

# Study indicates need for more obstetric quality of care measures at hospitals

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In an analysis of data on more than 100,000 deliveries and term newborns from New York City hospitals, rates for certain quality indicators and complications for mothers and newborns varied substantially between hospitals and were not correlated with performance measures designed to assess hospital-level obstetric quality of care, according to a study in the October 15 issue of *JAMA*.

Severe maternal complications occurs in about 60,000 women (1.6 per 100 deliveries) annually in the United States, and 1 in 10 term infants experience [neonatal complications](#). In an effort to improve the quality of care, several obstetric-specific quality measures are now monitored and publicly reported. The extent to which these measures are associated with maternal and neonatal complications has not been known, according to background information in the article.

Elizabeth A. Howell, M.D., M.P.P., of the Icahn School of Medicine at Mount Sinai, New York, and colleagues used New York City discharge and birth certificate data sets from 2010 to determine whether two Joint Commission obstetric quality indicators (elective, nonmedically indicated deliveries performed at 37 weeks or more of gestation and prior to 39 weeks and cesarean deliveries performed in low-risk women) were associated with severe maternal or neonatal complications. Published algorithms were used to identify severe maternal complications (delivery associated with a life-threatening complication or performance of a lifesaving procedure) and complications in term newborns without birth defects (births associated with complications

such as birth trauma, hypoxia [a lower-than-normal concentration of oxygen in arterial blood], and prolonged length of stay).

Severe [maternal complications](#) occurred among 2,372 of 115,742 deliveries (2.4 percent), and neonatal complications occurred among 8,057 of 103,416 term newborns without birth defects (7.8 percent). Rates for elective deliveries performed before 39 weeks of gestation ranged from 15.5 to 41.9 per 100 deliveries among 41 hospitals. There were 11.7 to 39.3 [cesarean deliveries](#) per 100 deliveries performed in low-risk mothers. Severe maternal complication rates varied 4- to 5-fold between hospitals, and there was a 7-fold variation in neonatal complications at term between hospitals.

The maternal [quality indicators](#) of elective delivery before 39 weeks of gestation and cesarean delivery performed in low-risk mothers were not associated with severe maternal or neonatal complications.

**More information:** *JAMA* [DOI: 10.1001/jama.2014.13381](https://doi.org/10.1001/jama.2014.13381)

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