Maternity care in the United States... is characterized by wide, unjustified variations in care and outcomes across geographic regions, facilities, and providers.

- Overuses practices associated with harm and waste
- Underuses beneficial practices that are associated with improved outcomes

Angood, Armstrong, Adkins, Barlte, & Corry, 2010

Outspends the rest of the world

- Childbirth is the leading reason for hospital admission
- Cesarean is the most frequently performed surgery
- Infant mortality lags in the developed world
- Ranks behind 41 other countries in maternal mortality
- Mothers tend to be less healthy than in the past
- System of highly profitable labor and delivery machine
- System operates on its own timetable rather than that of mothers and babies
- Lowering of the bar for what is an acceptable indication for medical intervention
What the goal of maternity care?

- Healthy mothers and healthy babies
  - A healthy mother and a healthy baby(ies)
  - The healthiest mother and baby(ies) possible given health status of each.
  - Does it relate to evidence-based care?
  - This can be called an optimality goal

Optimality in Care

- The concept of optimality in perinatal health strives for the ‘best’ possible outcome with the minimal number of interventions. Pregnancy and birth are, in general, normal physiologic events that do not need intervention. The concept of optimality capitalizes on this philosophy. It is the woman’s health status that provides the framework for the conduct of care that responds to her dynamic needs. Optimality, specifically defined for perinatal health care, is the maximal perinatal outcome with minimal intervention placed against the dynamic context of the woman’s health status.

Maternity Quality Matters Initiative – begun in 2006

- Spearheaded by Childbirth Connection
- Evidence-based maternity care: What it is and what it can achieve (2008). Carol Sakala & Maureen Corry
- Over 100 national multistakeholder leaders participated in a consensus development process
- April 2009 national policy symposium in Washington, DC with 250 attendees
Outcomes

- January 2010: publication of a supplement to the journal *Women’s Health Issues*
- *2020 Vision for a High-Quality, High-Value Maternity Care System*
- *Blueprint for Action: Steps Toward a High-Quality, High-Value Maternity Care System*
- *Summary of Childbirth Connection 90th Anniversary Symposium Proceedings*

Evidence-Based Maternity Care

- Uses the best available research on the safety and effectiveness of specific practices
  - to help guide maternity care decisions and
  - to facilitate optimal outcomes in mothers and newborns.
- **Goal**: effective maternity care with the least harm for childbearing women and newborns
**Overused Interventions**

- Labor induction
- Epidural analgesia
- Cesarean section delivery
- Continuous EFM
- Rupturing membranes
- Episiotomy
- Certain prenatal care practices

**Underused Interventions**

- Midwives and family physicians
- Prenatal multivitamins for preventing congenital anomalies
- Smoking cessation interventions
- Ginger for N&V
- Interventions for preventing preterm birth
- External version for breech presentation
- Fostering satisfaction with birth experience
- Continuous labor support
- Measures to relieve pain, bring comfort, and/or promote progress during labor

**Underused Interventions (continued)**

- Delayed and spontaneous pushing
- Nonsupine positions for giving birth
- Delayed cord clamping in full-term and preterm newborns
- Early skin-to-skin contact
- Breastfeeding and interventions to promote its initiation and duration
- Interventions to reduce newborn procedure pain
- Psychosocial and psychological interventions for PPD
- Delayed and spontaneous pushing
- Nonsupine positions for giving birth
- Delayed cord clamping in full-term and preterm newborns
- Early skin-to-skin contact
- Breastfeeding and interventions to promote its initiation and duration
- Interventions to reduce newborn procedure pain
- Psychosocial and psychological interventions for PPD
Normal probably cannot be precisely described or defined because it is an individually unique phenomenon

Normalization of uniqueness
vs.
Technomedical pathologization of uniqueness

Recommendations
- Increasing the knowledge and use of evidence-based maternity care by educating and advising a wide range of stakeholders
- Supporting research to further evidence-based maternity care
- Reforming the current reimbursement system to promote evidence-based maternity care and extending payment reform to all payers, including private insurers
- Requiring performance measurement, reporting, and improvement

