The American Congress of Obstetricians and Gynecologists' (ACOG's)

Making Obstetrics and Maternity Safer (MOMS) Initiative

Pregnancy and childbirth is a joyous and safe experience for the majority of mothers in the United States, and ob-gyns play the leading role in delivering this care. Yet the US lags behind other industrialized nations in healthy births, and we know very little about why. While the recently enacted health care reform law will expand access to prenatal care - an essential component to improving birth outcomes - research is critically needed to understand how we can drive down our maternal and infant mortality and prematurity rates. Effective research based on comprehensive data is a key to developing, testing and implementing evidence-based interventions.

ACOG is committed to leading this improvement as part of our imperative to make motherhood as safe as possible. Congress and the federal government have important roles to play by helping fund major research initiatives to help us understand the links and effective strategies to help ensure safe births and healthy babies. ACOG's MOMS Initiative is a multi□pronged approach that will help the U.S. develop and implement evidence□based interventions to improve maternal health.

1) Understand the Causes, Improve Interventions for, and Reduce the Prevalence of Premature Births.

2) Focus on Obesity Research, Treatment, and Prevention.

3) Improve Surveillance and Data Collection On Maternal and Infant Health.

4) Support Maternal/Infant Health Programs at HRSA.

5) Research Disparities in Maternal/Fetal Outcomes, to Eliminate Disparities.

6) Develop, Test and Implement Quality Improvement Measures and Initiatives.

7) Test an Obstetric Medical Home Model

1) Understand the Causes, Improve Interventions for, and Reduce the Prevalence of Premature Births.

Between 1990 and 2006, the U.S. experienced a 20% increase in the number of premature births.
While in 2008 we saw a 3% decrease in preterm births, preliminary 2008 data from the National
Center for Health Statistics (NCHS) show that preterm births still account for 12.3% of all births. In many cases the causes are unknown. Both the Centers for Disease Control (CDC) and the National Institutes of Health's National Institute for Child Health and Human Development (NICHD) must expand existing research and evaluation of the factors behind these numbers, using improved national data

systems to ensure consistent reliable statistics on preterm birth rates and expanding research into the causes and prevention of preterm birth.

NICHD's research activities may be augmented through integrated transdisciplinary research centers, as recommended by the Institute of Medicine and the Surgeon General's Conference on the
Prevention of Preterm Birth. Patient-centered outcomes research, also known as comparative effectiveness research, should focus on evaluating the efficacy of interventions in different subpopulations for preterm labor, including different drugs and preventive efforts.

2) Focus on Obesity Research, Treatment, and Prevention.

Obese pregnant women are at increased risk for poor maternal and neonatal outcomes, and the prevalence of obesity in the United States has increased dramatically over the past 20 years. The most recent National Health and Nutrition Examination Survey (NHANES) for 1999–2002 found that approximately one third of adult women are obese. This problem is greatest among non-Hispanic black women (49%) compared with Mexican-American women (38%) and non-Hispanic white women (31%).

Several studies have consistently reported higher rates of preeclampsia, gestational diabetes, and cesarean delivery, particularly for failure to progress, in obese women than in non-obese women.
Additional research and interventions are needed to address the increased risk for poor outcomes in obese women receiving infertility treatment, the increased incidence of birth defects and stillbirths in obese pregnant women, ways to optimize outcome in obese women who become pregnant after bariatric surgery, and the increased risk of childhood obesity for their babies.

3) Improve Surveillance and Data Collection Efforts On Maternal and Infant Health.

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Modernize state birth and death records systems to comply with the 2003 recommended guidelines.

Only 75% of states and territories use the 2003 birth certificates and 65% have adopted the 2003 death certificate. Additional funding must be provided to NCHS' National Vital Statistics System (NVSS) to support states and territories in implementing the 2003 birth certificate and modernizing their infrastructure to collect these data electronically to expand the scope and quality of data collected. Funding to support the phasing in of the 2003 death certificate and electronic death records in states and territories must also be made available. CDC should also work with the Centers for Medicare and Medicaid Services (CMS) and the Office of the National

The American Congress of Obstetricians and Gynecologists' (ACOG's) (Page 3 of 6)

Making Obstetrics and Maternity Safer (MOMS) Initiative

Coordinator to pilot-test the integration of electronic birth and death records and electronic medical records.

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Assist states in setting up maternal mortality reviews.

National data on maternal mortality is inconsistent and incomplete due to the lack of standardized reporting definitions and mechanisms. To capture the accurate number of maternal deaths and plan effective interventions, maternal mortality should be addressed through multiple, complementary strategies. The CDC should provide funds to states for implementation of maternal mortality reviews that conduct regular reviews of all deaths within the state to identify causes, factors in the communities, and strategies to address the issues. Combined with adoption of the recommended birth and death certificates in all states and territories, CDC could then collect uniform data to calculate an accurate national maternal mortality rate. Results of maternal mortality reviews will inform research needed to identify evidence based interventions addressing causes and factors of maternal mortality and morbidity. Only 15 to 20 states operate maternal mortality reviews today.

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Improve the CDC Safe Motherhood Program to study pregnancy□related deaths.

