

Maternal Data Center (MDC) Measure List August 2022

Most *Maternal Data Center (MDC)* measures are “auto-calculated” based on the MDC’s automated linkage of two core data sets: Patient Discharge Data (PDD) and Birth Certificate data. Some measures require *supplemental* clinical data that are OPTIONAL for MDC participating hospitals. All measures are calculated at each of the following levels: hospital, system, nursery, delivery volume category, county, region, and state to support benchmarking. Several measures are also calculated at the individual provider level² or are stratified by relevant sub-groups to support identification of QI opportunities³.

Clinical Quality Measures Auto-Calculated	Clinical Quality Measures Requiring Supplemental Data ¹
3rd/4th Laceration-All Vaginal Deliveries (AHRQ PSI 18 & 19) ²	Anemia on Admission
Birth Trauma - Injury to Neonate (AHRQ PSI 17)	Antenatal Steroids (PC-03)
Cesarean Birth: Nulliparous, Term, Singleton, Vertex (PC-02, LF) ^{2,3}	Early Elective Delivery (PC-01, CMS IQR, LF) ^{2,3}
Cesarean Birth: Term, Singleton, Vertex (AHRQ IQI 21)	CCHD – Pulse Oximetry Screening (CCS)
Cesarean Birth: Overall ²	DVT Prophylaxis in Women Undergoing C-Section (LF)
Cesarean Birth: Primary ²	Exclusive Breast Milk Feeding (PC-05)
Cesarean Birth: Primary, Term, Singleton, Vertex (AHRQ IQI 33)	Modified Exclusive Breast Milk Feeding ³
Cesareans After Labor Induction (Multip vs. Nullip) ^{2,3}	Any Breast Milk Feeding ³
Cesareans after Forceps or Vacuum Use	Breastfeeding in First Hour of Life ³
Chorioamnionitis among Maternal Cases, among Newborn Cases	Skin-to-Skin at Delivery
COVID-19 Positivity among Maternal Cases	Donor Milk Feeding
Episiotomy Rate (NQF, LF) ²	ICU Admissions
Induction Rate ²	Newborn Bilirubin Screening Prior to Discharge (LF)
Operative Vaginal Delivery Rate ²	NICU Admission among Inborns
Severe Maternal Morbidity: Overall and Excluding Transfusions (CDC) ³	Hemorrhage: Risk Assessment on Admission
Severe Maternal Morbidity Among Hemorrhage Cases (Inc. and Excl. Transfusions)	Preeclampsia: ICU Admission Rate and ICU Days per 100 Cases
Severe Maternal Morbidity Among Preeclampsia Cases (Inc. and Excl. Transfusions)	Quantified Blood Loss (Cumulative Value and Performed Y/N)
Unexpected Newborn Complications (PC-06) (Overall, Moderate & Severe) ³	Severe Maternal Morbidity Case Reviews ³
Vaginal Birth After Cesarean (VBAC), (AHRQ IQI 22) ²	Timely Treatment for Severe HTN (AIM)
VLBW (<1500g) NOT delivered at a Level III NICU (NQF)	Transfusions: RBC, All, Massive
	Transfusions Excluding Accreta Cases: RBC, All, Massive

¹Measures requiring supplemental data will not have robust state or regional-level comparison benchmarks (as not all MDC hospitals submit the supplemental data)

²Provider-Level Metrics Available

³MDC auto-calculates additional stratifications and/or applies risk adjustment to support identification of QI opportunities

Statistics – All Auto-Calculated	
Total Birth Count	Diabetes
Total Deliveries	Fetal Presentation
<2500g Rate (NQF 1382)	Hemorrhage
5 Minute APGAR <7	Hypertension
Maternal Age Distributions	PROM
Payer Category Distributions	Shoulder Dystocia
Pre-Pregnancy BMI	Stillbirth
Race-Ethnicity Distributions	Newborn Drug Withdrawal and Exposure
Outcome of Delivery	Late Preterm Birth Rate
Method of Delivery	Total Preterm Birth Rate
Birth Weight Distributions	Total Length of Stay – Vaginal & Cesarean
Gestational Age Distributions (Overall, Twins)	Postpartum Length of Stay – Vaginal & Cesarean
Multiple Gestation	Vaginal Deliveries with Postpartum LOS ≥4 Days
Number of Prior Live Births	CS Deliveries with Postpartum LOS ≥6 day
Prenatal Care: Month Prenatal Care Began	Certified Nurse Midwives (CNM) Delivery Rate
Prenatal Care: Number of Prenatal Visits	Transfer from Non-Hospital Birth Setting

Acronyms

PC: Joint Commission Perinatal Care Measure Set

CMS IQR: CMS Inpatient Quality Reporting Program

AHRQ PSI: Agency for HealthCare Research and Quality Patient Safety Indicator

LF: Leapfrog Group

NQF: National Quality Forum