



Maternity Care Part 2

10/17/18



Joint Commission Core Measures

<https://manual.jointcommission.org/releases/TJC2018B/MIF0166.html>



The Perinatal Care Core Measures

- PC-01: Early Elective Deliveries
- PC-02: Caesarean Section Rate
- PC-03: Antenatal Steroids
- PC-04: Associated Bloodstream Infections In Newborns
- PC-05: Exclusive Breast Milk Feedings
- PC-06: Unexpected Neonatal Complications

AMPM 410

- 410 III:
- According to ACOG guidelines, cesarean section deliveries must be medically necessary. Inductions and cesarean section deliveries prior to 39 weeks must be medically necessary. Cesarean sections and inductions performed prior to 39 weeks that are not found to be medically necessary based on nationally established criteria are not eligible for payment.
- 410 A 2:
- Provide written member educational outreach related to risks associated with elective inductions and cesarean sections prior to 39 weeks gestation, healthy pregnancy measures (addressing nutrition, sexually transmitted infections, substance use and other risky behaviors), dangers of lead exposure to mother and baby during pregnancy, postpartum depression, importance of timely prenatal and postpartum care, and other Contractor selected topics at a minimum of once every 12 months. These topics may be addressed separately or combined into one written outreach material; however, each topic must be covered during the 12 month period. Contractors may utilize multiple different venues to meet these requirements.
- 410 A 14:
- Monitoring and evaluation of cesarean section and elective induction rates prior to 39 weeks gestation, as well as implementation of interventions to decrease the incidence of occurrence.

PC-01 Early Elective Deliveries

- **Rationale:** For almost 3 decades, the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have had in place a standard requiring 39 completed weeks gestation prior to ELECTIVE delivery, either vaginal or operative (ACOG, 1996). A survey conducted in 2007 of almost 20,000 births in HCA hospitals throughout the U.S. carried out in conjunction with the March of Dimes at the request of ACOG revealed that almost 1/3 of all babies delivered in the United States are electively delivered with 5% of all deliveries in the U.S. delivered in a manner violating ACOG/AAP guidelines. Most of these are for convenience, and result in significant short term neonatal morbidity (neonatal intensive care unit admission rates of 13- 21%) (Clark et al., 2009). According to Glantz (2005), compared to spontaneous labor, elective inductions result in more cesarean births and longer maternal length of stay. The American Academy of Family Physicians (2000) also notes that elective induction doubles the cesarean delivery rate. Repeat elective cesarean births before 39 weeks gestation also result in higher rates of adverse respiratory outcomes, mechanical ventilation, sepsis and hypoglycemia for the newborns (Tita et al., 2009).

