

Quality ID #335: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at < 39 Weeks (Overuse)

- National Quality Strategy Domain: Patient Safety
- Meaningful Measure Area: Appropriate Use of Healthcare

2021 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Outcome – High Priority

DESCRIPTION:

Percentage of patients, regardless of age, who gave birth during a 12-month period who delivered a live singleton at < 39 weeks of gestation completed who had elective deliveries by cesarean section (C-section), or early inductions of labor, without medical indication.

INSTRUCTIONS:

This measure is to be submitted **each time** a procedure is performed for patients undergoing delivery by C-section, or induction of labor, at less than 39 weeks gestation during the performance period. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third-party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third-party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third-party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients, regardless of age, who gave birth during a 12-month period delivering a live singleton at < 39 weeks of gestation completed

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Single live birth (ICD-10-CM): Z37.0

AND

Patient procedure during performance period (CPT): 59400, 59409, 59410, 59510, 59514, 59515, 59610, 59612, 59614, 59618, 59620, 59622

AND

Delivery at < 39 weeks gestation

NUMERATOR:

Patients who had elective deliveries by C-section, or early inductions of labor, without medical indication

Numerator Options:

Performance Met:

Early elective delivery by C-section, or early elective induction, not performed (< 39 weeks gestation) **(G9355)**

OR

Denominator Exception:

Medical indication for induction [Documentation

of reason(s) for elective delivery (C-section) or early

Induction) (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)] (G9361)

OR

Performance Not Met:

Early elective delivery by C-section, or early elective induction, performed (< 39 weeks gestation) (G9356)

RATIONALE:

Elective delivery or early induction often leads to prematurity, increased costs, and an increased incidence of cesarean section. Studies have determined that elective delivery or elective cesarean section prior to the gestational age of 39 weeks may result in significant short-term neonatal morbidity (neonatal intensive care unit admission rates of 13%–21%). Among women undergoing induction, women with their first pregnancies have a higher rate of cesarean delivery than women with prior vaginal births. Recent research shows that infants born prior to 39 weeks face a higher risk of breathing disorders and other problems than those who remain in the womb longer.

CLINICAL RECOMMENDATION STATEMENTS:

The below evidence statements are quoted from the following clinical practice bulletins: the American College of Obstetrics and Gynecologists (ACOG) “Induction of Labor” (issued in August 2009 and reaffirmed in 2016); the ACOG Medically Indicated Late-Preterm and Early-Term Deliveries Committee Opinion (2019); and the ACOG Avoidance of Nonmedically Indicated Early-Term Deliveries and Associated Neonatal Morbidities Committee Opinion (2019).

Decisions regarding maternal delivery are complex and must take into account maternal and newborn risks, practice environment, and patient preferences. The goal of induction of labor is to achieve vaginal delivery by stimulating uterine contractions before the spontaneous onset of labor. Generally, induction of labor has merit as a therapeutic option when the benefits of expeditious delivery outweigh the risks of continuing the pregnancy. Labor may also be induced for logistic reasons, e.g., rapid labor, distance, or psychosocial reasons.

However, indications for induction of labor are not absolute but should take into account maternal and fetal conditions, gestational age, cervical status, and other factors. ACOG and the Society for Maternal-Fetal Medicine have long discouraged nonindicated delivery before 39 weeks of gestation because the neonatal risks of late pre-term (34 0/7–36 6/7 weeks of gestation) and early term (37 0/7–38 6/7 weeks of gestation) births are well-established, and the potential neonatal complications associated with elective delivery at less than 39 0/7 weeks are well described. Based on these and other data, timing of elective delivery at 39 weeks of gestation or later is recommended. However, deferring delivery to 39 weeks of gestation is not recommended if there is a medical or obstetric indication for early delivery.

