



Consensus Core Set: Obstetrics and Gynecology

The Core Quality Measure Collaborative (CQMC) creates core measure sets (core sets) for use in value-based payment (VBP) programs and to drive improvement in high-priority areas. The core sets can be used in their entirety to holistically assess quality or can serve as a starting point when selecting measures to meet specific goals. CQMC develops and maintains the core sets using a multistakeholder, consensus-based process and established [measure-selection principles](#). The core sets focus primarily on ambulatory care measures at the clinician reporting level.

Obstetrics and Gynecology Measures

The OB/GYN core set contains seven measures that have been tested for reliability and validity at the clinician- (individual or group/practice) reporting level. The remaining core set measures address important topics related to OB/GYN care, but they have not been tested at the clinician level of analysis. When using measures specified outside of the clinician level of analysis, core set users should ensure adequate denominator size based on their patient population.

In the table below, the “CBE Number” column has a link to the measure specifications and details, and the “Notes” section includes additional considerations for use.

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
Prevention and Wellness	0032/eCQM	Cervical Cancer Screening	National Committee for Quality Assurance (NCQA)	Health Plan	eCQM available.* Telehealth eligible for Centers for Medicare & Medicaid Services (CMS) programs in 2025.
	CMIT 464	Non-Recommended Cervical Cancer Screening in Adolescent Females	NCQA	Clinician, Health Plan	-
	0033/eCQM	Chlamydia Screening in Women (CHL)	NCQA	Health Plan	eCQM available.* Telehealth eligible for CMS programs in 2025.

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
	2372/ eCQM	Breast Cancer Screening	NCQA	Health Plan, Integrated Health Delivery System	eCQM available.* Telehealth eligible for CMS programs in 2025.
	CMIT 324	HIV Screening†	Centers for Disease Control and Prevention (CDC)	Clinician	eCQM available.* Telehealth eligible for CMS programs in 2025.
	CMIT 607	Proportion of Patients Sustaining a Bladder or Bowel Injury at the time of any Pelvic Organ Prolapse Repair	American Urogynecologic Society (AUGS)	Clinician	-
Contraceptive Care	2902	Contraceptive Care - Postpartum	US Office of Population Affairs	Clinician, Health Plan, Population: Regional and State	-
	CMIT 1002	Contraceptive Care - All Women Ages 21-44 (CCW-AD)	HHS Office of Population Affairs	Medicaid Program	-
	3699e	The annual percentage of most or moderately effective contraceptive method users, among patients assigned female at birth ages 15-44, excluding those who are postpartum or did not want to discuss their contraceptive needs.	University of California, San Francisco	Facility	-
	3682e	The annual percentage of most or moderately effective contraceptive method users, among postpartum patients ages 15-44, excluding those who did not want to discuss their contraceptive needs	University of California, San Francisco	Facility	-

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
	2904	Contraceptive Care - Access to LARC	US Office of Population Affairs	Clinician, Facility, Health Plan, Population: Regional and State	-
	3543	Person-Centered Contraceptive Counseling (PCCC) measure	University of California, San Francisco	Clinician, Facility	-
Behavioral Health	N/A	Postpartum Depression Screening and Follow-up (PDS-E)	NCQA	Health Plan	eCQM available.* Measure use is encouraged where data collection is feasible.
	N/A	Prenatal Depression Screening and Follow-up (PND-E)	NCQA	Health Plan	eCQM available.*
Maternal and Perinatal Health	CMIT 420	Maternity Care: Postpartum Follow-up and Care Coordination	CMS	Clinician	-
	0469/0469e	PC-01 Elective Delivery	The Joint Commission (TJC)	Facility, Other	eCQM available.* Inpatient measure. Recommend use of #0716, #0471/0471e, and #0469/0469e as a group.
	0471/0471e	PC-02 Cesarean Section	TJC	Facility, Other	Inpatient measure. Recommend use of #0716, #0471/0471e, and #0469/0469e as a group.

Measure Topic	CBE Number	Measure	Steward	Level of Analysis	Notes
	0716	Unexpected Newborn Complications in Term Infants	California Maternal Quality Care Collaborative	Facility, Integrated Delivery System, Population: Regional and State	Inpatient measure. Recommend use of #0716, #0471/0471e, and #0469/0469e as a group.
	3484	Prenatal Immunization Status	NCQA	Health Plan	-
	CMIT 418	Maternal Morbidity Structural Measure	CMS	N/A	Structural measure.

* Separate benchmarks should be used based on the reporting method.

† This measure is a cross-cutting measure that may be highly relevant across multiple core sets.

Blank cells marked with (-).

Gap Areas for Future Consideration and Measure Development

Maternal Health Measures

- Maternal mortality
- Time of decision for c-section and surgery start time (i.e., measurement of “decision to incision” start times)
- Behavioral health and substance use, including opioid use disorder screening, tobacco, smoking, and vaping measures for pregnant and/or postpartum women
- Comprehensive postpartum visits and postpartum follow-up/comprehensive reproductive care
- Patient education (e.g., encouraging vaccine uptake, early discussion of risks, benefits, and preferences for birth experience and delivery)
- Prevention (e.g., screening and follow-up for cardiovascular disease, obesity, Hepatitis C), especially during the first and second trimester of pregnancy
- Healthy lifestyle behaviors throughout reproductive years
- Women’s health across the lifespan, with a focus on menopause measures that could potentially be added to the core set
- Patient-reported outcomes and patient experience

Perinatal Measures

- Decision-making measures for neonatal care
- Neonatal morbidity and mortality (e.g., appropriate care for infants with Apgar scores <7 at 5 minutes after birth)
- Postpartum visits within the American College of Obstetricians and Gynecologists’ recommended timeframe of within 3 weeks of birth
- Impacts of decreasing access to perinatal care, with a focus on the disparities and health equity
- Given the potential impact of the changing reproductive health care access landscape on perinatal health care access, an assessment of maternity health care deserts including potential resulting health care disparities

Core Set Updates for 2024

The Obstetrics & Gynecology Workgroup considered 10 measures to potentially add to the core set. Of the 10, they added four:

- CMIT #1002 Contraceptive Care - All Women Ages 21-44 (CCW-AD)
- CBE #3699e The annual percentage of most or moderately effective contraceptive method users, among patients assigned female at birth ages 15-44, excluding those who are postpartum or did not want to discuss their contraceptive needs
- CBE 3682e The annual percentage of most or moderately effective contraceptive method users, among postpartum patients ages 15-44, excluding those who did not want to discuss their contraceptive needs
- Prenatal Depression Screening and Follow-up (PND-E)

The Workgroup also considered four measures for removal from the core set. Of the four, three were removed from the core set:

- CBE #0418 Preventive Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- CBE #3475e Appropriate Use of DXA Scans in Women Under 65 Years Who Do Not Meet the Risk Factor Profile for Osteoporotic Fracture
- CBE #0470 Incidence of Episiotomy