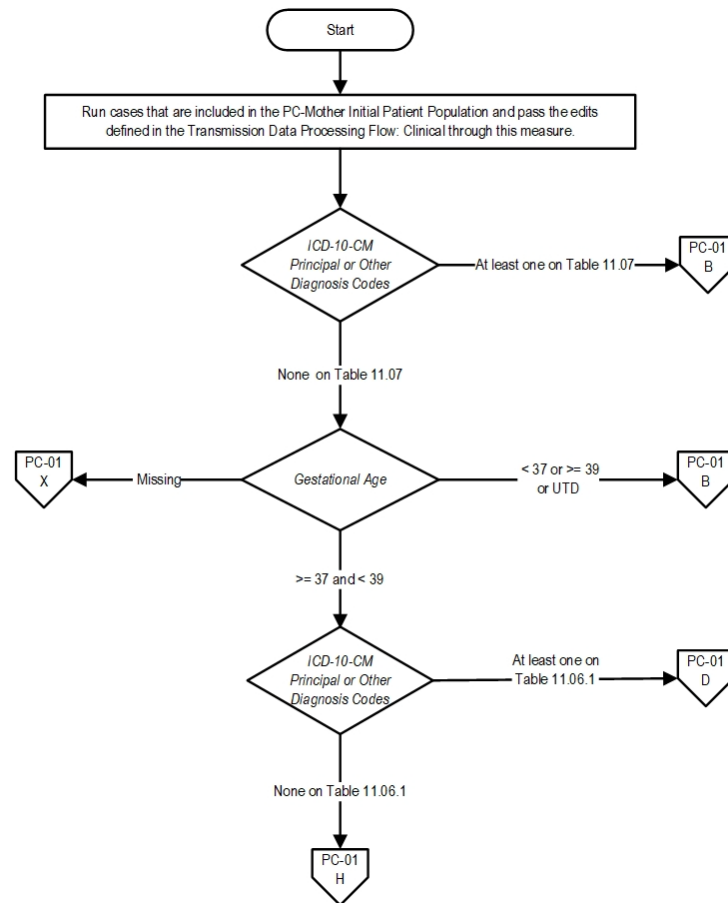
PC-01 Early Elective Delivery

- Definition: Patients with *elective* vaginal or caesarian delivery births at $37 \leq x < 39$ weeks
- Retrospective and Administrative
- Included population:
 - Appendix A: Table 11.01
 - Appendix A: Table 11.06
- Excluded population:
 - History of prior stillbirth
 - Less than 8 years of age
 - Greater than 65 years of age
 - LOS greater than 120 days
 - GA outside of the criteria or unable to determine
 - Appendix A: Table 11.07

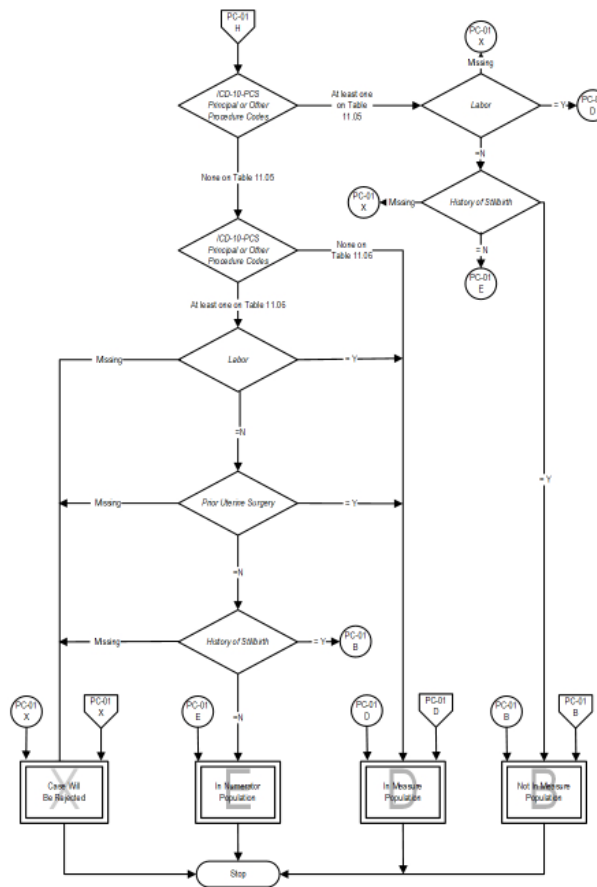
Methodology

- Numerator: See algorithm for patients with *elective* deliveries
- Denominator: *All* patients delivering $37 \leq x < 39$ weeks

PC-01 Measure Algorithm



PC-01 Measure Algorithm



Reaching across Arizona to provide comprehensive quality health care for those in need

PC-02 Caesarean Delivery

- **Rationale:** The removal of any pressure to not perform a cesarean birth has led to a skyrocketing of hospital, state and national cesarean birth (CB) rates. Some hospitals now have CB rates over 50%. Hospitals with CB rates at 15-20% have infant outcomes that are just as good and better maternal outcomes (Gould et al., 2004). There are no data that higher rates improve any outcomes, yet the CB rates continue to rise. This measure seeks to focus attention on the most variable portion of the CB epidemic, the term labor CB in nulliparous women. This population segment accounts for the large majority of the variable portion of the CB rate, and is the area most affected by subjectivity. As compared to other CB measures, what is different about NTSV CB rate (Low-risk Primary CB in first births) is that there are clear cut quality improvement activities that can be done to address the differences. Main et al. (2006) found that over 60% of the variation among hospitals can be attributed to first birth labor induction rates and first birth early labor admission rates. The results showed if labor was forced when the cervix was not ready the outcomes were poorer. Alfirevic et al. (2004) also showed that labor and delivery guidelines can make a difference in labor outcomes. Many authors have shown that physician factors, rather than patient characteristics or obstetric diagnoses are the major driver for the difference in rates within a hospital (Berkowitz, et al., 1989; Goyert et al., 1989; Luthy et al., 2003). The dramatic variation in NTSV rates seen in all populations studied is striking according to Menacker (2006). Hospitals within a state (Coonrod et al., 2008; California Office of Statewide Hospital Planning and Development [OSHPD], 2007) and physicians within a hospital (Main, 1999) have rates with a 3-5 fold variation.

