

July 6, 2016

Perinatal and Reproductive Health Standing Committee National Quality Forum

1030 15th St NW #800

Washington, DC 20005

Re: 2015-2016 Perinatal and Reproductive Health Draft Report

Lamaze International appreciates the opportunity to respond to the National Quality Forum's (NQF) 2015-2016 Perinatal and Reproductive Health Draft Report. Continuously developing, implementing, and revising evidence-based quality measures is critical to standardizing best practices and evidence-based quality metrics for pre- and perinatal care are essential to eliminating health disparities, reducing costs, and improving health outcomes for mothers and babies.

As the nation's leading childbirth education organization, Lamaze promotes safe and healthy birth through education and advocacy. In doing so, Lamaze's Certified Childbirth Educators use the latest, evidence-based curriculum to help women and their partners make informed and shared decisions regarding pregnancy, childbirth, and breastfeeding.

Lamaze supports the NQF's efforts to make childbirth safer by reducing cesarean-birth rates, early induction, and other elective-labor procedures, as well as standardizing best-practice prevention and treatment methods to reduce maternal and perinatal mortality in the United States. Knowing that perinatal quality standards are set and implemented helps Lamaze educators promote evidence-based best practices. In turn, pregnant women can fully participate in shared decision-making with the reassurance that best practices are carried out in their delivery facilities. Too often in the past, there has been a disconnect between what women understand to be best practices and the reality of out-of-date or non-evidence-based hospital policies.

Lamaze commends the NQF Perinatal and Reproductive Health Standing Committee for its rigorous assessment of the proposed and existing NQF perinatal quality measures and offers the following comments for consideration.

***Labor and Delivery***

**0469 PC-01: Elective Deliveries [Recommended]**

**0469:2829 PC-01: Elective Deliveries [eMeasure] [Recommended]**

Lamaze agrees with the Committee's recommendation to continue to include 0469: Elective Deliveries—one of the Joint Commissions' five core measures—as a perinatal-care process measure. Evidence shows that elective delivery can trigger additional labor procedures, labor complications, and maternal morbidity—and efforts to reduce elective delivery will help improve childbirth outcomes.

Thanks in large part to Perinatal Core Measures, elective deliveries have declined by over 10 percentage points since 2011, but we can do better. Lamaze agrees with the Committee's decision to continue to prioritize this measure. The national elective-delivery rate may never zero-out, but as more hospitals report and track elective delivery, it is necessary to provide standardized guidance.

Lamaze also agrees with the Committee’s acknowledgement that patients and stakeholders still need more education on what elective delivery means, how it is administered, its impact on the labor process—and the how it can affect mother’s and newborn’s health. Evidence-based childbirth education programs, through certified organizations such as Lamaze, thoroughly address elective delivery and encourage expecting parents to discuss their labor preferences with their obstetric providers. Lamaze encourages future measures related to elective delivery to explicitly address full consent of the risks and benefits of elective labor induction and the role that evidence-based childbirth education has in informing parents about elective delivery.

**0470: Incidence of Episiotomy (National Perinatal Information Center) [Recommended]**

Lamaze supports the Committee’s recommendation to continue to endorse 0470: Incidence of Episiotomy as a process measure to help continue to reduce episiotomy rates—and their long-term resulting complications. In addition to setting a standard for accountability within facilities and increasing public reporting, the National Perinatal Information Center’s episiotomy quality measure helps communicate and educate providers and patients on the latest literature regarding the procedure’s utility and potential harm.

**0471 PC-02: Cesarean Birth [Recommended]**

Lamaze agrees with the Committee’s recommendation to continue to include the Joint Commission’s Cesarean Birth outcome measure [PC-02], which focuses on nulliparous term singleton vertex deliveries. Preventing low-risk, first-time mothers from undergoing cesarean sections is critical to reducing the U.S. cesarean birth rate and Lamaze strongly encourages the Committee to continue to tie this measure to the Healthy People’s 2020’s 23.9-percent cesarean-birth rate target. Lamaze also supports the Committee’s intent to encourage the Joint Commission to develop a mechanism to publically report data associated with this measure.

Although the U.S. cesarean-birth rate has declined since peaking in 2009, demographic disparities among cesarean-section rates still exist. Evidence-based childbirth education, through certified organizations such as Lamaze, provides expecting parents with information regarding cesarean births and the practices and protocols that parents can use to help avoid cesarean births as well as advocate for family-centered best practices when cesarean birth becomes necessary.

