Common Impact Metrics Workshop:
What We Urgently Need to Make a Difference for Childbearing Families

Birth Equity Funders’ Summit
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About the National Partnership for Women & Families

• National non-profit, non-partisan organization based in DC
• More than 50 years of advancing essential policies for women and families
• Work for a just, equitable society in which all women and families can live with dignity, respect and security
• Health Justice and Economic Justice policy teams
• Welcomed Jocelyn Frye, our 3rd president, in December

I have no conflicts to disclose
Performance measures help create a high-performing maternity care system

- Accountability: through payment and/or public reporting
  - Should be meaningful, valid, fair/comparable, parsimonious, standardized
- Quality improvement: meaningful, valid; otherwise more flexible

NQF’s nationally-endorsed maternity measure portfolio is small & limited

- None specified for disaggregation by race and ethnicity, language, etc.
- No person-reported measures of either experience or outcomes of care
- Nearly all are facility-level intrapartum measures vs clinician/group, health plan, and ability to understand prenatal and postpartum care

If you can’t measure it, you can’t improve it
Priority Community-Identified Topics for Next National *Listening to Mothers* Survey

What do you and people/groups you work with need to know from birthing people?

What do you want policymakers and other decision makers to know about birthing people’s views and experiences?

Most highly-endorsed topics for inclusion

- Whether treated with respect TIED WITH Shared decision making (10/10)
- Feeling unsafe/safe at place of birth, threats/actions from CPS, other authorities
- Mental health: depression/anxiety symptoms, screening, treatment, causes
- Social needs and impact on pregnancy
- Barriers to care and to desired forms of care
- Solutions: what worked/helped (broadly)

Many other topics were highly rated and will be included!
Glaring Gaps in Nationally-Endorsed Measures

Person-reported measure of respect and mistreatment in maternity care

Person-reported measure of experience of maternal-newborn care

Person-reported composite measure of outcomes of maternal care

Anxiety and depression in pregnancy, after birth: whether screened; and if screened positive, whether received care and was helped

Social needs: whether identified, whether received help with unmet needs

Whether had care choices (e.g., midwife, birth center, doula, VBAC)

Across all: ways to measure inequities and to be fair to those caring for families with elevated needs
Birth justice leader tools for measuring respectful maternity care

- National Birth Equity Collaborative PREM for Black birthing people, PREM for all birthing people: hospital level – aim to integrate
- Dr. Karen Scott: Person-Reported Experience Measure of Obstetric Racism (PREM-OB): hospital level – aim for strongest anti-racism tool

Agency for Healthcare Research & Quality

- CAHPS Experience of maternity care surveys: clinician/group, facility levels

National Committee for Quality Assurance

- Birth equity measurement bundle, with NBEC: health plan level

Formative research, development, testing, endorsement take many years/
Available results are in varied poorly publicized, difficult to use places, e.g.,

- The Leapfrog Group – voluntary/incomplete, hospitals only
- The Joint Commission – hard to use, cesarean rates nontransparent - hospitals
- Some state departments of health
- CMS Care Compare: 1/75+ hospital measures; 0 for maternity clinicians
- Ambitious advocacy effort: cesareanrates.org

**Listening to Mothers** national representative survey results

- Do you think there are large differences in the quality of maternity care across hospital maternity units, and across obstetricians? ~1/3 Yes, others No or DK

Public reporting can drive maternity improvement and inform birthing people about care options.

Judith Hibbard: stellar body of research on user-friendly quality reporting for consumers.
Ideal Future State

We have robust set of nationally-endorsed measures that matter with potential to drive delivery system reform, including by advancing equity.

The measures are well integrated into payment, reporting, QI programs.

The programs are leveraging improvement, driving delivery system reform.

An up-to-date user-friendly public reporting interface provides the info birthing people need to make wise, personalized care arrangements.

People have access to high-performing care options (another workgroup).

Making intentional care choices has been socialized as a standard part of the experience of planning pregnancy or early pregnancy.
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