

Maternal and Infant Health Initiative

Improving Maternal Health by Reducing Low-Risk Cesarean Delivery

Affinity Group Fact Sheet

The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the **Improving Maternal Health by Reducing Low-Risk Cesarean Delivery Affinity Group**. This affinity group will support states in convening stakeholders and implementing quality improvement projects that reduce the number of low-risk cesarean deliveries (LRCD) among Medicaid and Children's Health Insurance Program (CHIP) beneficiaries, and in driving improvement in maternal and infant health. The affinity group will be preceded by a webinar series demonstrating the role LRCD births plays in maternal and infant health and outlining strategies state Medicaid and CHIP agencies can use to reduce the number of LRCD births. Additional information on the webinar series can be found on the [CMS LRCD landing page](#).

Why Focus on Reducing the Number of Low-Risk Cesarean Deliveries?

Cesarean deliveries are considered low risk when they are nulliparous (first birth), term (37 or more completed weeks), singleton (one fetus), and cephalic (head first). For low-risk pregnancies, cesarean delivery can pose a greater risk of maternal morbidity and mortality than vaginal delivery.¹ Early complications from cesarean delivery for the birthing person may include infection, hemorrhage, and uterine rupture.² Later complications may include abdominal wall endometriosis and cesarean scar defect.² Infants born through cesarean delivery are more likely to have breathing and respiratory issues and surgical injury from the procedure, making them subject to complications as well.³ Because of the known risks of cesarean delivery for low-risk pregnancies, the U.S. Department of Health and Human Services set a Healthy People 2030 goal of 23.6 percent for the LRCD rate.⁴ In 2020, the LRCD rate for all birthing persons was 25.9 percent, with notable disparities between Black and White birthing persons (30.6 percent and 24.7 percent, respectively).⁵ Because Medicaid covers 42.0 percent of all births in the United States, reducing the number of LRCD births is an opportunity for state Medicaid and CHIP programs to improve the quality of maternal and infant health and reduce overall maternal morbidity and mortality.

The Opportunity

To reduce the rate of LRCDs for Medicaid and CHIP beneficiaries, CMS is pleased to launch the **Improving Maternal Health by Reducing Low-Risk Cesarean Delivery Affinity Group**. The affinity group will provide technical assistance to state Medicaid and CHIP agencies and their partners through group workshops and one-on-one meetings with state teams. Quality improvement (QI) advisors and subject matter experts will provide state teams with individualized guidance, including QI tools to identify, implement, and test change ideas to reduce LRCDs and scale changes that prove successful. Participating states will meet monthly from July 2022 to August 2023 to develop and test data-driven interventions. States will work with CMS to improve their performance on the Low-Risk Cesarean Delivery (LRCD-CH) Child

Core Set measure⁶, which is also included on the Maternity Core Set⁷, and to identify other relevant indicators to track quality improvement.

State Medicaid and CHIP Team Learning Objectives

The affinity group's state Medicaid and CHIP QI teams will:

- Meet monthly for virtual workshops and one-on-one state coaching calls, learning from QI advisors, subject matter experts, and peers
- Improve QI skills through workshops and individual state QI team coaching
- Identify data sources and produce analytics in collaboration with partners to develop QI strategies and track their effectiveness
- Work with partners to test, implement, and assess QI ideas for changes

Application and Selection

To participate in the affinity group, please complete and submit the [Expression of Interest \(EOI\) form](#) by **July 15, 2022, 8:00 PM ET**. In addition to the relevant state Medicaid and CHIP staff, states are strongly encouraged to include representatives from hospitals, state hospital associations, state perinatal quality collaboratives (where available), obstetric providers, and state obstetric associations. States are also encouraged to work with their Medicaid and CHIP managed care plans, health departments, their State Title V MCH Programs, and other relevant state partners as part of their QI work. Once they receive the EOI form, CMS and the QI technical assistance team will contact the proposed state QI team leader to discuss the state's participation and improvement goals.

Criteria used in selecting participants for the affinity group include:

- Medicaid or CHIP staff leaders or co-leaders who are willing and available to work about 10 hours each month on the QI project
- Well-articulated goals for reducing LRCD rates
- An understanding of the challenges and opportunities faced by state Medicaid and CHIP in working to reduce rate of LRCD
- Access to data on low-risk cesarean delivery through partners and/or vital records, and access to other data as needed for QI
- Identification of a well-rounded state planning team and an ability to convene and engage partners to drive improvement
- Demonstrated support from Medicaid or CHIP executive leadership

Questions?

Please submit your questions to the technical assistance mailbox at
MACQualityImprovement@mathematica-mpr.com.

¹ Sandall, J., Tribe, R.M., Avery, L., Mola, G., Visser, G.H.A., Homer, C.S.E., Gibbons, D., Kelly, N.M., Kennedy, H.P., Kidanto, H., Taylor, P., & Temmerman, M. (2018). Short-term and long-term effects of cesarean section on the health of women and children. *The Lancet*, (392)1, 1349–1357.

<https://www.sciencedirect.com/science/article/pii/S0140673618319305?via%3Dihub>

² Rosa, F., Perugini, G., Schettini, D., Romano, N., Romeo, S., Podesta, R., Guastavino, A., Casaleggio, A., and Gandolfo, N. (2019). Imaging findings of cesarean delivery complications: cesarean scar disease and much more. *Insights in Imaging*, (10)1, 98. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6757074/>

³ American Pregnancy Association. *C-section complications*. <https://americanpregnancy.org/healthy-pregnancy/labor-and-birth/c-section-complications/>

⁴ U.S. Department of Health and Human Services. (n.d). *Reduce cesarean births among low-risk women with no prior births – MICH-06*. Healthy People 2030. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce Cesarean-births-among-low-risk-women-no-prior-births-mich-06>

⁵ Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2020. National Vital Statistics Reports; vol 70 no 17. Hyattsville, MD: National Center for Health Statistics. 2022. <https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf>

⁶ 2021 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set). <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-child-core-set.pdf>

⁷ 2021 Core Set of Maternal and Perinatal Health Measures for Medicaid and CHIP (Maternity Core Set). <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-maternity-core-set.pdf>