PC-02 Caesarean Delivery

- Definition: Patients with a caesarean delivery
- Retrospective and Administrative
- Included population:
 - Appendix A: Table 11.01
 - Appendix A: Table 11.08
- Excluded population:
 - Less than 8 years of age
 - Greater than 65 years of age
 - LOS greater than 120 days
 - GA < 37 weeks or unable to determine
 - Appendix A: Table 11.09

Methodology

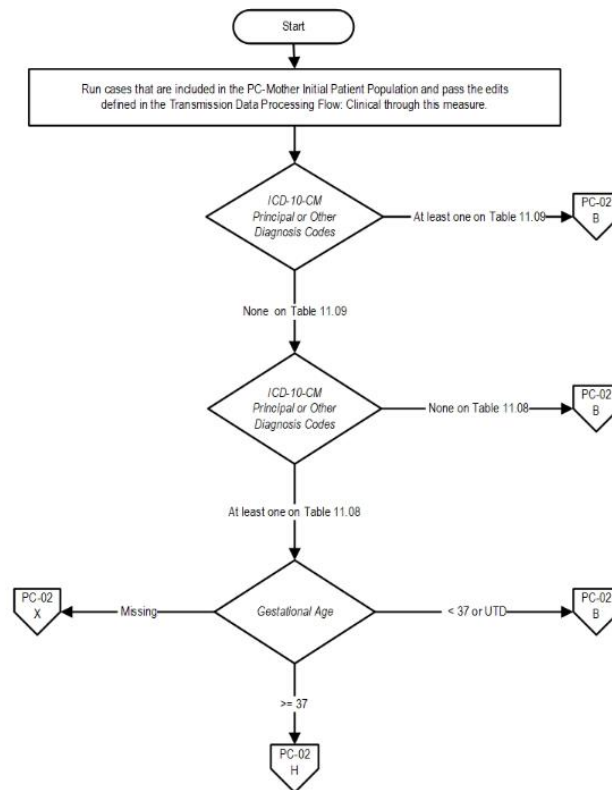
- Numerator: Patients with caesarean delivery
- Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation

Algorithm

PC-02: Cesarean Birth

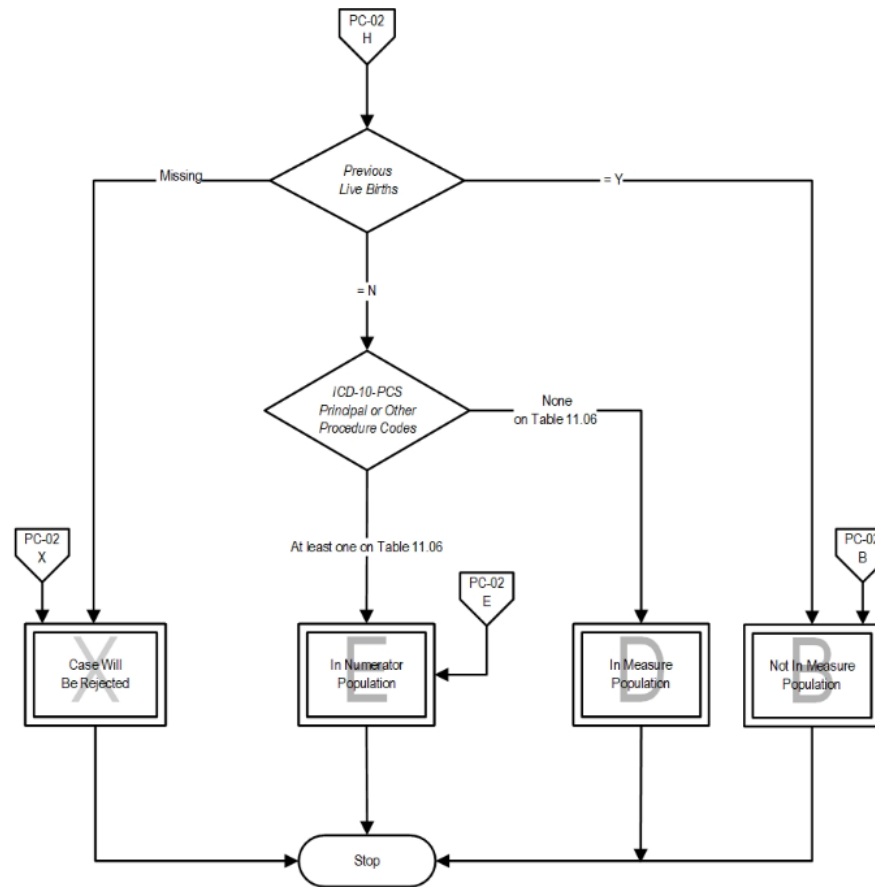
Numerator: Patients with cesarean births

