Doing the Right Thing for Women and Babies: Policy Initiatives to Improve Maternity Care Quality and Value

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ABSTRACT

When defined within the context of maternity care, the Institute of Medicine's six aims for health-care quality improvement provide a framework for Childbirth Connection's Maternity Quality Matters Initiative, a multipronged program agenda intended to foster a maternity care system that delivers care of the highest quality and value in order to achieve optimal health outcomes and experiences for mothers and babies. These aims also provide childbirth educators and others in the maternity care community with an ethical framework for efforts to serve childbearing women and families and ensure the best outcomes for women, babies, and families.

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Dedicated professionals enter the field of maternity care with the goal of improving the lives of women, children, and families. The tenets of bioethics provide a framework for health-care provision, delivery, and policy. Many ethical principles must be carefully weighed and balanced in designing and providing high-quality, high-value care, including beneficence, autonomy, justice, veracity, and non-maleficence, the consideration that underlies the time-honored precept taught to medical students: “First, do no harm.” Despite the best collective efforts of participants in the U.S. health-care system, the outcomes of care still fall short of these goals in important ways. Many initiatives are underway to

improve the quality of care and retool the system to better meet these basic ethical obligations.

In its landmark report, *Crossing the Quality Chasm: A New Health System for the 21st Century*, the Institute of Medicine Committee on Quality Health Care in America (2001) called for large-scale reform of the U.S. health-care system and laid out six national aims for quality improvement, calling for care that is safe, effective, patient-centered, timely, efficient, and equitable. Childbirth Connection staff (Sakala & Corry, 2008a) and members of its Transforming Maternity Care Vision Team (unpublished) adapted these six seminal aims to the field of maternity care in a vision-setting keynote

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paper developed for its upcoming 90th anniversary policy symposium, *Transforming Maternity Care: A High Value Proposition*. These six aims for maternity care serve as a framework for Childbirth Connection's Maternity Quality Matters Initiative, a multipronged program agenda intended to foster a maternity care system that delivers care of the highest quality and value in order to achieve optimal health outcomes and experiences for mothers and babies.

SIX AIMS FOR HEALTH-CARE QUALITY IMPROVEMENT

The following definitions reflect the distinctive features of the Institute of Medicine's (2001) six aims within the context of maternity care:

- **Safe** means that care is reliable, appropriate, and provided in systems that foster safety and teamwork to produce the best outcomes for women and babies and minimize the risk of harm. Maternity care processes impact outcomes for both mothers and babies; safe care considers and balances the risks and benefits to both recipients, taking into account the health status of each.
- **Effective** means that the care is based on sound evidence applied properly to the circumstances of the individual pregnant woman and her baby to achieve desired outcomes. Effective care minimizes overuse, underuse, and misuse of care practices and services and emphasizes care coordination to prevent duplication, omission, fragmentation, and error.
- **Woman-centered** means that care respects the values, culture, choices, and preferences of the woman and her family as relevant, within the context of promoting optimal health outcomes. It means that all childbearing women are treated with kindness, respect, dignity, and cultural sensitivity throughout their maternity care experiences. Woman-centered care recognizes that pregnancy and birth are unique for each woman and that women hold many different views about childbearing, based on their knowledge, experiences, belief systems, culture, and social and family

backgrounds. These differences are understood and respected, and care is adapted and organized to meet the individualized needs of women and families. Woman-centered care is designed to promote satisfaction with the childbirth process and experience; care teams engage in high-quality relationships with women and their families, based on mutual respect and trust. Woman-centered care acknowledges that caregivers and settings have a powerful effect on women giving birth; attention is given to the power of language, communication, and care practices to create a climate of confidence and enhance outcomes of care (Sakala, 2007).