2020 Vision for a High-Quality, High-Value Maternity Care System
- Addresses care during pregnancy, around the time of birth, and after birth
- Key values and principles of an ideal maternity care system
- Challenges us to think logically and clearly about
  - The care that women and infants need in the context of family unbounded by disciplinary and institutional constraints!
The Vision
- Envisions care that is woman-centered, safe, effective, timely, efficient, and equitable
- A system that protects, promotes, and supports physiologic childbirth, and optimal experiences for childbearing women based on:
  - Shared decision-making
  - Respect for informed choices
  - Coordination of evidence-based care
  - Ongoing performance measurement & quality disclosure
  - A satisfying and fulfilling work environment for caregivers

Aims of High-quality, High-value Maternity Care System
- Woman-Centered: respects the values, culture, choices, and preferences of the woman & her family, as relevant within the context of promoting optimal health outcomes
- Safe: reliable, appropriate, and provided in systems that foster coordination, a culture of safety, and teamwork
- Effective: based on sound evidence applied properly to the circumstances of the individual woman and her baby to achieve desired outcomes
- Timely: all care is delivered at the time it is needed
- Efficient: delivers the best possible health outcomes and benefits with the most appropriate, conservative use of resources & technology
- Equitable: all women & families have access to and receive the same high-quality, high-value care.

Other Foundational Value & Principles
- Life-changing experience
- Care processes protect, promote, and support physiologic childbirth
- Care is evidence-based
- Quality is measured and performance is disclosed
- Care includes support for decision making and choice
- Care is coordinated
- Caregiver satisfaction and fulfillment is a core value
Berwick’s framework of 4 levels of healthcare

- Level A: Women and their support networks
- Level B: Microsystems that provide direct care
- Level C: Health Care Organizations
- Level D: Macro Environment of Care (policy, payment, regulation, accreditation, litigation, etc.)

Care Levels A and B: 3 phases

- Care during Pregnancy (8 goals)
- Care around the Time of Birth (9 goals)
- Care after Giving Birth (5 goals)

Goals of Prenatal Care
Best met by implementing a holistic, relationship-based model of care that is woman-centered, inclusive, and collaborative.
Blueprint for Action

- Performance Measurement and Leveraging of Results
- Payment Reform to Align Incentives with Quality
- Disparities in Access and Outcomes of Maternity Care
- Improved Functioning of the Liability System
- Scope of Covered Services for Maternity Care

Blueprint for Action (continued)

- Coordination of Maternity Care Across Time, Settings, and Disciplines
- Clinical Controversies
- Decision Making and Consumer Choice
- Scope, Content, and Availability of Health Professions Education
- Workforce Composition and Distribution
- Development and Use of Health Information Technology

Transforming Maternity Care website

http://transform.childbirthconnection.org/
Beyond Evidence: The complexity of maternity care.

- **Simple issues**: straightforward with a good recipe
  - Corticosteroids for lung maturation in PTL
  - Cesarean section for placenta previa
  - Magnesium sulfate for eclampsia
  - Surfactant for RDS prophylaxis

  *These issues only can be adequately tested by RCTs*


- **Complicated issues**: basically linear problems that require multiple steps; require sophisticated equipment and a highly trained team
  - Management of severe diabetes during pregnancy
  - Management of intrauterine growth restriction
  - Management of genetic problems
  - Management of the very preterm infant

  *These issues also can be partially evaluated by RCTs*
Beyond Evidence: The complexity of maternity care.

- Complex issues: outcomes depend on the web of interactions between the care, the individuals concerned, and the context in which they occur; we can never be entirely sure of what will happen; no direct linear relationship between what we do and the result
  - Process of pregnancy, birth & lactation
  - Raising a child

Solutions fail when complex problems are treated as merely complicated.

The Solution according to Enkin

- Accept the uncomfortable reality that there are no comprehensive formulas
- Learn to think of the relationships among the disparate factors that influence each birth, each setting, each situation, rather than of the factors in isolation
- Advance quickly by moving slowly
- Nourish what we know, adapt what we know & build on what we know