National Consensus Is Forming on Perinatal Quality

There is a national consensus on standards for perinatal care, but what does that mean and how did these measures come about for these childbearing families. You are listening to a special focus on The Future of Medicine on ReachMD XM160, the Channel for Medical Professionals. I am Bruce Japsen, the healthcare reporter with the Chicago Tribune and with me today is Maureen Corry. She is the executive director of the Childbirth Connection. In her role, Ms. Corry leads a national not-for-profit organization founded in 1918 as the Maternity Center Association. As Childbirth Connection, the group promotes safe, effective, and satisfying evidence-based maternity care and is a voice for the needs and interests of childbearing families. Ms. Corry has been in this business for 30 years as a researcher, educator, and advocate on maternal and infant health promotion and she joined Childbirth Connection as executive director in 1995 and since then has played a leading role in positioning the organization as a powerful and effective advocate for improving the quality of maternity care.

#### BRUCE JAPSEN:

Maureen Corry, welcome to ReachMD XM160, the Channel for Medical Professionals.

#### MAUREEN CORRY:

Thank you, Bruce. It's a pleasure to be with you again.

#### BRUCE JAPSEN:

Well, in your role and a lot of people don't know about the Childbirth Connections. If you could tell us a little bit about that, but also these are some historic things what you have done. I mean, a lot of people probably think that hospitals are held in a certain standards on perinatal care, but really that's what has been done here and I am just curious as to how these all came about.

#### MAUREEN CORRY:

Sure, well, Childbirth Connection's focus now is to improve the quality of maternity care through research, education, advocacy, and policy and we got engaged with the National Quality Forum about 3 years ago, we joined as a member and we were thrilled to be involved. I served as co-chair of the National Quality Forum's Perinatal Performance Measure Steering Committee, which just recently endorsed a set of 17 perinatal measures, which will help to improve maternity care, the quality of maternity care for mothers and babies and it was a great opportunity because NQF recognized the importance of quality healthcare for mothers and newborns, and they were able to find support through the Hospital Corporation of America to develop a project, which resulted in these endorsed 17 perinatal standards that will measure the quality and thereby improve care received by mothers and babies from starting in the third trimester of pregnancy through hospital discharge and I think most of us know that the saying nowadays is "what gets measured gets improved" and we really believe that consensus standards improve the quality of care by standardizing measurement in care settings and by encouraging accountability in public reporting by hospital facilities and providers and even health plans. It's a historical opportunity now for perinatal care.

#### BRUCE JAPSEN:

That is indeed what we are finding in all sections of the healthcare industry. I am sure, doctors and other providers are sort of looking at this thing, "what does get measured does get improved." Who will adopt these measures? Are we talking about insurers, Medicare, Medicaid? Who is going to take these on? Because you look at this and it's like, you know, J.D. Power and the ratings of cars and it's almost shocking that this stuff has not gone in healthcare for forever and now it's coming in all facets of the industry.

**MAUREEN CORRY:**

Exactly. Well, I hope all those audiences will be looking at them, but I think primarily hospitals and other facilities like Birth Centers and hospitals in the case of perinatal care and individual providers and may be groups of providers will use these measures and report on them so that the information because available, but there is really 4, we always talk about 4 distinct audiences that will find performance measurement helpful and they are consumers obviously because as consumers we can use performance results to compare and chose among providers and care settings and health plans for example and of course purchasers being employers and Medicaid programs. They can use the information when they are making contracts with health plans and they can look at performance results to get better care for their beneficiaries and better value for the money that they spend on healthcare and then of course healthcare providers, which would include, you know, health professionals, hospitals, and health plans, they can use the results to improve their performance and also demonstrate their high performance and also become more competitive in the healthcare market place and lastly policy makers can assess the performance of the health system and identify opportunities for policy intervention. So, performance measures are really, really important to all the stakeholders that care about healthcare.