Denominator: Nulliparous patients delivered of a live term singleton newborn in vertex presentation



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Algorithm



Arizona Data

- Slides 33-43, 47-49

Maternal Morbidity/Mortality Data

National and Arizona Specific
Data



Arizona Data

- Slides 52 - 67

2017 CDC STI Surveillance Report

[https://www.cdc.gov/nchhstp/
newsroom/2018/2017-STD-
surveillance-report.html](https://www.cdc.gov/nchhstp/newsroom/2018/2017-STD-surveillance-report.html)



Arizona Ranking for Chlamydia

Table 2. Chlamydia — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States, 2017

Rank*	State	Cases	Rate per 100,000 Population
1	Alaska	5,934	799.8
2	Louisiana	34,756	742.4
3	Mississippi	21,149	707.6
4	New Mexico	13,560	651.6
5	South Carolina	32,235	649.8
6	Georgia	65,104	631.4
7	North Carolina	62,876	619.7
8	Alabama	29,935	615.5
9	New York	116,814	591.6
10	Illinois	75,518	589.9
11	Arkansas	17,320	579.6
12	Arizona	39,598	571.3
13	Delaware	5,392	566.3
14

Arizona Ranking for Gonorrhea

Table 13. Gonorrhea — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States, 2017

Rank*	State	Cases	Rate per 100,000 Population
1	Mississippi	9,258	309.8
2	Alaska	2,189	295.1
3	Louisiana	12,017	256.7
4	South Carolina	12,623	254.4
5	Alabama	11,948	245.7
6	Oklahoma	9,081	231.4
7	North Carolina	22,871	225.4
8	Arkansas	6,710	224.5
9	Georgia	22,667	219.8
10	New Mexico	4,489	215.7
11	Missouri	13,086	214.8
12	Ohio	23,967	206.4
13	California	75,348	192.0
14	Nevada	5,520	187.8
15	Delaware	1,784	187.4
16	Tennessee	12,426	186.8
17	Illinois	23,859	186.4
18	Maryland	10,978	182.5
19	Arizona	12,502	180.4
20	Indiana	11,835	178.4

Arizona Ranking for Syphilis

Table 26. Primary and Secondary Syphilis — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States, 2017

Rank*	State	Cases	Rate per 100,000 Population
1	Nevada	587	20.0
2	California	6,708	17.1
3	Louisiana	679	14.5
4	Georgia	1,489	14.4
5	Arizona	943	13.6
6	New York	2,355	11.9
7	Florida	2,390	11.6

Arizona Ranking for Congenital Syphilis

Table 40. Congenital Syphilis — Reported Cases and Rates of Reported Cases by State†, Ranked by Rates, United States, 2017

Rank*	State†	Cases	Rate per 100,000 Live Births
1	Louisiana	59	93.4
2	Nevada	21	57.9
3	California	281	57.5
4	Texas	176	44.2
5	Florida	93	41.3
6	Arizona	30	35.5
7	Maryland	20	27.3

Congenital Syphilis

- Deformed bones,
- Severe anemia (low blood count),
- Enlarged liver and spleen,
- Jaundice (yellowing of the skin or eyes),
- Brain and nerve problems, like blindness or deafness,
- Meningitis,
- Skin rashes,
- Prematurity,
- Low birth weight,
- Stillbirth/Neonatal mortality.

Congenital Syphilis

Congenital Syphilis (Rash)