Lamaze recommends that future or revised cesarean-birth measures explicitly include evidence-based childbirth education and fully informed consent about benefits and risks including the risks of future placental abnormalities.

**2892: Birthrisk Cesarean Birth Measure [Not Recommended]**

Lamaze agrees with the Committee’s decision not to recommend 2892: Birthrisk Cesarean Birth Measures as an outcome measure on the grounds that the data used to support the measure are insufficient and outdated.

## ***Pregnancy***

### **1517: Prenatal & Postpartum Care (PPC) [Consensus Not Reached]**

Lamaze echoes the Committee's concerns that 1517: Prenatal & Postpartum Care's exclusive focus on timing and frequency does not adequately address the purpose of promoting prenatal care visits. With no standard guidance for the content of a prenatal care visit, this process measure encourages quantity over quality. The measure's intent is sound, as evidence shows that no prenatal care leads to poorer childbirth outcomes, but it does not go far enough to ensure that prenatal care visits include high quality, standardized content. Implementing content standards would not only address the ongoing disparities in U.S. prenatal care and childbirth outcomes, but would help reduce healthcare inefficiency and cost.

Lamaze recommends that a revised version of 1517: Prenatal & Postpartum Care, or a similar measure, explicitly identify and include evidence-based content standards for prenatal visits. Any content requirements for this or a similar measure should also include provider-patient conversations regarding evidence-based childbirth education options that certified organizations such as Lamaze offer.

Comprehensive prenatal care goes well beyond a physical checkup. Education is a critical part of maternity care and medical practitioners often have limited time to consider the social, cultural, and informational variables that impact the health behaviors of pregnant women. For example, Lamaze's curriculum includes education about perinatal mood disorders, which helps women prepare for, and cope with, normal hormonal changes—as well as recognize depression. Evidence-based childbirth education provides more extended opportunities to support and inform women as well as explore the benefits and risks of decisions regarding prenatal care and childbirth.

In establishing content standards for prenatal visits, Lamaze strongly recommends that the measure's developers include conversations and information on the importance of, and how to access, evidence-based childbirth education.

### **1391: Frequency of Ongoing Prenatal Care [Not Recommended]**

Lamaze agrees with the Committee's decision not to recommend 1391: Frequency of Ongoing Prenatal Care as a process measure on the grounds that quantity and frequency of prenatal visits do not effectively improve maternal health outcomes. Measures that do not outline the content of prenatal visits and focus exclusively on frequency do little to help standardize and implement best practices that would improve childbirth outcomes.

Initiatives to improve access to, and utilization of, prenatal care that includes evidence-based childbirth education to Medicaid beneficiaries is critical to improving U.S. childbirth outcomes and Lamaze encourages continued efforts to develop quality-based measures that facilitate access and utilization to comprehensive prenatal care for this population.

*Postpartum*

**0480 PC-05: Exclusive Breast Milk Feeding (The Joint Commission) [Recommended]**

**0480:2830 [eMeasure] PC-05: Exclusive Breast Milk Feeding (The Joint Commission) [Recommended]**

Lamaze supports the Committee's decision to continue to endorse 0480 PC-05: Exclusive Breast Milk Feeding and its 70-percent target rate. Although various circumstances prevent some mothers from exclusively breastfeeding, Lamaze echoes the Committee's acknowledgement that the long-term benefits of exclusive breastfeeding are substantial and should be encouraged and facilitated within hospitals and among providers. This measure has helped increase U.S. breastfeeding rates and the Committee's continued endorsement will help bring more hospitals closer to the Joint Commission's 70-percent utilization goal.

### **Lamaze's Overall Recommendation**

Increasing women's knowledge and understanding of NQF and its role in improving childbirth outcomes will only help NQF further implement measures that standardize best practice among hospitals and providers. As more hospitals report pre- and perinatal data and more consumers seek out this data, NQF has a unique opportunity to increase its audience by focusing on education. Informing women about these measures—through evidence-based childbirth education—will help spur patient-initiated conversations with providers about adhering to these measures' recommendations whenever possible.

Lamaze appreciates the opportunity to provide feedback to the NQF's 2015-2016 Perinatal and Reproductive Health Draft Report. The Committee's commitment to transparency in vetting and reporting its assessments of perinatal and reproductive measures is laudable and Lamaze stands by as a resource, advocate, and partner in streamlining comprehensive maternity care for all women.

Sincerely,

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President