

Meaningfully Engage All Childbearing Women and Families

INTRODUCTION

The *Blueprint for Advancing High-Value Maternity Care Through Physiologic Childbearing* aims to chart an efficient pathway to a maternity care system that reliably enables all women and newborns to experience healthy physiologic processes around the time of birth, to the extent possible given their health needs and informed preferences. The authors are members of a multistakeholder, multidisciplinary National Advisory Council that collaborated to develop this document.

Knowledge about the importance of perinatal physiologic processes for healthy maternal-newborn outcomes has come into sharper focus and garnered growing attention in recent years. Fostering healthy physiologic processes whenever possible is a preventive approach to health and safety for childbearing women and their newborns. Promoting, supporting and protecting these processes contributes to healthy outcomes in women and their fetuses/newborns. These processes facilitate such crucial matters as fetal readiness for birth and safety in labor, labor progress, reduced stress and pain in labor, safe maternal and newborn transitions and adaptations after birth, effective breastfeeding and secure maternal-newborn attachment. Growing

evidence of longer-term effects of care around the time of birth also underscores the importance of fidelity to optimal maternal-newborn care. Leading professional organizations increasingly provide guidance for promoting, supporting and protecting these processes.

The Blueprint identifies six widely accepted improvement strategies to transform maternity care and a series of specific recommendations within each strategy. Each recommendation is presented with immediate action steps to directly or indirectly increase access to healthy perinatal physiologic processes. The recommendations and action steps address many barriers to optimal care in the current maternity care system.

The recommendations and action steps reflect unprecedented opportunities for innovation in the rapidly evolving health care environment. To realize system transformation, innovation must be accompanied by continuous evaluation and publication of results, refinement, and the scaling up and spreading of effective approaches.

This excerpt includes the full content from the Blueprint report for the third of the six improvement strategies, *Meaningfully Engage All Childbearing Women and Families*. View the full report and associated materials at NationalPartnership.org/Blueprint.



MEANINGFULLY ENGAGE ALL CHILDBEARING WOMEN AND FAMILIES

STRATEGY OVERVIEW

The National Quality Strategy prioritizes consumer and family engagement as a way to advance value-based care.¹ Most childbearing women are essentially healthy and highly motivated to achieve optimal outcomes. They have nine months to prepare for giving birth and becoming a parent, and have ongoing responsibility for managing health care across generations. Consumer engagement can foster high-value maternity care for individual women and families and, if widespread, at the system level. Consumer and family engagement can be integrated into all aspects of maternity care, including planning, implementing and evaluating policies, programs and services. Access to publicly reported comparative performance data can help women choose wisely among available options for birth facility and – as data are available – maternity care provider and group. At the point of care, key elements

of consumer engagement include shared care planning – with goal setting, shared decision-making (SDM) and access by all members of the care team (including women and families) to the evolving care plan throughout the full episode of care. Meaningful SDM requires access to evidence-based care options, quality information about them and support for informed choice. High-quality decision aids support exemplary SDM processes and complement time-constrained prenatal visits. Enhanced services such as care coordination, high-quality childbirth education and doula support foster engagement of women and families and can improve health equity. Care navigators similarly have the potential to foster consumer engagement, for example by finding and interpreting comparative quality information and working through decision aids. Women’s feedback through woman-reported outcome and experience of care measures can improve care.

Overall, childbearing women are well connected digitally (though socioeconomic and geographic disparities persist).² Ready access to electronic health records, patient portals and other health information technology can facilitate shared care planning and decision-making by delivering and collecting woman-generated measures of care outcomes and experiences, convenience features and other consumer engagement functions. Digital resources can connect women with key people, information and support across the full episode, from pregnancy through the postpartum period and beyond. In remote settings, well-designed health information technology can help women and their clinicians coordinate care, gain access to curated high-value educational resources and receive quality care.

Recommendations here aim to accelerate the engagement of women to encourage care that fosters healthy perinatal physiologic processes, thereby improving outcomes, experiences and wise spending.



DEVELOP ENABLING SYSTEM ENHANCEMENTS

Transform the maternity care system to reliably support women in actively engaging in their care.