- **Timely** means that care delivery is structured so that all care is provided at the time that it is needed. In maternity care, this means that the timing of the onset and course of all stages of labor and the birth of the baby are determined by maternal–fetal physiology whenever possible, and not by obstetric interventions introduced due to external time pressures and without clear medical indication (Sakala, 2006). In the context of informed consent/refusal in maternity care, *timely* means that, whenever possible, discussions and information to facilitate women's decision making are available well in advance of the onset of labor, and again as relevant during labor. Lastly, unnecessary wait times do not compromise safety, system efficiency, cost-effectiveness, and satisfaction with maternity care.
- **Efficient** means that the maternity care system delivers the best possible health outcomes and benefits with the most appropriate, conservative use of resources and technology. Overuse and misuse of treatments and medical interventions are avoided because they waste resources and can result in preventable iatrogenic complications. Similarly, efficient maternity care captures the unrealized benefits from effective underutilized measures.
- **Equitable** means that all women and families have access to and receive the same high-quality, high-value care. Any variation in maternity care practice is based solely on the health needs and values of each woman and her fetus/newborn, and not on other extrinsic nonmedical factors. Furthermore, an equitable maternity care system addresses disparities in the baseline health status of women related to class, race, and ethnicity to ensure optimal maternity care outcomes and experiences for every woman.

A maternity care system that makes major leaps in achieving these aims could vastly improve the

quality of care provided and fare far better at meeting the needs of childbearing women and families. It would also be expected to result in higher levels of success and satisfaction by all relevant stakeholders in maternity care, including caregivers, administrators, public and private payers, and policymakers.

Many dedicated health professionals are committed to enacting positive changes to improve the quality, safety, and experiences of maternity care, but much work remains to be done. Much of the care provided to women and babies across the United States lags far behind the benchmarks of the highest performers in the country and, furthermore, compares poorly with the achievements of many other affluent and less affluent nations on various quality indicators, such as primary and repeat cesareans in low-risk women, low birth weight, prematurity, maternal mortality, and neonatal and perinatal mortality (Sakala & Corry, 2008). A look at the use of specific maternity care practices finds broad variation across facilities, providers, and geographic areas that appear to be due largely to differences in practice style and other extrinsic factors rather than to differences in the needs of mothers and newborns.

These are matters of grave concern. Immediate attention and firm resolve are required to enact carefully chosen reforms for policy, practice, education, and research that ensure the large population of childbearing women and their babies receives safe and effective care during this crucial period for individual and family development. Because the contributing factors are complex and systemic, many stakeholder groups share responsibility and have a role in ensuring that mothers and babies receive high-quality care. They include administrators, childbirth advocates, educators and doulas, health profession educators, insurers, maternity care providers, policymakers, public and private purchasers, researchers, journalists, and women themselves. It is important for these diverse stakeholders to find innovative ways to work together to bridge the gaps in the current maternity care system that hamper the good ends we all seek. Childbirth Connection's current program agenda endeavors to foster such collective efforts to identify and carry out effective, system-level quality improvement measures.

MATERNITY QUALITY MATTERS

Since 1999, Childbirth Connection has worked to improve maternity care by promoting evidence-based maternity care through research, education,

and advocacy. In 2007, the organization added a policy focus to its core strategies and became involved in several key national efforts to improve the quality of health care. Childbirth Connection began a new collaboration with the Milbank Memorial Fund to author a report on evidence-based maternity care. In addition, Childbirth Connection started planning for a national policy symposium and launched the Maternity Quality Matters Initiative in commemoration of its 90th anniversary. The initiative is focused on improving the quality of maternity care by impacting policy at the federal and state levels and within standard-setting organizations, health plans, employer groups, hospitals, and other entities that influence the provision of maternity care. Through the work of staff and many volunteer leaders and external partners, Childbirth Connection has made significant progress on the policy front, as described below.

New Mothers Speak Out

In partnership with Lamaze International, Childbirth Connection released *New Mothers Speak Out: National Survey Results Highlight Women's Postpartum Experiences*, based on data from two national *Listening to Mothers* surveys conducted to inform policymakers and others about women's childbearing experiences (Declercq, Sakala, Corry, & Applebaum, 2008). Survey results showed that many new mothers face a broad range of social, emotional, and physical health and workplace challenges during the first 18 months after giving birth, often with little or no support. The report received extensive media coverage as a result of a *Wall Street Journal* article that focused on its maternal mental health survey results.