**BRUCE JAPSEN:**

And for our listeners out here who will be looking for these measures to be appearing and if you are having a baby or if you are a provider and you want to know where to look for these things, you can check out the National Quality Forum website at [www.qualityforum.org](http://www.qualityforum.org) and check it out and read the 4 specifications for all of these new endorsed standards for perinatal care because really Maureen, this is something that has been in the works for quite some time, hasn't it?

**MAUREEN CORRY:**

It has. There have been a couple of measures related to perinatal care that exists, but again the reason why this is so important is because it's 17 measures, which is quite comprehensive, although there is still some gaps in measures that will need to be filled in. For example, you know, the prenatal period and the postnatal period, but when you think about 17 measures that cover the third trimester and while the women and the baby are in the hospital, it's really tremendous. It's a great leap forward. It's a good set of measures to start with and to your point, we haven't had them, although other specialty areas have had performance measures for many, many years. Obstetrics and maternity care seem to be a late comer, so it's really exciting that the Hospital Corporation of America decided to fund this project and NQF decided to take it on as an important agenda and it took about 7 or 8 months, I guess, to go through the whole process and initially what NQF does is they send out a call asking for nominations for individuals to join the Steering Committee for the project and the Steering Committee will end up being comprised of several consumer reps of which I was one and I was co-chair of the Steering Committee along with Dr. Laura Riley, an obstetrician for Massachusetts General Hospital and there were about 18 other members comprised of pediatricians, obstetricians, family practice docs, nurses, midwives, and healthcare quality measurement experts. So, it was very multidisciplinary, you know in terms of the people who care and provide maternity care and then what NQF does, Bruce, is they send out a call to measure developers across the country to submit measures that they are currently using to measure the performance of perinatal care and when those measures come in, the Steering Committee looks at them to see whether or not the measures meet the criteria that has been set up by the National Quality Forum and if they meet that criteria, they are put forward as a recommendation to be endorsed by the NQF Board of Directors and in the case of the perinatal measures, we ultimately looked at many, but endorsed 17 because we felt that they were very, very important to improving the quality of care and they would impact on a large group of mothers and babies and you know really good science was there to back up the need for the measure and that's how the whole process took place over a 7-month period.

**BRUCE JAPSEN:**

**Well, if you are just joining us or even if you are new to our channel or just tuning in, you are listening to ReachMD XM160, the Channel for Medical Professionals. I am Bruce Japsen, the healthcare reporter for the Chicago Tribune and with me today is Maureen Corry. She is the executive director of the Childbirth Connection, which has its offices in New York City and we are talking about measuring effectively childbirth and perinatal care while women are in the hospital.**

And that's very important because that hasn't been done before and so if you are a physician preparing to deliver a baby or a consumer appearing to have a baby in your family, you are going to get measured care and they are going to be quality standards and if you could elaborate a little bit about the kind of care that's going to be measured, you said there are 17 measures and there are still ways to go, but it is important for our listeners to know that, you know, coming to a hospital near them, but they are going to be seeing more information about this.

**MAUREEN CORRY:**

Sure, I will just go over a few of the ones that apply to the largest population of childbearing women and babies. For example, one

measure is elective delivery prior to 39 weeks completed gestation and that's really important because babies born prior to 37 weeks are more likely to have health problems. So, it's really important measure to take a look at, also the incidence of episiotomy. Basically, we know from high-quality scientific research that there is rarely a need to perform episiotomies on women as they are giving birth, but yet the episiotomy rate is still around 25% in our country.

**BRUCE JAPSEN:**

And a lot of hospitals are not disclosing this.

**MAUREEN CORRY:**

Exactly, and also a really important measure is exclusive breast-feeding at hospital discharge. More and more people are aware of how important it is for exclusive breast-feeding in terms of the benefits for both the mother and the baby and so one thing that we want to do is that women who do want to breast-feed, when they enter the hospital we want them to come out still breast-feeding. So, it's important and we know that there are barriers in hospitals to women being successful in exclusive breast-feeding. So, the higher rate of exclusive breast-feeding that a hospital or a facility has the better, that means that they are probably doing the right thing in supporting breast-feeding for mothers and babies. So, that's why that's an important measure.