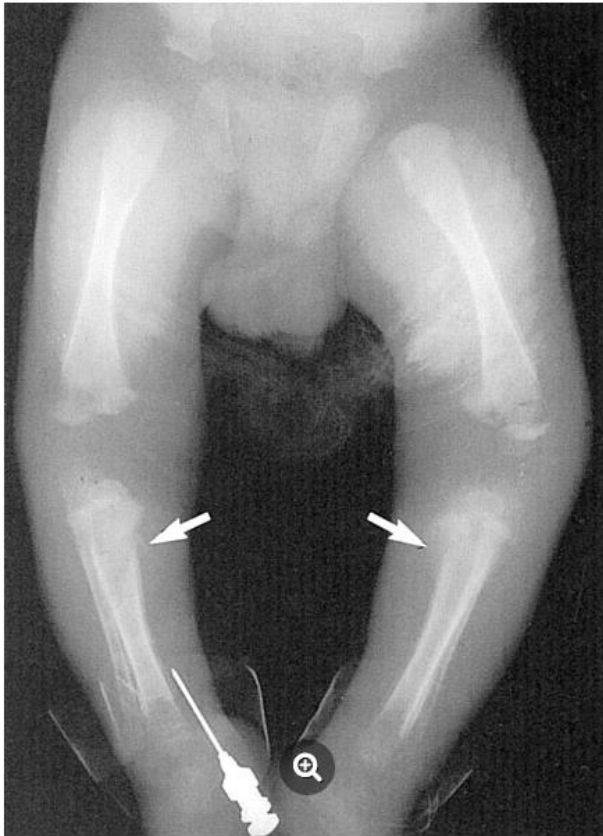


This photo shows vesiculobullous rash on palm, axilla, and face of a newborn with congenital syphilis.

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Congenital Syphilis

Wimberger Sign



This photo shows lytic lesions in the medial aspect of proximal tibia (arrows).

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Congenital Syphilis

- https://www.medscape.com/viewarticle/865770?src=par_cdc_stm_mscpedt&faf=1
- For workup and treatment:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2819963/>

Maricopa County Board Order



Division of Clinical Services
1647 E. Roosevelt St. • Phoenix, Arizona 85006
Phone: (602) 506-6900 • Fax: (602) 372-0342



WeArePublicHealth.org
twitter.com/MaricopaHealth
facebook.com/MCDPH

January 1, 2017

Dear Health Care Provider,

The Maricopa County Department of Public Health, with the support of the Maricopa County Board of Health, continues to recognize that the continuing high number of congenital syphilis cases among infants born in Maricopa County requires an extension of the current coordinated prevention strategy. Therefore, in accordance with ARS 36-136 (H) and (I), which states that the Department shall enforce "reasonably necessary measures for detecting, reporting, preventing and controlling communicable and preventable diseases," the Maricopa County Department of Public Health will continue the current syphilis prevention policy for prenatal and obstetrical care through December 31, 2018.

The Maricopa County Department of Public Health therefore extends the following Order:

1. Requests that all physicians and midwives providing obstetrical services in Maricopa County perform a third trimester blood sample for syphilis. The optimal time for testing during the third trimester should be at 24-32 weeks of gestation. The third trimester syphilis screening test can be performed along with (or at the same time as) the third trimester glucose tolerance test. This allows adequate time for appropriate therapy prior to delivery.
2. Requires that all newborns or their mothers in Maricopa County will have blood drawn for syphilis testing at the time of delivery.
3. Requires a blood test for syphilis to be made on a specimen of blood taken from a woman who bore a stillborn infant or from the umbilical cord at the time of still birth delivery per ARS 36-694. For the purposes of this order, a stillborn infant shall be defined as one of 20 weeks or longer gestation.

We also take this opportunity to remind you that ARS 36-693 in part requires that "A physician shall at the time of the first prenatal examination ... take or cause to be taken a sample of the blood of the woman ... for a standard serological test for syphilis."

To assist us in reconciling our epidemiologic data, the Department of Public Health requests that in addition to receiving a report for each positive case, hospitals submit a monthly report (see attachment) listing:

- Total number of births at the facility
- Total number of infants receiving syphilis tests
- Total number of positives

For further information, please contact Tom Mickey at the Maricopa County Department of Public Health at 602-506-6364. Thank you for your continuing help in the effort to eliminate the tragic and preventable consequences of congenital syphilis in Maricopa County.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bob England'.

Bob England, MD, MPH
Director
Maricopa County Department of Public Health

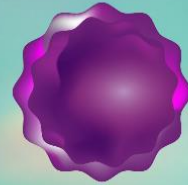
CDC

STDs IN THE UNITED STATES



STDs tighten their grip on the nation's health as rates increase for a fourth year.

