AMERICAN COLLEGE of NURSE-MIDWIVES
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ACNM Comments on the AMA PCPI Maternity Care Measures Set

The American College of Nurse-Midwives (ACNM) congratulates the AMA Physician Consortium for Performance Improvement Maternity Care Work Group on the Maternity Care Performance Measures Set. Recognition of the quality gaps that exist in maternity care allows for the development of measures that will improve care for women and infants. The evidence is available to support changing many current obstetric practices. We particularly applaud the focus on the overuse of interventions such as induction of labor, episiotomy, cesarean delivery and instrumental vaginal delivery. The support of the AMA will help encourage providers to adopt the evidence-based processes which will lead to improved care and better outcomes. ACNM is pleased that certified nurse-midwives and other nursing professionals were involved in the development of these measures. This demonstrates AMA's commitment to the importance of collaborative practice among all providers of maternity care. We stand united, together with our colleagues at the Association of Women's Health, Obstetric and Neonatal Nurses, in support of the measures with the considerations outlined below.

#1: Prenatal Care Screening and Accurate Gestational Age

Support with Modification

Suggested Modifications:
ACNM recommends that the measure description is altered to state that it measures those patients who *chose* to receive these tests. Without this clarification in the description, it could incorrectly appear that practices whose patients decline the MSAFP because of financial or personal reasons have a problem with offering the tests.

ACNM is concerned that there may be unintended consequences to tracking the utilization of tests with high false positive rates such as MSAFP.

ACNM recommends that while NT is specified in the technical requirements and in the supporting information, it is not mentioned specifically in the overall description of the measure. Mentioning it specifically in the initial description would improve clarity.

ACNM recommends that documentation of a discussion of infant feeding intentions be included in the prenatal screening measure, based on evidence that clinicians need to hold discussions early in pregnancy about the benefits of breastfeeding.

This measure may need to be separated into two measures; one for the number of women who have ultrasounds for accurate gestational age evaluation, and a separate measure on ultrasounds for screening purposes.

#2: Behavioral Health Risk Assessment

Support without Modification

Comments:
ACNM recommends that all women have mental health screening.
The following statement needs to be clarified because it implies that if a clinical practice does not have mental health therapists on staff that they are exempt from performing screening: *"Routine depression screening is recommended for all patients in clinical practices that have systems in place to assure effective diagnosis, treatment and follow-up."*

#3a: BMI Assessment and 3b: Plan of Care for Patients with BMI >30

Support without Modification

#4: Elective Delivery Before 39 Weeks (overuse)

Support with Modification

Suggested Modifications:
ACNM suggests that it would be clearer if the words "post term pregnancy" were removed as an example of an indication for early birth. ACNM requests that the specifications for this measure be harmonized with The Joint Commission measure, and that the numerator states "patients who had elective deliveries between 37-39 weeks". It is confusing and costly for there to be similar national measures with different measures specifications.

#5: Cesarean Delivery for Low-Risk Nulliparous Women (appropriate use)
Support without Modification

Comment:
ACNM requests that the terminology for this measure remain harmonized with The Joint Commission measure.

#6: Episiotomy (overuse)
Support without Modification

#7: Incidence of Maternal Serious Adverse Events During Hospital Stay
Support without Modification

Comments:
ACNM recommends referencing ACOG practice bulletin # 123, as it is specific to cesarean birth and states: "Placement of pneumatic compression devices before cesarean delivery is recommended for all women not already receiving thromboprophylaxis."

Under "Measure Importance", neonatal mortality and morbidity is discussed. Since this is a maternal indicator, consider keeping the focus on maternal morbidity and mortality.

Technical Specifications: Suggest including parity in the patient characteristics list.

#8: Spontaneous Labor and Birth
Support without Modification

Comments:
ACNM recommends that when the measure is tested for validity and reliability, an analysis be done to determine whether physicians are under reporting inductions of labor in the early phases of labor by labeling an induction an "augmentation".

Technical Specifications: Suggest including parity in the patient characteristics list.

#9: Care Coordination: Prenatal Record Present at time of Delivery
Support with Modification

Suggested Modification:
ACNM recommends that the measure track the availability of the record for women at 37 weeks at time of the admission rather than at time of delivery.

"System reason" as a valid exception is far too broad, and likely to be used inappropriately to improve "performance" on this measure. Suggest that acceptable reasons should be much more clearly defined and listed as exclusions to the measure.

#10: Post-Partum Follow-up for Depression, Breast Feeding, and Glucose Screening for Gestational Diabetes

Support without Modification