

## **Maternal Quality Indicator (MQI) Work Group**

**Program** Since 2001, the MQI workgroup analyzes illnesses related to pregnancy and childbirth (such as third and fourth degree vaginal lacerations during childbirth; postpartum hemorrhage; and maternal and infant infections) to assess current levels of maternal morbidity in California and develop valid indicators to measure trends in maternal outcomes for use in local and statewide projects to improve maternal health.

MQI is providing leadership for the creation of a statewide, sustainable, evidence-based, and data-driven quality improvement system by:

- Identifying validated indicators of maternal health and measures of maternity care;
- Providing analysis of trends in maternal morbidity data and associated medical costs;
- Conducting trend analysis of chronic illnesses among pregnant women;
- Analyzing disparities in maternity care processes and outcomes

**Start Date** 2001

**Fund Source** Title V

### **History**

The MQI Work Group was started in response to rising rates of maternal mortality in California to conduct additional analysis necessary for understanding factors that may be contributing to the rise. Subsequently, MQI is an integral member of the data committee for the California Maternal Quality Care collaborative.

### **Program Opportunities**

Areas that present significant opportunities for improvement with regard to maternal health in California include:

- 75+ pregnancy-related maternal deaths/year in California;
- Increasing maternal morbidity and a rising trend in rates of cesarean birth;
- More than 4-fold differences between rates of maternal death among African-American mothers than mothers of other racial/ethnic groups;
- Large (20-fold) variation in rates of obstetric hemorrhage and infection among childbearing women in California;
- Unrecognized cardiovascular disease may be contributing more to maternal morbidity than previously appreciated by care providers;
- New technologies in electronic medical records that can contribute to patient safety efforts and new proven strategies for quality improvement in healthcare plus a variety of agencies and organizations that share this goal and can contribute resources.

### **Program Activities**

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- **Analysis** - identification/validation of measures; analysis of large administrative datasets;
- **Data** - morbidity and chronic disease rates among pregnant women in California
- **Quality Improvement (QI)** – development of validated single and composite measures of quality
- **Communication** – improved data collection through cooperative learning among hospitals
- **Partners** – government; professional organizations; hospital systems; payers; quality organizations; CDC; other states

### **Program Accomplishments to Date**

- **Dataset Development** – used linked birth/death/OSHPD data sets to identify leading causes of illness and injury among California pregnant women; associated costs of care for maternal morbidity; chronic disease rates among pregnant women
- **Providing technical assistance to hospitals with electronic medical records in order to develop methodology for data abstraction regarding maternal quality**
- **Provided expertise and support for development of new obstetrical measures for the National Quality Forum which were then incorporated by the Joint Commission.**

### **Future Plans**

- Complete and report on analysis of chronic care conditions and associated costs;
- Complete and report on using National Quality Forum obstetric measures to monitor quality of obstetrical care in select obstetrical hospitals in California;
- Continue to provide technical assistance to CMQCC on data collection and analysis