

MARCH 2023

# Priority Maternity Care Quality Measures to Improve Outcomes and Equity

## Operational Guidance

Robust performance measures are essential for identifying opportunities to improve maternal health, tracking progress, and holding healthcare systems accountable. They could be used in quality improvement initiatives, be reported publicly, and even tied to payment. We selected the key measures below based on the following criteria: importance of the issue for childbearing families, improvability and potential for population-level impact, and consensus recognition of the measure specifications. To advance equity, these measures should be stratified by race and ethnicity and other priority demographic variables, whenever possible, and risk-adjusted where appropriate.

### Clinical measures endorsed by the National Quality Forum (NQF)

- **Contraceptive Care – Postpartum (NQF #2902)**  
Percentage of people aged 15–44 who are provided with a “most” or “moderately” effective method of contraception within three days, or up to 60 days after giving birth, and the subgroup provided with a long-acting reversible contraceptive during these time periods.  
▶ <https://www.qualityforum.org/QPS/2902>
- **Patient Activation Measure (NQF #2483)**  
Pan-clinical person-reported measure that can collect change scores over six months or more between pregnancy intake and third trimester (use “maternity care provider” vs. “doctor” and version for people without chronic conditions). Established strategies can increase activation level, which is associated with better satisfaction, utilization, outcomes, and costs.  
▶ <https://www.qualityforum.org/QPS/2483>
- **PC-02 Cesarean Birth (NQF #0471)**  
Percentage of cesarean births among first births to women with a single fetus in a headfirst position at term (“NTSV” or cesareans in “low-risk” individuals with good potential for vaginal birth). Variation and the potential for improvability are great. The Inpatient Quality Reporting (IQR) program requires reporting of this facility-level measure.  
▶ <https://www.qualityforum.org/QPS/0471>

- **PC-05 Exclusive Breast Milk Feeding (NQF #0480)**

Newborns who are discharged from the hospital stay having received only human milk, a start to meeting the professional consensus recommendations of exclusive human milk feeding to six months and continued feeding of some human milk to a year or beyond. The goal of 70 percent accommodates informed decisions to formula-feed, contraindications, and lactation difficulties.

▶ <https://www.qualityforum.org/QPS/0480>

- **PC-06 Unexpected Complications in Term Newborns (NQF #0716)**

A “balancing measure” for use with Cesarean Birth measure (NQF #0471), to deter or detect a facility level of cesarean reduction that might be harmful to newborns.

▶ <https://www.qualityforum.org/QPS/0716>

## Clinical measures without national endorsement

- **Maternity Care: Postpartum Follow-up and Care Coordination (CMS #336)**

Composite clinician-level measure of percentage of people with a postpartum visit up to eight weeks after birth, with specified breastfeeding, depression, glucose, contraception, tobacco, healthy lifestyle, and immunization content. This measure is included in the Merit-Based Incentive Payment System (MIPS) program.

▶ [https://qpp.cms.gov/docs/QPP\\_quality\\_measure\\_specifications/CQM-Measures/2021\\_Measure\\_336\\_MIPSCQM.pdf](https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2021_Measure_336_MIPSCQM.pdf)

- **Respectful Maternity Care Measurement Registry**

This registry includes 210 items across a series of domains for measurement of respect and disrespect in maternity care that can be selected and combined, to tailor to specific settings.

▶ <https://www.birthplacelab.org/rmc-registry/>

- **Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated (IQI 22)**

Consider using this Inpatient Quality Indicator in facilities with 24/7 anesthesia services to address the nation’s current high repeat cesarean rate of about 85 percent. Complements Cesarean Birth measure.

▶ [https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V60/TechSpecs/IQI\\_22\\_Vaginal\\_Birth\\_After\\_Cesarean\\_\(VBAC\)\\_Delivery\\_Rate\\_Uncomplicated.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V60/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

## Health plan measures without national endorsement potentially applicable to care providers

- **Prenatal Depression Screening and Follow-Up (HEDIS PND-E)**

Two rates are reported for this health plan measure: percentage of births with prenatal depression screening using a standardized instrument, and percentage of births with positive screens with follow-up care within 30 days of the screen. Proposed for stratification by race and ethnicity for measurement year 2024.

▶ <https://www.ncqa.org/hedis/measures/prenatal-depression-screening-and-followup/>

- **Postpartum Depression Screening and Follow-Up (HEDIS PDS-E)**

Two rates are reported for this health plan measure: percentage of births with postpartum depression screening using a standardized instrument, and percentage of births with positive screens with follow-up care within 30 days of the screen. Proposed for stratification by race and ethnicity for measurement year 2024.

▶ <https://www.ncqa.org/hedis/measures/postpartum-depression-screening-and-follow-up/>

- **Social Need Screening and Intervention (HEDIS SNS-E)**

This health-plan-level measure captures members screened for food, housing, and transportation needs, as well as help provided to those with positive screens. It could be applied to maternity care with a birthing women and people denominator.

▶ <https://www.ncqa.org/wp-content/uploads/2022/07/HEDIS-MY-2023-Measure-Description.pdf>

## Measuring facility social responsibility and community engagement

- **Aligning Systems with Communities to Advance Equity through Shared Measurement, 2021**

Healthcare can use a common set of measurable goals reflecting shared priorities with community members to shift power and advance equity. Includes core principles, six community use cases, and insights from community-based organizations.

▶ <https://www.air.org/project/cross-sector-measurement-advance-health-equity>

- **Conceptualizing Performance Measurement for Social Care Interventions: An Issue Brief for State Medicaid Agencies, 2021**

Using transportation and food insecurity, identifies structure, process, and outcome measure concepts and possible numerators and denominators. Applies to healthcare organizations.

▶ <https://www.shvs.org/wp-content/uploads/2021/11/Conceptualizing-Performance-Measurement-for-Social-Care-Interventions-An-Issue-Brief-for-State-Medicaid-Agencies.pdf>

- **Low Institute Hospital Index, 2022**

Hospital social responsibility index reports annually on 53 metrics across equity, value, and outcome domains for more than 3,600 hospitals nationwide. Hospitals can use global or sub-measures (e.g., pay equity, avoiding overuse, racial inclusivity, and community benefit fair share) to drive improvement and hold leaders accountable. Maternal and pediatric indicators are planned for 2024.

▶ <https://lownhospitalsindex.org/lists/2022-social-responsibility/>

Find detailed recommendations and more resources at [nationalpartnership.org/raisingthebar](https://nationalpartnership.org/raisingthebar)

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