



## ACNM Benchmarking Project: 2011 Results Summary

The Quality Management Section of the Division of Standards & Practice (DOSP) and the ACNM national office are pleased to provide a summary of results from the 2011 ACNM Benchmarking Project. These results represent midwifery practice data collected by participating practices during the 2011 calendar year and submitted to ACNM in the spring of 2012. Participation is voluntary and is a membership benefit offered by ACNM. The purpose of the ACNM Benchmarking Project is professional self-maintenance and quality improvement. The data is not considered research. Benchmarking data is intended to provide an annual snapshot comparison of midwifery practices, using a nationally recognized set of quality metrics. In 2011, a total of 52 data points were collected and analyzed, resulting in 42 benchmarks for comparison. Forty-three states and US territories are represented (including Guam and Puerto Rico).

ACNM Regional Participation rates are as follows:

- Region I- 22 practices
- Region II- 30 practices
- Region III- 18 practices
- Region IV- 42 practices
- Region V- 64 practices
- Region VI- 27 practices

A range of primary practice sites was represented with 42% of participants working in community-based hospitals, 34% tertiary care hospitals, 17% homebirth, and 7% birth center. Forty-eight percent of the practices self described as urban, 30% metropolitan, and 22% rural. A range of payer mix is represented with service to Medicaid beneficiaries representing the highest percentage of payer source (39%), private insurance (32%), self pay (10%), and managed care (3%). Sixteen percent of practices participating in the 2011 survey reported an equal mix of 2 or more payer types.

For calendar year 2011, 203 practices submitted data. This represents a 48% increase in participation from the 2010 calendar year and a record high in the absolute number of practices participating. Ninety-seven practices participated for the first time ever. The aggregate data included a total of 83,400 births and the work of nearly 900 CNM/CM FTEs. The data includes over 69,000 vaginal births and 2859 trials of labor after cesarean (TOLAC) with an average VBAC success rate of 78.5%. Over 75,000 hospital births, 2000 homebirths and 4500 birth center births are represented in the 2011 survey.

A wide range of practice types are represented with the majority of participants self describing as independent, midwife-led practices (68%), followed by shared practice models with exclusive midwifery caseloads (18%), and combined practice models with physicians (11%). Additionally, CNM-LM partnerships and CNM-CPM partnerships, laborist/hospitalist services, and resident

supervision models combining to represent less than 1% of the survey. Of 203 practices, 83 were small (<199 births/year), followed by 61 medium sized practices (200-499 births/year), and 59 large sized practices (>500 births/year).

A sampling of the 2011 clinical benchmarks is presented below. For 2011 comparison purposes, participating midwifery practices are categorized by the number of births attended during the reporting period (small practices < 199 births, medium practices 200-499 births, large practices >500 births).

These results indicate the average rates for select clinical quality measures, and are presented based on practice size.

### Selected Clinical Benchmark Results from the 2011 ACNM Benchmarking Project

Benchmark	Small Practices <199 births annually (N=83)	Medium Practices 200-499 births annually (N=61)	Large Practices >500 births annually (N=59)
Total Vaginal Birth	90.0%	84.0%	83.5%
Spontaneous Vaginal Birth	86.6%	79.9%	79.5%
Total Cesarean	9.4%	16.5%	16.8%
Primary Cesarean	7.1%	11.0%	10.9%
VBAC Success	89.4%	76.5%	70.1%
Intact Perineum	61.9%	47.5%	46.0%
Episiotomy	2.3%	3.8%	3.2%
Preterm Birth (<37%)	2.2%	3.6%	4.2%
Low Birth Weight Infant (<2500g)	1.9%	2.6%	3.3%
NICU Admissions	2.4%	4.1%	5.3%
Breastfeeding Initiation	92.1%	83.4%	74.3%
Breastfeeding Continuation 6 wk Post Partum	94.6%	79.8%	73.1%
Total Induction	10.3%	20.6%	19.7%
Percent of Inductions <41 weeks	52.8%	65.9%	61.8%
Epidural	15.5%	41.7%	45.4%
Births per CNM/CM	51.6	79.5	69.8

Business productivity measures are also part of the ACNM Benchmarking Project. In 2011, over \$250 million in billed care is represented. Additionally data on \$75 million in provider salaries is reported.

Participation in the annual ACNM Benchmarking Project is vital to the quality management of midwifery practices nationally. Increased participation by midwives from all practice settings is crucial for improving the accuracy of the data represented. Data from ACNM Benchmarking is utilized regularly by the ACNM national office in publication and public awareness campaigns. Benchmarking data also serves to inform ACNM government relations, and has played a key role in efforts to include midwives in legislative movements related to health care reform. Participation in the ACNM Benchmarking Project is easy and a valuable tool for quality management within individual practices. Benefits to your practice include increased awareness of your own practice outcomes, as well as potential recognition as an ACNM “best practice.”

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