Evidence-Based Maternity Care: What It Is and What It Can Achieve

The Milbank Memorial Fund released a new report, *Evidence-Based Maternity Care, What It Is and What It Can Achieve*, which was developed by Childbirth Connection in collaboration with The Reforming States Group and the Milbank Memorial Fund (Sakala & Corry, 2008b). The report cites an extensive body of rigorous systematic reviews clarifying that many widely used maternity practices are overused and expose women and babies to avoidable harms, while other practices with few or no adverse effects are underused. These practices could benefit mothers and babies if more widely used. The report also identifies current barriers to providing

To view the Evidence-Based Maternity Care report and many other resources, log on to Childbirth Connection's Web site (www.childbirthconnection.org).

evidence-based maternity care and presents policy and other strategies to help align practice with best evidence. These recommendations, if widely implemented, would be expected to positively impact many mothers and babies and improve the quality and value of maternity care overall. The report received widespread media coverage, including two articles in *USA Today* and a *Consumer Reports* Web site article and true-false quiz.

National Quality Forum's Perinatal Care Performance Measures

Childbirth Connection staff participated on the National Quality Forum's Perinatal Care Performance Measures Steering Committee, which endorsed 17 perinatal consensus standards to measure and, thereby, improve the care received by mothers and babies from the third trimester of pregnancy through discharge from a hospital or birth center (Sakala, 2008). When reported, these new measures will enable consumers, clinicians and facilities, purchasers, and policymakers to compare and choose providers and birth settings, improve practice, make value-based contracting decisions and reward high performers, and assess performance of the health system to identify opportunities for policy intervention.

Working With Others to Improve the Quality of Care

The Childbirth Connection staff has served on the advisory committees of several national organizations working to improve the quality of health care, including the Patient Consumer Advisory Committee for the Center for Medical Policy Technology, the Steering Committee of the Guidelines International Network's Working Group on Patient and Public Involvement, and the Consumer Advisory Council of the National Committee for Quality Assurance. The staff has continued service in long-standing roles within maternity care quality organizations, including Vice Chair of the National Quality Forum's Consumer Council, Consumer Coordinator for North America of the Cochrane Pregnancy and Childbirth Group, member of the Consumer-Purchaser Disclosure Project of the National Partnership for Women and Families, and

Steering Committee member of Consumers United for Evidence-Based Healthcare and of Raising Women's Voices for the Health Care We Need.

Transforming Maternity Care: A High Value Proposition

Lastly, taking advantage of the current unprecedented national focus on health-care quality improvement, Childbirth Connection has engaged more than 100 accomplished quality experts from within and beyond maternity care in preparation for a landmark policy symposium, *Transforming Maternity Care: A High Value Proposition*, which will take place April 3, 2009, in Washington, DC. The symposium work will result in the development and publication of a Blueprint for Action to improve the structure, process, and outcomes of care for mothers and babies. More than 250 leaders from across the health-care system will participate in the symposium. Our collective goal is to ensure that maternity care is provided in ways that are safe, effective, woman-centered, timely, efficient, and equitable for all women and their families. Follow-up work of the Maternity Quality Matters Initiative includes the creation of a public/private, multi-stakeholder partnership to foster implementation of the Blueprint for Action at the national, regional, and local levels to improve maternity care quality and value.

DOING THE RIGHT THING

All participants in maternity care want to do the right thing for women and babies, and the reasons that efforts fall short of intended results may not always be obvious from the trenches. This is even more so the case for women and families, some of whom struggle to interpret the information they need to make maternity care choices from many disparate sources, while others may find out too late that not all maternity care is created equal. Childbirth educators are uniquely positioned to act as trustworthy resources, translating critical information about choices available to childbearing women and their families and helping them to interpret the information in the context of their own personal values and preferences, their own ethical framework.

These six aims, elegant in their simplicity, when adapted to reflect the unique features of the system needed to provide quality health care during the childbearing cycle, offer us in the maternity care community an ethical framework for care to move us further toward a high-quality, high-value maternity care system.

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Childbirth Connection believes that deliberative, collaborative, multistakeholder efforts to improve the quality, value, and experience of care for women, babies, families, and stakeholders are the way to get there. We believe that maternity quality matters.

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