In some cases, health providers will need to weigh competing risks and benefits for the woman and her fetus. The following are examples of maternal or fetal conditions that may be indications for elective delivery by cesarean section, or early induction of labor:

- Placenta previa*
- Suspected accrete, increta, or percreta*
- Vasa previa*
- Prior classical cesarean*
- Prior myomectomy requiring cesarean delivery*

- Previous uterine rupture*
- Oligohydramnios
- Polyhydramnios
- Growth restriction
- Multiple gestations—uncomplicated
- Multiple gestations—complicated
- Alloimmunization
- Hypertensive disorders of pregnancy
- Diabetes
- HIV
- Intrahepatic cholestasis of pregnancy
- PROM (prelabor rupture of membranes)

* These conditions may be indications for early delivery by cesarean section; they are not indications for early induction of labor.

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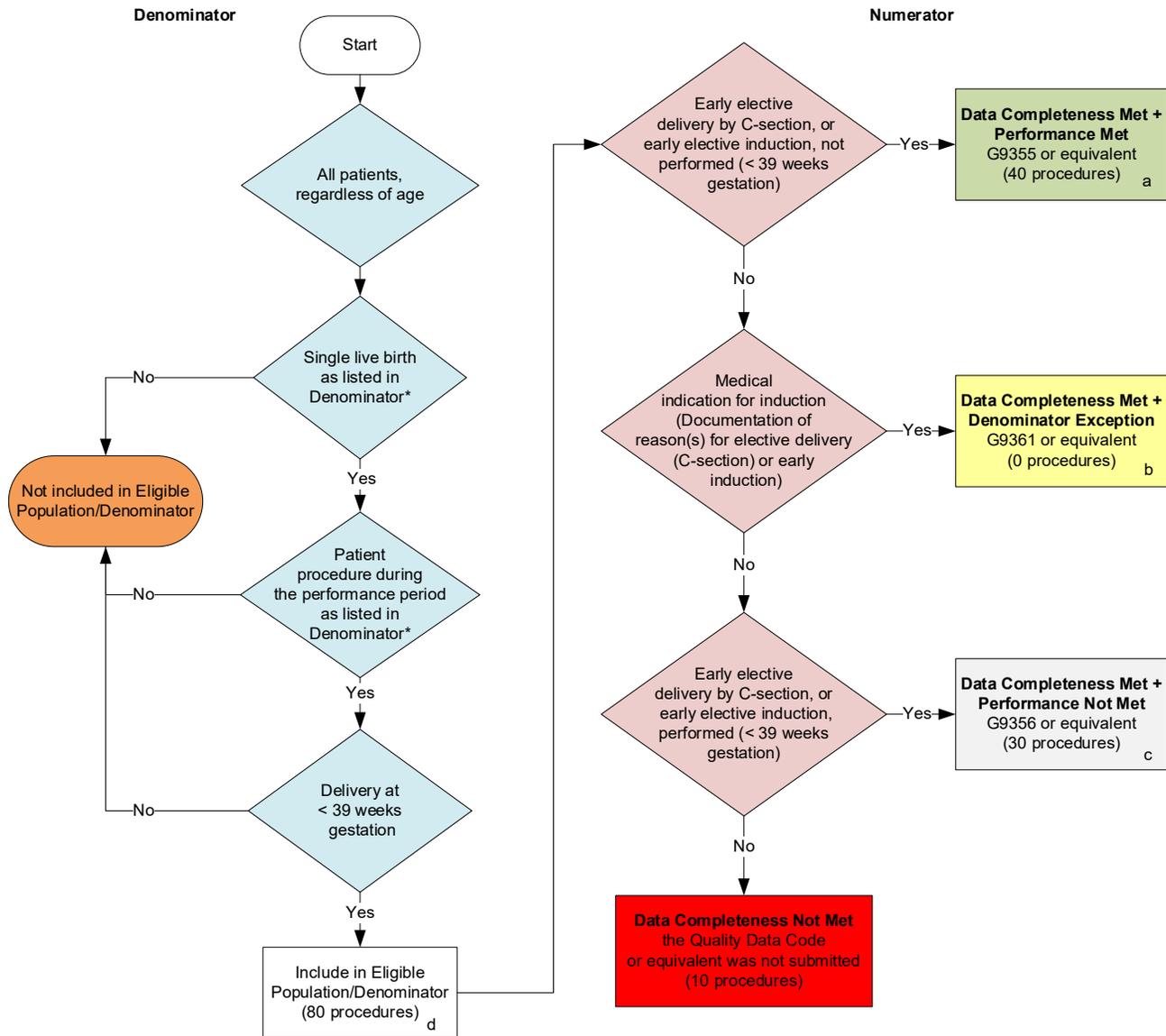
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2021 Clinical Quality Measure Flow for Quality ID #335: Maternity Care: Elective Delivery or Early Induction Without Medical Indication at < 39 Weeks (Overuse)