**BRUCE JAPSEN:**

And also with the C-section rate, which might be shocking to folks that are not specialist in obstetric care, its 1 in 3 women are having C-sections and this too would be a measure. Wouldn't it, that would become available under the National Quality Forum?

**MAUREEN CORRY:**

Absolutely. I am glad you raised that because the cesarean rate is up at close to 32% now and I think most people believe that there is probably many cesareans that are being done without real medical need and of course that exposes mothers and babies to more risk. So, it's more important to have a measure. In this particular set of measures, we are looking at the cesarean rate for low risk first birth mothers and what that means is they will be looking at a proportion of the livebirth born at or beyond 37 weeks' gestation to women who are having their first delivery and women, who are having just 1 child rather than twins or beyond and the babies that are born in the vertex position, head coming out first, rather than a breech birth, which is probably going to require a C-section in many situations. So, it's really important to look at the hospital facility rate for cesarean section for low-risk first birth women and if I am a consumer, I would like to know that because for example knowing what I know about the harms of unnecessary cesareans, I would want to look at and find a hospital in my area that had a low cesarean rate for first-time mothers.

**BRUCE JAPSEN:**

And is this largely true that this information is not available. Are there hospitals that are voluntarily disclosing this now?

**MAUREEN CORRY:**

I don't think there are many hospitals that are doing that because this is a new measure set. They were just endorsed in October and I hope a year from now, we will be able to say that more and more hospitals are reporting on these measures. It takes a little bit of time for the uptake, but to your point, there are only 2 states in the US that I am aware of that where a woman can or any consumer can go online and compare outcomes in hospitals within their state. For example, in the state of New York and in Massachusetts, you could go online and you could get the C-section rate, for example of every hospital in the state and the same with Massachusetts. So, if you are a consumer, you can look at that information to make some choices about where you are going to have your baby. That's only in 2 states in our country right now.

**BRUCE JAPSEN:**

It's really amazing when you think about it too because in my role as the healthcare business reporter at the Tribune, I know that hospitals make a lot of money on childbirth, that's where reimbursement from health insurers is actually the doctors might agree would be good, yet there are no measures out there, but yet you see all sorts of advertisements by hospitals on the latest and greatest flat screen TV in the birthing suite.

**MAUREEN CORRY:**

Exactly. Exactly.

**BRUCE JAPSEN:**

So, you think that hospitals given the marketing of their services, it would seem that they would jump at the chance to promote these

rankings if one does it and then the other one does it given the reimbursement, that's an issue, do you think so?

**MAUREEN CORRY:**

Well, I think competition is really good and does increase the quality of care, but right now, there is not much incentive for hospitals to report on these measures and we know that a cesarean birth is about double the cost of a vaginal birth and there are few financial incentives to reduce the high C-section rate. So, in a competitive market place if hospitals report on these measures, may be we will see the rates of cesarean section, for example, go down as the competition gets greater.

**BRUCE JAPSEN:**

Well, with that I would like to thank Maureen Corry, who has been our guest. She is with the Childbirth Connection and we have been talking about something that will be coming to a hospital and birthing center near you or at least Childbirth Connection and consumers hope so it's the measures for perinatal care quality measures. I would like to thank Maureen Corry, who has been our guest from Childbirth Connection in New York City. I am Bruce Japsen with the Chicago Tribune. I have been your host and you have been listening to ReachMD XM160, the Channel for Medical Professionals. Please visit our website at [reachmd.com](http://reachmd.com), which features our entire library through on-demand podcasts or also call us toll free with your comments and suggestions at 888-639-6157, and I would like to thank you today for listening.