ACTION STEPS

- Increase women's access to and reimbursement for care that most readily facilitates healthy perinatal physiologic processes, for example, midwives, out-of-hospital birth settings and doulas (see: 1, *Delivery and Payment*; 5, *Workforce*).
- Make care navigators available to help pregnant women identify and interpret user-friendly online tools with comparative performance measurement results about possible birth facilities and, when available, possible maternity care providers and groups. Evaluate the care navigators' impact – including on quality, outcomes and return on investment; publish results and refine programs (see: 1, *Delivery and Payment*; 2, *Performance Measurement*).³
- To individualize care and reduce disparities, make care navigators available to help women with shared care planning, SDM, education and connection to needed health care and community services. Evaluate the care navigators' impact – including on quality, outcomes and return on investment; publish results and refine programs (see: 1, *Delivery and Payment*).⁴
- Develop, test, refine and submit for National Quality Forum (NQF) endorsement measures that support physiologic processes, and protect these processes by curbing unneeded interventions around the time of birth (see: 2, *Performance Measurement*).
- Develop, test, refine and submit for NQF endorsement woman-generated performance measures of outcomes of care and experience of care, including measures of engagement in care, SDM and care coordination (see: 2, *Performance Measurement*).
- In relevant performance measurement programs, pilot and evaluate woman-reported measures of outcomes of care, for example, Gains in Patient Activation (PAM) Scores (NQF 2483), collected from pregnant women during the first and third trimesters with change scores to measure growth in skills, knowledge and confidence in managing health care. Use at clinician, clinician group and clinician team levels (see: 2, *Performance Measurement*).⁵
- Encourage the Centers for Medicare and Medicaid Services to determine and pursue the optimal way to provide maternity-related performance data, including from Medicaid beneficiaries, within or as a complement to Hospital Compare and Physician Compare. Provide a meaningful, evidence-based, user-friendly interface to help women make an informed choice of place of birth and maternity care provider. Until a centralized national system is available, expand, improve and publicize other sources of this information, including state-level websites and online ratings tools (see: 2, *Performance Measurement*).⁶
- Use woman- and family-centered health information technology to foster physiologic processes and care by creating and providing access to shared care plans, delivering individualized decision aids and educational resources matched to gestational age, providing women and other members of care team with access to women's and newborns' health records, enabling bidirectional communication with providers and delivering and collecting woman-reported outcome and experience of care measures. Evaluate use of these technologies, publish results and refine these systems.⁷
- To support labor progress and vaginal birth while delaying admission until active labor,⁸ establish and evaluate the impact of labor lounges with guidance, tools and environments to help women and their support companions with comfort, confidence, relaxation and teamwork in early labor.⁹
- Through regulations and/or policies of insurance companies, require plan provider directories to identify all obstetric, family medicine and midwifery panel members who currently provide maternity care, and create processes for keeping directories up to date, recognizing that many obstetrician-gynecologists and family physicians do not provide maternity care and midwives often lack visibility in directories.



EXPAND COMMUNICATION AND EDUCATION

Develop and implement social marketing programs to encourage and empower childbearing women to understand, value and seek maternity care from early pregnancy onward that will enhance healthy perinatal physiologic processes.

