Transforming Maternity Care:
We're All In It Together

CIMS Forum: Speaking One Voice for Mother-Friendly Care

San Diego, March 5-7, 2009

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Childbirth Connection

Mission

To improve the quality of maternity care through research, education, advocacy and policy.

Transforming Maternity Care: We're All In It Together

- Health care reform opportunities
- *Evidence-Based Maternity Care: What It Is and What It Can Achieve*
- *Transforming Maternity Care: A High Value Proposition*

Transforming Maternity Care: We're All In It Together

Health care reform provides unprecedented opportunity to expand access to quality affordable health care

Recognize distinctive needs of childbearing families and ensure high quality, high value maternity care as an essential component of women's health care across the lifespan

Move toward a high performing maternity care system that provides care that is safe, effective, woman- and-family centered, timely, equitable and efficient

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Steps to High Quality, High Value Maternity Care

- **Ensure access to all**
- **Guide policy, practice, education, and improvement with comparative effectiveness**
- **Make primary maternity care the standard with optimal caregivers and settings**
- **Measure and report performance**
- **Align quality and payment**

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Steps to High Quality, High Value Maternity Care

- **Improve Medicaid maternity care: demonstrate quality improvement strategies**
- **Engage consumers**
- **Improve maternity health professions education and maternity guidelines**
- **Use HIT infrastructure to improve maternity care**

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Evidence-Based Maternity Care: What It Is and What It Can Achieve

Milbank Memorial Fund, Reforming States Group, Childbirth Connection

Authors: Carol Sakala and Maureen P. Corry

Refereed by large, diverse high-caliber group

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Evidence-Based Maternity Care: What It Is and What It Can Achieve

Report takes stock of the US maternity care system and identifies many opportunities to improve the structure, process, and outcomes of care for women and babies and to obtain better value for investments.

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What is Evidence-Based Maternity Care?

Definition

Uses best available research on the safety and effectiveness of specific practices to help guide maternity care decisions and facilitate optimal outcomes in mothers and newborns

Gives priority to effective care paths and practices with least harm

What is Evidence-Based Maternity Care?

Corollaries

Avoid practices with no clear benefit and established or plausible harms

Avoid practices with marginal expected benefit that is overshadowed by established harm.

FIRST DO NO HARM

Imperative for Maternity Care Quality Improvement

Scale

United States: over 4.3 million births/year

Childbirth In United States

- *the* leading reason for hospitalization
- mothers & newborns are 23% of all discharges
- procedure intensive: 6 of 15 most commonly performed hospital procedures in entire population associated with childbirth

Imperative for Maternity Care Quality Improvement

Costs and Charges

Childbirth especially impacts 2 purchaser groups

- private insurers/employers pay for 49% of hospital stays
- Medicaid/taxpayers pay for 43% of hospital stays (2006)

Combined maternal/newborn hospital charges far exceed charges for any other condition: $86 billion in 2006, $79 billion in 2005

- private insurers/employers: $39 billion in 2005
- Medicaid/taxpayers: $34 billion in 2005

Imperative for Maternity Care Quality Improvement

Behind the Charges

Procedure-intensive care in largely healthy population

5 of the 10 most commonly performed hospital procedures *in entire population* involved childbirth in 2003:

- medical induction, manually assisted delivery, and other procedures to assist delivery (#2 overall)
- repair of current obstetric laceration (#4)
- circumcision (#6)
- cesarean section (#7)
- fetal monitoring (#9)

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Merrill and Elixhauser 2005

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Great Variance in Charges and Payments by Type and Place of Birth

- 2005 charges ranged from $7,000 to $16,000 depending on whether birth was vaginal or cesarean and complicated versus uncomplicated

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Overall System Performance a Concern and Many Trends Headed in Wrong Direction

- low birth weight and very low birth weight
- preterm birth less than 37 weeks and preterm birth 32-36 weeks
- maternal labor and birth complications
- primary and repeat cesareans in low-risk women
- cerebral palsy
- mental retardation

U.S. Department of Health and Human Services 2006

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These outcomes, together with costly, procedure-intensive care, have been called the

"Perinatal Paradox:
Doing more and accomplishing less"

Rosenblatt, *Health Affairs*, 1989

Physiologic Foundation of Evidence-Based Maternity Care

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Addressing Overuse & Underuse in Maternity Care

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Addressing Overuse in Maternity Care