To better understand maternal complications and mortality and to decrease disparities among populations at risk of death and complications from pregnancy, the CDC's Division of Reproductive
Health's Safe Motherhood Program supports national and state-based surveillance systems to monitor trends and investigate health issues; conducts epidemiologic, behavioral, demographic, and health services research; and works with partners to translate research findings into health care practice, public health policy, and health promotion strategies.

One such program is the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS was initiated in 1987 because infant mortality rates were no longer declining as rapidly as they had in prior years, and the incidence of low birth weight infants had not significantly improved in the previous 20 years. Research indicates that maternal behaviors during pregnancy may influence infant birth weight and mortality rates. The goal of the PRAMS project is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity. PRAMS provides state-specific data for planning and assessing health programs and for describing

maternal experiences that may contribute to maternal and infant health. Currently 37 States participate in the PRAMS; this program should be expanded to all States.

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Develop a Maternity CAHPS.

Understanding the experience and perspective of mothers is paramount in improving the delivery of maternity care. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program developed through the Agency for Healthcare Research and Quality (AHRQ) is the gold standard for patient experience surveys at the health plan, hospital, and clinician levels. Survey topics cover the communication skills of providers (important for shared decision making and informed consent) and the accessibility of services. Currently, the CAHPS Consortium has products that cover dental care, primary care, and newly released in 2009, surgical care. ACOG urges AHRQ to fund the development of maternity CAHPS in 2010.

4) Support Maternal/Infant Health Programs at HRSA

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Continue support of and expand the Fetal and Infant Mortality Review (FIMR).

FIMR brings local ob-gyns and health departments together to solve community problems related to infant mortality. Since 1990, the Maternal Child Health Bureau has worked in cooperative agreement with ACOG to run the National Fetal Infant Mortality Review (NFIMR) program. NFIMR provides training and assistance to enhance cooperative partnerships among local community health professionals, public health officers, community advocates and consumers to reduce infant mortality. The goal is to improve local services and resources for women, infants and families, to remove barriers to care, and to ensure culturally appropriate, family friendly services. Such efforts are crucial to understanding and addressing infant health disparities in communities at highest risk and are a component of many existing Healthy Start Initiatives. A rigorous national evaluation of FIMR conducted by Johns Hopkins University concluded that FIMR is an effective perinatal initiative.

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Improve funding for the Maternal Child Health Block Grant.

The MCHB Grant is the only federal program that exclusively focuses on improving the health of mothers and children by ensuring access to quality care, especially for those with low-incomes or limited availability of care.

Making Obstetrics and Maternity Safer (MOMS) Initiative

5) Perform Disparities Research into Maternal/Fetal Outcomes.

Women of racial and ethnic minorities face higher rates of diseases including obesity, cancer, diabetes, heart disease, and HIV/AIDS, when compared with white women. There is also a disproportionately higher rate of pre-term birth among African American women that cannot be accounted for by known risk factors. HHS must support research into the causes of health disparities and develop and evaluate interventions to address these causes. Continued and expanded collection of data capturing racial and ethnic information is essential in understanding and reducing disparities.

6) Develop, Test and Implement Quality Improvement Measures and Initiatives.

The American College of Obstetricians and Gynecologists is an active leader in the national quality measurement arena. We have a standing executive committee seat on the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement ® (PCPI) and are active members of the National Quality Forum, AQA (formerly Ambulatory Care Quality Alliance), and the Surgical Quality Alliance (SQA). ACOG is currently engaged through the PCPI in development of maternity care quality measures.

The PCPI process is the gold standard for national development, testing, and maintenance of scientific evidence-based clinical performance measures at the physician/clinician/group level, balanced with stakeholder engagement, public comment, and transparency and spearheaded by clinician ownership, accountability and professionalism. We look forward to maintaining and improving current measures, developing new clinical measures in other facets of obstetrical and gynecologic care and expanding national data collection and aggregation initiatives on all aspects of women's health care through both voluntary data registry participation for physicians and facilities and mandatory certification and accreditation programs like American Board of Obstetrics and Gynecology Maintenance of Certification and The Joint Commission.

ACOG urges Congress and the Administration to support these efforts and assist in the dissemination and voluntary adoption of quality measures in both the Medicare and Medicaid programs.

7) Test an Obstetric Medical Home Model

The testing of a women's medical home, with particular attention to maternity care, is an important opportunity to facilitate the improvement of health outcomes in the United States and reduce duplicate and inappropriate utilization of services. Medical homes are rooted in the principle that care coordination, increasing health

Making Obstetrics and Maternity Safer (MOMS) Initiative

care access, patient-provider communication, and collaborative care are fundamental to improving patients' health. This delivery model has the potential to address the unique issues that arise during pregnancy and may be able to address troubling health disparities in certain populations of pregnant women. CMS should test a model in the Medicaid program, which finances approximately 42% of the nation's births.

ACOG looks forward to partnering with Congress and the Administration on the MOMS Initiative to improve maternity outcomes for women and babies. For more information please contact Nevena Minor, Manager, Government Affairs at nminor@acog.org or 202-314-2322.