October 6, 2011

The Honorable Kathleen Sebelius
US Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Dear Secretary Sebelius:

We are writing to urge you to include in the initial core set of health quality measures for Medicaid-eligible adults one related to elective delivery prior to 39 weeks gestation. Although included in the original proposed voluntary core set of adult measures released for public comment earlier this year, the special subcommittee of the AHRQ National Advisory Council for Healthcare Research and Quality recently voted not to include this measure in its final recommended core set. We respectfully but strongly oppose their recommendation because this specific measure will help ensure that infants are not exposed to the documented harm of being born too early.

This measure has already been endorsed by the National Quality Forum (NQF) and is included in the Joint Commission’s Perinatal Care Core Measure Set, meaning that its adoption would be consistent with other measures and allow for comparison across multiple data sets. Adopting this measure will not only lead to improved care for both pregnant women and their infants, but also has the potential to reduce unnecessary Medicaid costs as the final weeks of pregnancy are a very important period of fetal lung development and brain growth. The health consequences for children born at 37-39 weeks gestation with no medical indication can be significant and require costly care.

A January 2009 study published in the New England Journal of Medicine found that elective Caesarean sections and inductions before 39 weeks of gestation pose significant risks to infants’ health, including respiratory problems, feeding difficulties, infections, and higher rate of neonatal intensive care unit (NICU) admissions. These increased health problems lead to higher rates of utilization of health care services and ultimately higher health care costs. Considering these complications, the American College of Obstetricians and Gynecologists recommends that non-medically indicated Caesarean delivery should not be performed before a gestational age of 39 weeks.

Moreover, the National Center for Health Statistics natality data documents the incidence of late preterm births (between 34 and 36 full weeks of gestation) in the U.S rose 20% between 1990 and 2006; the percentage born at 36 weeks rose the most. A literature search performed in 2009 for the National Institute of Child Health and Human Development’s National Child and Maternal Health Education Program (NICHD NCMHEP) revealed that a startling proportion of these births are elective.

In view of both the natality data and concern about the extent to which elective early delivery decisions may be contributing to poor outcomes for both the newborn and mother, a number of
federal and state agencies, provider organizations, and national non-profit organizations have undertaken special efforts to address the problem. These include:

- The NICHD NCMHEP launched a new CME/CE course, entitled Raising Awareness: Late Preterm Birth and Non-medically Indicated Inductions, designed to educate health care providers about the rising rate of late preterm birth and its risks.
- The March of Dimes, The State Department of Health in California, and The California Maternal Quality Care Collaborative developed a 39 Week Toolkit for hospitals to use to reduce elective deliveries before full term, which the March of Dimes is disseminating across the United States. The March of Dimes also make widely available its booklet, Why the Last Weeks of Pregnancy Count, which educates women considering scheduling their baby’s birth.
- The North Carolina Medicaid agency has established a new program, a “pregnancy medical home,” for all pregnant Medicaid recipients. Working in partnership with the state’s network of community services, Community Care of North Carolina, the Medicaid agency offers providers significant financial incentives to participate. One of the conditions of participation is that the provider does not perform elective deliveries before 39 weeks of gestation.
- The South Carolina Hospital Association has incorporated the South Carolina Birth Outcomes Initiative into its overall Partnership for Patients efforts. One of the four prongs of the birth initiative is the hospital’s commitment to avoiding elective inductions for non-medically indicated deliveries prior to 39 weeks.
- In July, 19 Banner Health hospitals that handle a total of over 30,000 births each year in seven states instituted a ban on elective deliveries before 39 weeks gestation. In 2010, 42 percent of babies born at Banner Health hospitals were delivered in advance of 39 weeks, of which an unknown percentage were elective deliveries.
- Also in July, the Louisiana Department of Health and Hospitals launched the 39-Week Initiative. Under this initiative, 20 hospitals agreed to immediately halt all elective deliveries prior to 39 weeks. One hospital that had adopted such a policy in 2007 reports that NICU admissions have dropped 20 percent since that time.

Incorporation of this measure in the adult Medicaid core set of health quality measures provides a crucial opportunity to ensure that evidence-based practice extends to a population already at high risk of prematurity, low birth weight, and other adverse birth outcomes. Accordingly, we strongly urge you to include the measure of elective delivery before 39 weeks gestation in the final initial voluntary core set.

Sincerely,

American Academy of Pediatrics
American College of Obstetricians and Gynecologists
Association of Women's Health, Obstetric and Neonatal Nurses
Association of Maternal and Child Health Programs
March of Dimes
National Partnership for Women and Families