

The *Quality Care for Moms and Babies Act*: Improving Maternity Care for Women and Families

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The *Quality Care for Moms and Babies Act* (S. 425/H.R. 896), introduced by Senators Debbie Stabenow (D – Mich.) and Chuck Grassley (R – Iowa), and Congressman Eliot Engel (D – N.Y.), would improve the quality of maternity care for mothers and babies by ensuring that maternity care providers have the needed tools to guarantee that women have access to services that optimize outcomes for both mothers and newborns. The bill would enhance progress toward a high-quality, cost effective maternity care system by addressing performance measurement gaps in Medicaid and the Children’s Health Insurance Program (CHIP) and by fostering maternity care quality collaboratives – groups of maternity care providers and other stakeholders working together to accelerate the adoption of best practices, such as eliminating elective inductions before 39 weeks, increasing breastfeeding rates, reducing cesarean sections (c-sections) and much more.

Room for Improvement

Despite vast improvements in maternity care and knowledge about best practices, certain key indicators of maternal and newborn health have stagnated. Our nation’s infant and maternal mortality rates are high, and our rates of prematurity, low birthweight babies and exclusive breastfeeding are worse than those of other developed countries.

While great progress has been made in identifying maternity care best practices and developing associated quality measures, perinatal care can vary by provider and facility.¹ This is in part because numerous measures for maternity and newborn care are not widely adopted and reported. The *Quality Care for Moms and Babies Act* would support the development and adoption of quality measures and strengthen multi-disciplinary, health care provider-led state and local efforts to promote best practices, including those in rural areas and small practices. Best practices, including reducing early elective deliveries and increasing breastfeeding, can dramatically improve the health of women and babies and significantly reduce costs for consumers, insurers, and the federal and state governments.

“With the federal government paying for 40 percent of births in the United States and the incredible expense and risk of complicated deliveries, improving maternity outcome quality makes sense for moms, babies and taxpayers.”

— Senator Chuck Grassley (R – Iowa)



Quality Care for Moms and Babies

The *Quality Care for Moms and Babies Act* would improve the tools health care providers need to deliver high quality maternity care through:

- ▶ **The identification of gaps in maternity care quality measures in Medicaid and CHIP.** The U.S. lacks a coordinated set of nationally certified maternity care quality measures.² The *Quality Care for Moms and Babies Act* would direct the U.S. Department of Health and Human Services to work with relevant providers, specialty organizations, and consumer organizations to identify and publish a standard set of maternity care quality measures for childbearing women and newborns, filling gaps in existing Medicaid and CHIP quality measurement programs. This would allow for the development of new measures by relevant medical specialties and catalyze the adoption of existing measures, such as those endorsed by the National Quality Forum (NQF) – a nationally recognized organization that evaluates health care delivery services and recommends the use of standardized health care performance measures. The development and reporting of a core set of measures would establish better benchmarking for the quality of care delivered throughout pregnancy and the postpartum period to inform providers of possible areas for improvement, better inform consumer decision-making, and reduce costs.
- ▶ **The development and use of a maternity Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.** CAHPS provider, facility and health plan surveys are standardized surveys that allow patients and consumers to evaluate the quality and safety of their health care experience with more detail than a rating system.³ Data for maternity care is not regularly and systematically collected right now. The *Quality Care for Moms and Babies Act* would direct the Agency for Healthcare Research and Quality (AHRQ) to develop a CAHPS survey in consultation with relevant specialties and consumers to better measure the care experiences of childbearing women⁴ so that consumers can provide feedback to their health care providers and share their experiences with other consumers.
- ▶ **The expansion of maternity care quality collaboratives.** A quality collaborative is a group of stakeholders – such as physicians, nurses, nurse-midwives and purchasers within a hospital, region or state – working to improve the health care system and reduce costs.⁵ Currently, there are five national quality collaboratives, one multi-state collaborative and at least 19 individual states with one or more quality collaboratives.⁶ The *Quality Care for Moms and Babies Act* would provide funding for the expansion or development of quality collaboratives that focus on maternal or perinatal care. Quality collaboratives benefit patients and health care providers in many ways, such as by:
 - ▶ Facilitating performance data collection and feedback reports to providers,
 - ▶ Developing, implementing, and evaluating protocols and checklists to foster safe, evidence-based practice,
 - ▶ Providing technical assistance to providers and institutions to build quality improvement capacity,
 - ▶ Developing the capability to access and link data sources for better evaluation of the quality of care delivered in a particular institution, AND

- ▶ Providing a venue to share best practices and lessons learned with other providers and hospitals.
- ▶ These activities improve maternal and newborn outcomes, such as reducing early elective deliveries, c-sections, length of hospital stays, and visits to Neonatal Intensive Care Units.

Bending the Maternity Care Cost Curve

Medicaid covers more than 40 percent of births in the U.S.⁷ and spends \$54 billion annually on maternity and newborn care.⁸ Reducing the rates of unnecessary interventions during birth and improving the quality of care to achieve better health outcomes are critical to saving Medicaid, and taxpayers, money.

For example, \$75 million could be saved in Medicaid spending if the U.S. reduced elective inductions before 39 weeks of gestation by 10 percent.⁹ Inducing labor prior to 39 weeks for non-medical reasons increases c-section rates and risks association with premature birth.¹⁰ In fact, Medicaid spends about \$20,000 on the first year of medical care for preterm babies but only about \$2,100 on full-term babies within the same timeframe.¹¹ The quality improvement strategies supported by the *Quality Care for Moms and Babies Act* would facilitate real change in the delivery of maternity care to reduce rates of early elective inductions and other unnecessary interventions, improve the health of mothers and babies, and truly bend the maternity care cost curve.

1 Childbirth Connection. (2013, March). *What's Wrong With The Status Quo?* Retrieved from <http://transform.childbirthconnection.org/vision/status-quo/>.

2 Childbirth Connection. (2013, March). *Performance Measurement and Leveraging of Results: Problems and System Goals*. Retrieved from <http://transform.childbirthconnection.org/blueprint/performance/measurements/problemsgoals/>

3 American College of Surgeons, Division of Advocacy and Health Policy. (2012, August 23). *About CAHPS*. Retrieved from <http://www.facs.org/ahp/cahps/about-cahps.html>

4 Ibid, p. 2.

5 Childbirth Connection. (2013, March). *Maternal and Perinatal Care Quality Collaboratives*. Retrieved from <http://transform.childbirthconnection.org/resources/collaboratives/>

6 Ibid, p. 5.

7 Medicaid. (2013, March). *By Population*. Retrieved from <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/By-Population.html>

8 Childbirth Connection. (2013, March). *United States Maternity Care Facts and Figures*. Retrieved from <http://transform.childbirthconnection.org/resources/datacenter/factsandfigures/>

9 U.S. Department of Health and Human Services. (2012, February 8). *HHS launches Strong Start initiative to increase healthy deliveries and reduce preterm births* [Press Release]. Retrieved from <http://www.hhs.gov/news/press/2012pres/02/20120208a.html>

10 Association of Women's Health, Obstetric and Neonatal Nurses. (2011, December). *40 Reasons to Go the Full 40 Weeks*. Retrieved from http://www.health4mom.org/a/40_reasons_121611

11 Ibid, p. 9.