



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

June 6, 2023

Re: Public Comment of ePC-07 Severe Obstetric Complications (3687e)

Dear Partnership for Quality Measurement:

The American College of Obstetricians and Gynecologists (ACOG) represents more than 60,000 obstetrician-gynecologists and partners in women's health, providing decision support guidance and resources for women's health care. We are engaged on a number of topics regarding Medicaid, Medicare, and private payer issues, including quality measure maintenance and development. ACOG appreciates the opportunity to provide feedback on the *Severe Obstetric Complications Electronic Clinical Quality Measure (eCQM)*. Please see our detailed feedback below.

ACOG appreciates the emphasis being placed on improving maternal health outcomes and preventing adverse health outcomes. The U.S. is experiencing a maternal mortality crisis and is the only developed country with a rising maternal death rate.ⁱ Equally, severe maternal morbidity (SMM) is rising in the U.S.^{ii,iii,iv} Identifying SMM is important for preventing injuries that lead to mortality and for highlighting opportunities to avoid repeat injuries. Therefore, the creation of measures around SMM, including the *Severe Obstetric Complications eCQM*, is critical to improving quality of care of patients. This measure tackles the issue of SMM by utilizing an outcome based on the Centers for Disease Control and Prevention (CDC) definition of SMM, which includes 21 indicators of SMM. Many of these indicators are commonly utilized and recognized components to identifying SMM and are reflected in the 2021 Alliance for Innovation on Maternal Health's (AIM) SMM Codes List^v. However, ACOG has not officially endorsed or created a single, comprehensive definition of SMM^{vi} and the breadth of what is considered SMM is still under debate.

Currently, blood transfusions are included as an indicator of SMM as part of the numerator of this measure. This is relevant as ACOG's 2016 Obstetric Care Consensus on Severe Maternal Morbidity: Screening and Review (reaffirmed in 2021) specifically indicates that transfusions of four or more units of blood should not be included as indicator of SMM as it is typically indicative of a preexisting condition not related to pregnancy.^{vii} While the risk adjustment component of the measure includes bleeding disorders, there should be consideration of including a specific numerator exclusion for transfusions of four or more units of blood to ensure that appropriate SMM identification is achieved without penalizing providers for non-pregnancy related disorders. This will also better align the measure specifications with current, evidence-based ACOG guidance. In the case that blood transfusions are retained without modification to the current specifications, ACOG recommends removing transfusion-only cases from public reporting requirements and report on the overall rate for cases without transfusion. Doing this will better contextualize the results of this measure for the consumer population and avoid inappropriate interpretation of results.

This measure has the potential to provide useful and meaningful quality information to patients. Institutions should strive to implement measures that focus on tackling issues surrounding maternal morbidity and mortality, similar to these current efforts.



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We appreciate the opportunity to comment on the *Severe Obstetric Complications eCQM*. ACOG looks forward to our continued partnership to ensure women's access to high-quality health care. Should you wish to discuss these recommendations further, please contact Erin Alston, Manager, Health Policy, at éalston@acog.org.

Sincerely,

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Senior Director, Health Economics & Practice Management

ⁱ Lu MC. Reducing Maternal Mortality in the United States. *JAMA*. 2018 Sep 25;320(12):1237-1238. doi: 10.1001/jama.2018.11652. PMID: 30208484.

ⁱⁱ Callaghan WM, Creanga AA, Kuklina EV. Severe maternal morbidity among delivery and postpartum hospitalizations in the United States. *Obstet Gynecol* 2012;120:1029-36.

ⁱⁱⁱ Creanga AA, Berg CJ, Syverson C, Seed K, Bruce FC, Callaghan WM. Pregnancy-related mortality in the United States, 2006-2010. *Obstet Gynecol* 2015;125:5-12.

^{iv} Geller SE, Rosenberg D, Cox SM, Brown ML, Simonson L, Driscoll CA, et al. The continuum of maternal morbidity and mortality: factors associated with severity. *Am J Obstet Gynecol* 2004;191:939-44.

^v 2021 AIM SMM Codes List. <https://safehealthcareforeverywoman.org/aim/resources/aim-data-resources/>

^{vi} Severe maternal morbidity: screening and review. *Obstetric Care Consensus No. 5*. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2016;128:e54-60.

^{vii} *Ibid*.