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Best Hospitals for Maternity, US News & World Report
Proposed Methodology Feedback

The *Council of Women's and Infants' Specialty Hospitals (CWISH)* is a membership organization of non-profit hospitals that are leaders in providing services to women and infants. It is a unique subgroup of National Perinatal Information Center (NPIC) hospitals with large maternity services. The purpose of CWISH is to facilitate excellence in providing healthcare services to women and infants nationally through collaboration and information sharing about programs, practices, and national policy. CWISH currently has fourteen member hospitals representing close to 126,000 deliveries annually.

We appreciate the opportunity to provide feedback to US News team on the Best Hospitals for Maternity initiative and process. We share the group's desire to inform patients and families who are expecting a baby and help them, in consultation with a healthcare professional, make choices about where to receive care for an uncomplicated pregnancy. However, we believe that it is critically important to consider the context of this current initiative, proposed timing of its release, and the fragile nature of maternity care in our country. This context necessitates careful articulation of the interpretation of the measures, the iterative nature of this process and most importantly the complex dynamics of maternal and newborn health outcomes in the release of this publication. In addition to the devastating impact to communities, and individual pregnant people specifically, the COVID pandemic has had, the impact on acute and worsening health-care worker shortage has emphasized the challenges that hospitals face in providing maternity care. The pandemic has undoubtedly accelerated the process of hospitals eliminating maternity care and/or closing entirely. For many birthing people and their families, this unmistakable trend makes it increasingly difficult for them to access obstetric care. While the stated goal for informed choices made by families is laudable, the current reality is that for many segments of the population, there is no choice. This is driven by factors including geography, transportation, and insurance status, among others. We assert that acknowledging the current realities in choice/access to maternity care is important as we continue engaging with communities as active partners in their health.

Hospital maternity care is inextricably linked to multiple factors. There is increasing attention at the national level to ensuring that facilities have the right resources, staff, equipment and processes for the acuity of patients they serve. Through this work, it is recognized that medically high-risk patients are best served in hospitals who are designed for this care, while hospitals who serve primarily lower risk patients are safest as part of the system of care that allows for smooth transfer of care for higher risk patients when needed. The result of maternal levels of care work is that some hospitals will necessarily have a higher medical risk profile and likely are best compared to others with similar profile, especially to be most helpful when interpreting quality measures. It is also imperative to elevate the well documented disparities that exist across the country based on payor (Medicaid vs private), social determinants of health and race/ethnicity. While the drivers of these disparities must be examined and addressed, current state must also be recognized, and this includes patients with Medicaid insurance and/or from communities of color are often concentrated at specific facilities in parts of the country. It will be important to avoid disincentivizing care of vulnerable populations already experiencing disparities in outcomes, and rather use this opportunity to elevate the need for investment in these communities.

Additional brief feedback on the several specific metrics included in the initiative:

1. PC02: In US News material, PC-02 is represented as “Cesarean birth rate in low-risk women”. While there is reference to this measure as “low-risk” in multiple public documents, it is important as we engage the public in quality measure interpretation that we appropriately describe this measure and note that higher risk conditions are included in the measure, including obesity and hypertensive disorders. While there is debate about the degree of impact of certain morbidities on the C/S rate for first time birthing people, recognition that a hospital’s patient population does impact rates would be helpful. Finally, including some reference to the impact of volume on rates will be important. While the scoring and normalization steps used in the methodology will likely account for much of this, acknowledgment of volume on rate interpretation would be helpful to all new to maternity quality measurement as birth volumes by hospital can vary significantly.
2. Exclusive breast milk feeding: The choice of exclusive breastfeeding is not uniquely a reflection of hospital quality, and this publication would be a good opportunity to call for broader consideration for hospitals and communities to partner in efforts to address lower breastfeeding rates. Geographic differences in adoption of breastfeeding across the country support the benefit of understanding the community drivers of breastfeeding, while interhospital differences within a community help understand more localized quality work a hospital can influence. To meaningfully support breastfeeding, a key public and population health intervention, focusing on both hospital and the community collaboration could be powerful.
3. Ranking methodology: The data slides that analyze the ranking methodology show, among other things, that hospitals caring for non-white patients, those with a higher social vulnerability index, those located in rural settings, and critical access hospitals are over-represented in the bottom tertile of the rankings. This reality necessitates thoughtful articulation by US News and World Report of calls to action for supporting communities and avoid exacerbating the challenges these hospital face by focusing exclusively on the hospital’s role rather than on the hospitals place within a system of care. This is particularly important in communities that have experienced historical disinvestment. Without a more thoughtful discussion, we are concerned that the risk of further undermining these communities resulting from decreased health care resources is possible.

CWISH supports transparency and informed choice by birthing people and their families. We also recognize that the current reality of health care is that many families, especially those at risk of disparities in outcomes, are limited in choice due to multiple, complex factors that are outside any one stakeholder group’s control. We encourage US News and World Report to use this maternity publication to provide context and promote a broader national discussion about the complexity of quality reporting and inequities that exist, rather than simply reducing to whether a hospital is “best” or not. Overwhelmingly, hospitals are interested in partnering with communities on how to address the disparities in outcomes and commit to their role in quality care. By using a well-known publication such as the US News and World Report to encourage a more nuanced and thoughtful discussion about how to improve the quality of care for all birthing people, the public may be better prepared to engage in this work moving forward. And given the tenuous nature of maternity care in the US, with hospitals discontinuing maternity care services and the long-term staffing challenges hospitals anticipate for the next 5-10 years, this nuanced, solutions driven approach is critical to the maternal and infant health in our country.

Respectfully Submitted,
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