NATIONAL QUALITY FORUM ENDORSES SEVENTEEN VOLUNTARY CONSENSUS PERINATAL MEASURES

The National Quality Forum (NQF) mission to improve health care quality focuses on identification of priority goals for performance improvement, endorsement of performance measures, and outreach to stakeholders through education. The NQF framework includes attention to appropriateness of care processes, outcomes, resource utilization, patient experience and health care disparities. NQF evaluates proposed measures to be sure they have the potential to improve care, are scientifically sound, straightforward to use, and can be collected without undue burden.

In December 2007, to fill a gap in the availability of standardized performance measures on the safety and quality of perinatal care, NQF launched an effort to reach national voluntary consensus on a set of perinatal measures to assess the quality of care provided to mothers and their newborns from the third trimester of pregnancy through discharge from the site of care delivery.

Population-level indicators for outcomes of US maternity care give cause for concern, suggesting preventable morbidity and mortality associated with pregnancy and childbirth. Maternity care services (pregnancy, childbirth, and care of newborns) are the most common hospital discharge diagnoses, and the five most commonly performed hospital procedures for patients aged 18–44 are childbirth-related. Given the volume of women and children affected by maternity care practices, the impact of efforts to improve the performance of the maternity care system can be significant. Widespread performance measurement and reporting using appropriate standardized measures has potential to increase shared accountability among facilities and providers, provide comparative data that can be used to improve care quality, guide practice and policy, inform value-based purchasing decisions, and increase the availability and transparency of information for consumers to use in making informed choices for maternity care.

In October 2008, following a multistakeholder consensus process that included consumers and advocates as well as nurses, midwives and other clinicians, and public comment period, NQF endorsed 17 perinatal standards designed to measure, report on, and improve the quality of care provided to mothers and babies from the third trimester through postpartum discharge. These perinatal measures are an important starter set; gaps remain where measures are still needed to address additional aspects of care around the time of birth (some of which are identified in the project report), and measures are needed for prenatal and postpartum care.

Information and a detailed list of all 17 measures endorsed are available online from the NQF Web site at: http://www.qualityforum.org/news/releases/102708-endorsed-measures-pc.asp.

A full report is available in the completed projects area of the NQF Web site at: http://www.qualityforum.org
From Database of Abstracts of Reviews of Effects (DARE)

Recent Abstract Entries Assessing Quality of Systematic Reviews

- Accuracy of fibronectin tests for the prediction of pre-eclampsia: A systematic review
- A review of the benefits of whole body exercise during and after treatment for breast cancer
- Alleviating postnatal perineal trauma: To cool or not to cool?
- A systematic review of common conservative therapies for arm lymphoedema secondary to breast cancer treatment
- Does cesarean section reduce postpartum urinary incontinence: A systematic review
- Effect of maternal calcium intake during pregnancy on children’s blood pressure: A systematic review of the literature
- Effect of weighted exercises on bone mineral density in post menopausal women: A systematic review
- Evidence of the benefits and harms of screening and treating pregnant women who are asymptomatic for bacterial vaginosis: An update review for the U.S. Preventive Services Task Force
- Isoflavone therapy for menopausal flushes: A systematic review and meta-analysis
- Outcomes of planned home birth: An integrative review
- Postnatal debriefing interventions to prevent maternal mental health problems after birth: Exploring the gap between the evidence and UK policy and practice
- Systematic review of the efficacy of antiretroviral therapies for reducing the risk of mother-to-child transmission on HIV infection
- The effects of tai chi on bone mineral density in postmenopausal women: A systematic review

DARE abstracts are available without charge at http://www.york.ac.uk/inst/crd/crddatabases.htm#DARE

EVIDENCE-BASED REVIEWS FROM OTHER SOURCES


The UK-based National Institute for Health and Clinical Excellence (NICE) updated its guidelines for induction of labor based on a new systematic review of evidence related to effectiveness, safety, and costs associated with induction of labor. A suite of companion documents includes patient information, a quick reference guide for clinicians, a cost assessment, and evidence tables and search strategies used in developing the guideline, all of which are available online free of charge.

Key recommendations focus on information and decision making for women, indications and recommended methods for induction, special circumstances, and guidance when labor induction fails. Based on evidence presented, the report emphasizes shared decision making with pregnant women at 38 weeks, who are given the choice between induction of labor between 41st and 42nd weeks’ gestation and expectant management following an in-depth discussion of risks, benefits and alternatives to each strategy. The guidelines recommend offering membrane sweeping to women at this visit. The report presents the evidence for vaginal prostaglandin E2 as the preferred induction agent for most women. Elective induction is not recommended, but may be considered in exceptional circumstances at or after 40 weeks gestation.

Comment: Rates of labor induction have risen significantly, raising concern about overuse and increased risk for adverse effects. The Institute for Safe Medication Practices added oxytocin to its list of high alert medications last year. Widespread adoption of these guidelines in the US could reduce the risk of iatrogenic prematurity related to induction of labor, an emerging complication of current maternity care practice patterns.


A meta-analysis of 58 observational studies pooled data separately for prospective and retrospective studies to examine the effect of environmental exposure to tobacco smoke by non-smoking pregnant women on fetal birth weight and prematurity. Infants of women exposed to tobacco smoke weighed on average 33 grams less than those unexposed and were 22% more likely to weigh less than 2500 grams at birth. No significant effect on gestation age or the risk of being small for gestational age was observed,
however the reduction in birth weight associated with tobacco exposure remained after adjusting for gestational age.

Comment: This study with data from 11 new trials updates a 2006 Surgeon General’s report based on earlier systematic reviews. The results suggest that environmental exposure to tobacco smoke may pose a risk for low birth weight that is approximately 20% of that associated with active maternal smoking. As animal studies have demonstrated that the components of second-hand smoke may be more toxic than those inhaled during active smoking, it is important to communicate the risk associated with exposure to second-hand smoke to pregnant women.


A systematic review and meta-analysis of 41 studies including over 22,500 women explored the relationship between persistence of oncogenic type human papillomavirus (HPV) infection and risk for development of cervical precancer and cancer to explore the potential role of HPV DNA testing in cervical cancer screening. Although the included studies varied in their definitions of viral persistence, the interval for repeat testing, methods of DNA testing, and assessment of cervical lesions, a strong, consistent association was noted between persistence of HPV infection and both high-grade cervical and squamous intraepithelial lesions (precancer) and invasive cervical cancer. Women who had persistent HPV infection (positive at two or more time points in 78% of the studies) had a median relative risk of cervical precancer or cancer that was 33.3 times higher than women who were HPV-negative, and 14.7 times higher than women whose HPV infections cleared. Across the analysis, 92% of relative risks associated with persistent HPV infection were greater than 3.0.

Comment: Since HPV DNA testing has higher sensitivity than cytology for high-grade precancerous lesions, with development of reliable standards for testing and guidelines for management, serial DNA testing for HPV persistence has future potential as a valuable cervical cancer clinical screening tool.

**Recent Evidence-Based Reviews**


R. Rima Jolivet, CNM, MSN, MPH, is Associate Director of Programs at Childbirth Connection, which works with health professionals and other audiences to promote evidence-based maternity care ([http://www.childbirthconnection.org](http://www.childbirthconnection.org)). E-mail: jolivet@childbirthconnection.org