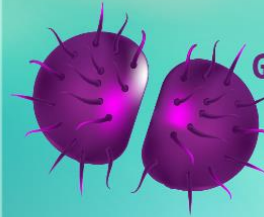
Source: U.S. Centers for Disease Control and Prevention



CHLAMYDIA 1,708,569

TOTAL CASES IN 2017

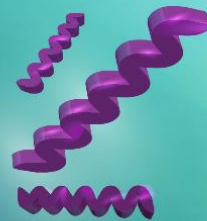
6.89% INCREASE SINCE 2016



GONORRHEA 555,608

TOTAL CASES IN 2017

18.58% INCREASE SINCE 2016



SYPHILIS 30,644

TOTAL CASES IN 2017

10.17% INCREASE SINCE 2016

**CONGENITAL
SYPHILIS 918**

TOTAL CASES IN 2017

43.66% INCREASE SINCE 2016

CDC

SYPHILIS TESTING IS ESSENTIAL FOR **ALL** PREGNANT WOMEN



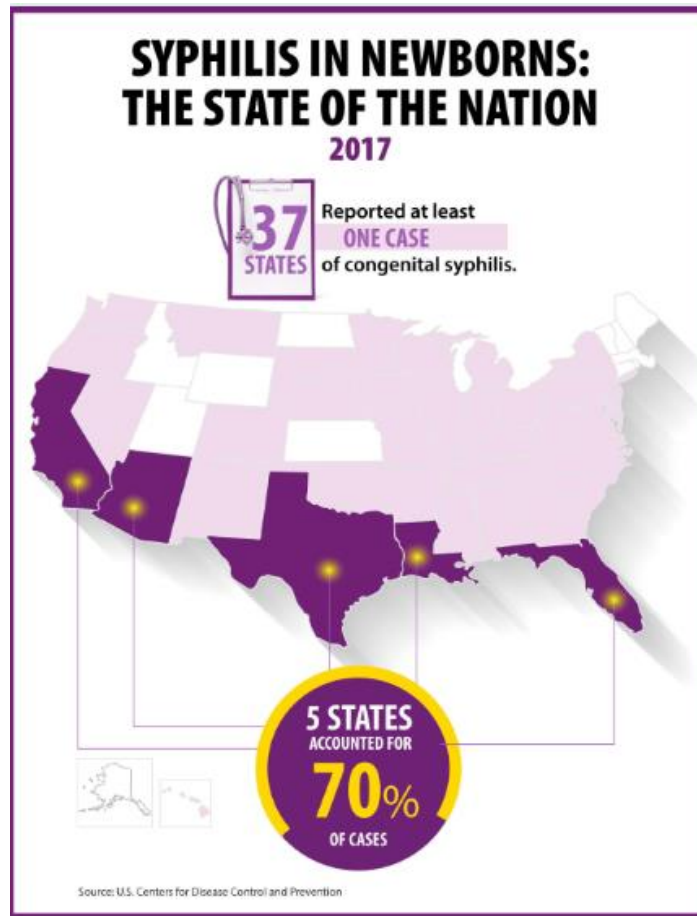
AND



Source: U.S. Centers for Disease Control and Prevention

Reaching across Arizona to provide comprehensive quality health care for those in need

CDC



Reaching across Arizona to provide comprehensive quality health care for those in need



Educational Opportunity

SOMEONE YOU LOVE THE HPV EPIDEMIC



Free Film Screening and Panel Discussion

Wednesday, October 24, 2018

6:00—8:00 PM

Registration begins at 5:30pm

Join us for the screening of an award-winning documentary to raise awareness about HPV (Human Papillomavirus) and HPV related cancers. This film provides viewers an in-depth look into the lives of five women who have been affected by HPV.

Panel Speakers:

Kassondra Grzankowski, MD

Robert W. Mock, HPV Cancer Survivor

Thomas Shellenberger, MD

Veenod L. Chulani, MD, MSED, FSAHM, CEDS

American Cancer Society - Phoenix Office

4550 E Bell Road, Suite 126

Phoenix, AZ 85032

Register at: https://hpvevent_phx.eventbrite.com

Please contact Amanda Sweeney at Amanda.Sweeney@cancer.org for questions

This activity has been approved for:

1.50 AMA PRA Category 1 Credits™ by Indiana University School of Medicine

1.5 CE credit hours (0.15 CEU) for pharmacists and pharmacy technicians by IU Health

1.3 Contact Hours for nurses by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Approval valid through 12/5/18. ONA# 18889.



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quality health care for those in need

Suggestion for a Goal in the Work Plan

- Increase RPR screening during third trimester
- Laboratory claims for RPR
 - 86592
 - 86593
 - 86780
 - 87166

Questions?



Thank You.