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Denominator Exception (b=0 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures) – Denominator Exception (b=0 procedures)}} = \frac{40 \text{ procedures}}{70 \text{ procedures}} = 57.14\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Procedure

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**2021 Clinical Quality Measure Flow Narrative for Quality ID #335:
Maternity Care: Elective Delivery or Early Induction Without Medical Indication
at < 39 Weeks (Overuse)**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator.
2. All patients, regardless of age.
3. Check *Single live birth as listed in Denominator**:
 - a. If *Single live birth as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Single live birth as listed in Denominator** equals Yes, proceed to check *Patient procedure during the performance period as listed in Denominator**.
4. Check *Patient procedure during the performance period as listed in Denominator**:
 - a. If *Patient procedure during the performance period as listed in Denominator** equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient procedure during the performance period as listed in Denominator** equals Yes, proceed to check *Delivery at less than 39 weeks gestation*.
5. Check *Delivery at less than 39 weeks gestation*:
 - a. If *Delivery at less than 39 weeks gestation* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Delivery at less than 39 weeks gestation* equals Yes, include in *Eligible Population/Denominator*.
6. Denominator Population:
 - a. Denominator Population is all Eligible Procedures in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 procedures in the Sample Calculation.
7. Start Numerator
8. Check *Early elective delivery by C-section, or early elective induction, not performed (less than 39 weeks gestation)*:
 - a. If *Early elective delivery by C-section, or early elective induction, not performed (less than 39 weeks gestation)* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.
 - b. If *Early elective delivery by C-section, or early elective induction, not performed (less than 39 weeks gestation)* equals No, proceed to check *Medical indication for induction (Documentation of reason(s) for elective delivery (C-section) or early induction)*.

9. Check *Medical indication for induction (Documentation of reason(s) for elective delivery (C-section) or early induction)*:
 - a. If *Medical indication for induction (Documentation of reason(s) for elective delivery (C-section) or early induction)* equals Yes, include in *Data Completeness Met and Denominator Exception*.
 - *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 0 patients in the Sample Calculation.
 - b. If *Medical indication for induction (Documentation of reason(s) for elective delivery (C-section) or early induction)* equals No, proceed to check *Early elective delivery by C-section, or early elective induction, performed (less than 39 weeks gestation)*.
10. Check *Early elective delivery by C-section, or early elective induction, performed (less than 39 weeks gestation)*:
 - a. If *Early elective delivery by C-section, or early elective induction, performed (less than 39 weeks gestation)* equals Yes, include in *Data Completeness Met and Performance Not Met*.
 - *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 procedures in the Sample Calculation.
 - b. If *Early elective delivery by C-section, or early elective induction, performed (less than 39 weeks gestation)* equals No, proceed to check *Data Completeness Not Met*.
11. Check *Data Completeness Not Met*:
 - a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations:

Data Completeness equals Performance Met (a equals 40 procedures) plus Denominator Exception (b equals 0 procedures) plus Performance Not Met (c equals 30 procedures) divided by Eligible Population/Denominator (d equals 80 procedures). All equals 70 procedures divided by 80 procedures. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 procedures) divided by Data Completeness Numerator (70 procedures) minus Denominator Exception (b equals 0 procedures). All equals 40 procedures divided by 70 procedures. All equals 57.14 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

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