U.S. Childbearing Women are Primarily Healthy and at Low Risk

Applying proxy Healthy People 2010 definition of low-risk childbearing woman to 2003 birth certificate file, yields estimate of

82.6% of women low-risk at end of pregnancy

U.S. National Center for Health Statistics 2006

Addressing Overuse in Maternity Care

Examples of Practices to Use Judiciously and With Careful Attention to Informed Consent

Labor Induction
Epidural Analgesia
C-Section
Continuous Electronic Fetal Monitoring
Episiotomy
Rupturing Membranes
Certain Prenatal Care Practices

Addressing Overuse in Maternity Care

For optimal informed consent/refusal, provide women with

- access to a range of options
- knowledge about benefits, harms, and alternatives well ahead of labor and again during labor
- support for their informed choice, in consideration of best evidence and their values and preferences

Do not recommend or encourage practices with less optimal harms profile that may be more convenient, efficient or lucrative for professionals and facilities

Addressing Underuse in Maternity Care

Examples of Practices to Use Whenever Possible and Appropriate

Smoking cessation interventions
Ginger for nausea and vomiting
Preterm birth prevention
External version to turn breech presentation babies
VBAC

Addressing Underuse in Maternity Care

Examples of Practices to Use Whenever Possible and Appropriate

- Continuous labor support
- Measures to relieve pain, bring comfort, and/or promote labor progress
- Delayed and spontaneous pushing
- Non-supine positions for giving birth
- Delayed cord clamping in term and preterm newborns
- Early skin-to-skin contact
- Breastfeeding and interventions to promote and sustain it
- Focused therapy for postpartum depression

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Improving Maternity Care Practice

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Improving Maternity Care Practice

Recognizing & Addressing Barriers

Change interventions that address barriers to quality improvement more likely to be effective*

1. Lack of national standardized set of maternity performance measures
2. Payment system that Incurs perverse
3. Malpractice concerns

**Chaillet et al. 2007, Chaillet et al. 2006*

Improving Maternity Care Practice

Recognizing & Addressing Barriers

4. Specialist orientation care typical for health, low-risk mothers
5. Current maternity practice guidelines excessively reliant on opinion
6. Lack/loss of professional core knowledge/skills for optimal childbirth
7. Often, harms and iatrogenesis often not adequately understood/considered

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Improving Maternity Care Practice

Recognizing & Addressing Barriers

8. Knowledge transfer and application challenging
9. Pressure from industry
10. Informed consent processes often inadequate
11. Media depiction of childbirth experience often limited
12. Increased harm/expense and more entrenched problems to result if policy intervention delayed

Improving Maternity Care Practice

Priority Areas for Policy Intervention

- Increase awareness about concerns with current system and knowledge and use of evidence-based maternity care by educating and advising a wide range of stakeholders
- Support research to further evidence-based maternity care
- Reform current reimbursement system to promote evidence-based maternity care and extend payment reform to all payers, including public and private insurers

Improving Maternity Care Practice

Priority Areas for Policy Intervention

- Require performance measurement, reporting and improvement
- Align legal system with best available evidence

Transforming Maternity Care: We're All In It Together

Key Policy Milestones

Decided to host 90th anniversary policy symposium in 2006

Joined the National Quality Forum in 2007

Conducted Key Informant Interviews in 2007

Launched Maternity Quality Matters Initiative in 2007

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Key Policy Milestones

Recruited Symposium Steering Committee and held planning meeting in Fall 2007

Meeting resulted in symposium name, structure, process and outcomes

90th Anniversary Symposium, *Transforming Maternity Care: A High Value Proposition*, April 3, 2009, Washington, DC