ACTION STEPS

- Continue to carry out national *Listening to Mothers* surveys to understand and track over time the experiences and perspectives of childbearing women at the national level and for key subgroups that are not available from other data sources, including views about quality and women's role in their maternity care.¹⁰
- Conduct preliminary background formative research, then design, test, refine and publish results about effective messaging about priority topics. These include the importance of becoming engaged in maternity care and making informed choices, experiencing physiologic processes around the time of birth, avoiding interventions when possible, understanding practice variation, using high-value forms of care (e.g., midwives, birth centers, doulas, lactation support) and knowing the rights of childbearing women (see: 6, *Research*).
- Adapt key messages derived from messaging research for different levels of women's activation that support targeted communication according to current skills, knowledge and confidence to foster growth in women's ability to manage their maternity care (see: 2, *Performance Measurement*).¹¹
- To effectively reach a large portion of childbearing women, create and promulgate an evidence-based toolkit for all stakeholders that fosters health literacy through educational resources and tools for childbearing women. This toolkit should include lessons learned from social marketing (above) research and point to other basic resources, including those in this Engage Childbearing Women section, as available. The toolkit should be adapted and translated into other languages and formats whenever possible.¹²
- Develop, make freely available and publicize a high production value online video for childbearing women about healthy physiologic birth.
- Develop, make freely available and publicize a healthy physiologic birth module for childbirth educators, doulas and clinicians.
- Increase access to evidence-based childbirth education that begins early in pregnancy and prepares women to communicate effectively with care providers. This childbirth education should help women understand the value of and tips for experiencing healthy perinatal physiologic processes; the evidence and indications for common perinatal interventions; and evidence-based options for decisions they are likely to face before, during and after childbirth. Evaluate the effects of such education.
- Help implement Alliance for Innovation on Maternal Health (AIM) and other quality improvement programs supporting vaginal birth and safe reduction of cesarean birth by developing and incorporating companion tools and resources to help women understand and experience healthy labor practices that foster physiologic birth (see: 1, *Delivery and Payment*).¹³



INCORPORATE BIRTH PREFERENCES CARE PLANNING AND SHARED DECISION-MAKING

Create and implement birth preferences care plans, with women and providers engaging in SDM using high-quality decision aids to foster informed decision-making and to build and update birth care plans during pregnancy. Effectively communicate these preferences to all members of the care team.

ACTION STEPS

- Foster routine creation and use of evidence-based maternity care plans, including for labor and birth, incorporating SDM; integrate plans into electronic systems linking women, prenatal care providers and the birth care site and team. Evaluate and publish results and refine these tools and resources.¹⁴
- To foster SDM, develop a national certification process for decision aids, establish care navigator roles, develop reimbursement codes for counseling and for use of fee-based tools, and train clinicians and care navigators in SDM.¹⁵
- Develop, certify and integrate into maternity care practice high-quality decision aids and other resources to educate women on priority topics. These include the importance of choice of maternity care provider and birth setting to enhance their likelihood of experiencing healthy physiologic processes and avoid unneeded interventions, including changing care arrangements when indicated and possible. When possible, reach women before or in early pregnancy, for example through fertility and menstrual tracker apps, health plan websites, employer intranets, primary care providers, early childbirth education classes/tools and educational websites.
- Develop, certify and integrate into maternity care practice decision aids to help women understand other crucial care decisions, for example options for monitoring fetal status during labor, continuous labor support, measures for labor comfort and progress, care practices around the time of birth and infant feeding. Integrate into patient portals and engage care navigators in a decision coach role as needed.¹⁶
- Until SDM is routinely incorporated into maternity care practice, develop and make freely available (e.g., via websites, childbirth educators and doulas) evidence-based direct-to-women decision aids. Encourage women to speak with maternity care providers about maternity care practices, including about policies at the intended place of birth and how to document their preferred care in the health record.¹⁷
- As incentives for and the move toward value-based care and the use of value-based payments grow in maternity care, seek opportunities to incorporate SDM (supported by the use of high-quality decision aids, as available) into innovative delivery and payment systems and into cesarean reduction and other quality improvement programs (see: 1, *Delivery and Payment*).¹⁸
- Evaluate the impact of shared care planning, including SDM, and the various ways to implement these on outcomes of care, the degree of concordance between women's preferences and the care they receive, resource use and women's and maternity care providers' experiences. Publish results and work to continuously improve these, tools, processes and programs (see: 6, *Research*).

Read the full Blueprint report at NationalPartnership.org/Blueprint.

Endnotes

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For more than 45 years, the National Partnership for Women & Families has fought for every major policy advance that has helped this nation's women and families. Our mission is to improve the lives of women and families.

We work to foster a society in which everyone has access to quality, affordable health care, workplaces are fair and family friendly, discrimination is a thing of the past, women's reproductive health and rights are secure and every person has the opportunity to achieve economic security and live with dignity.

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