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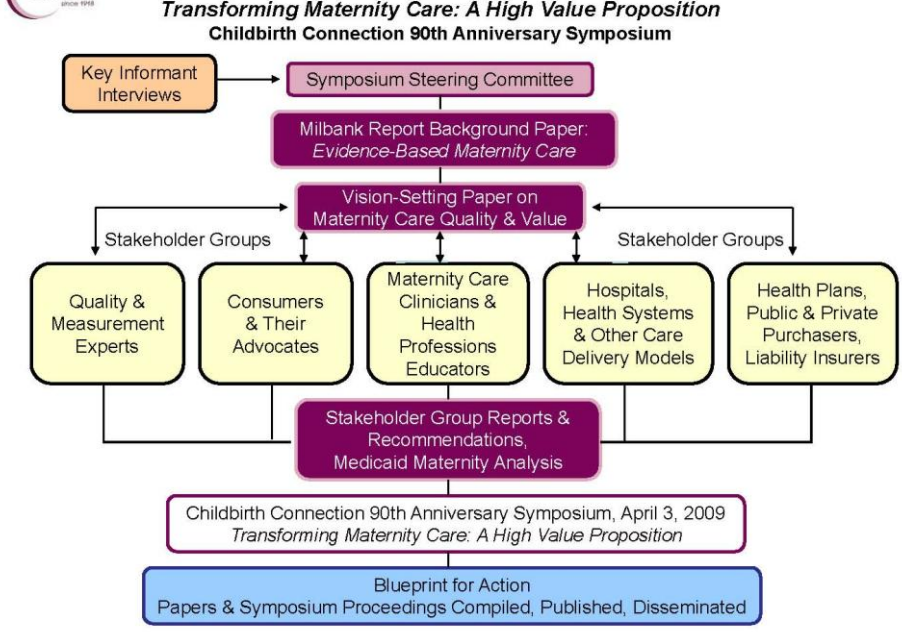

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Key Policy Milestones

Convened "Vision Team" of innovators in maternity care delivery and systems design in April 2008

Charged to develop and reach consensus on a bold, creative long-term vision that maximizes what we currently know to design a maternity care delivery system to deliver care of highest quality and value

Skilled professional facilitator with experience in strategic visioning for health care helped guide the process

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2020 Vision for a High Quality, High Value Maternity Care System

Vision Ground Rules:

Stay in future

All ideas welcome

What does it look like, feel like?

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2020 Vision

Time traveled to 2020, a time when maternity care had improved significantly in the US. What guests might have said after visiting our new system:

"An impressive aspect of maternity care in the US is its elegant simplicity. Many people kept asking, Why didn't we do this before?" Oprah Winfrey

"We used to think of the USA as a high tech country gone astray when it came to maternity care. Now we are seeing a system of care that authentically integrates old wisdom, evolving evidence and technology that combined, add up to an amazing experience for women and babies". Michele Obama

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2020 Vision

Vision addresses 3 phases of care: care during pregnancy, care around time of birth, and care after birth and includes all participants/stakeholders and care settings

Begins with values and principles which take into account the moral, ethical, and cultural issues important to all stakeholders

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2020 Vision

Other values and principles:

Childbirth as a life-changing experience

Care processes promote, support and protect physiologic childbirth

Care includes support for women's decision-making and choice

Care is coordinated across settings and disciplines throughout the continuum of care

Caregiver satisfaction and fulfillment is a core value

Maternity care policy and practice is evidence-based

Quality of care is measured at all levels and disclosure of performance is accessible and used for decision-making by all stakeholders

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2020 Vision

Used Donald Berwick's "A User's Manual for the IOM's Crossing the Quality Chasm" report as lens to envision high quality/value maternity care on four distinct levels:

- Experiences of childbearing women and their support networks
- Microsystems that provide direct care to them

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2020 Vision

Berwick's levels:

- Functioning of the organizations that house or support the microsystems
- Macro environment of policy, payment, regulation, accreditation, litigation, and other macro level factors that influence care delivery within a system

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2020 Vision

Workgroup papers address 4 key strategies:

- Performance measurement and leveraging of results
- Payment reform to align incentives with quality
- Improved functioning of the liability environment
- Disparities in access and outcomes
- Other topics: clinical controversies, scope of covered services, workforce issues, decision making and patient choice

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Commissioned paper, *The Role of Medicaid in Promoting Access to High Quality, High Value Maternity Care*, by Anne Markus and Sara Rosenbaum, GWU

Following symposium, Steering Committee will synthesize the five stakeholder reports into a Blueprint for Action:

"**Who** needs to do **what**, **to**, **for**, and **with whom** to improve the quality of care in the next five years?

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Commissioned paper, proceedings, including the Vision paper, five stakeholder reports and Blueprint for Action, will be published in *Women's Health Issues* in late 2009

- Expectations: garner and communicate political will to propel maternity care quality improvement efforts forward
- Follow-on work: create a public/private multi-stakeholder partnership to foster national, regional, and local efforts to improve maternity care quality and value

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Childbirth Connection believes that collaborative, multi-stakeholder efforts to improve the quality, value and experiences of care for women, babies, families, and stakeholders are the way to get there. We believe that maternity quality matters.

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