

# The Birth Survey

www.thebirthsurvey.com

-=About the Project=-

## ***the Transparency in Maternity Care Project***

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## **OVERVIEW**

The *Transparency in Maternity Care Project* was birthed in February of 2006 by the Grassroots Advocates Committee (GAC) of the Coalition for Improving Maternity Services (CIMS). We are a volunteer group dedicated to ensuring public access to quality of care information specifically related to maternity care providers and institutions. It is our intention to extend the current social trend toward transparency in health care into the virtually overlooked maternity care arena.

The *Birth Survey* is structured around the Coalition for Improving Maternity Services (CIMS) evidence-based 10 Steps to Mother-Friendly Care and other quality of care indicators. The creation of *The Birth Survey* has been inspired by Childbirth Connection's Listening to Mothers Survey (Harris Interactive, October 2002) and the A-CAHPS (Ambulatory Consumer Assessment of Healthcare Providers and Systems) program and surveys.

We believe that women of childbearing age must have access to information that will help them choose maternity care providers and institutions that are most compatible with their own philosophies and needs. We hope that the *Transparency in Maternity Care Project* will provide information that will help women make fully informed maternity care decisions.

We also believe that maternity care practitioners and institutions must have access to feedback from their patients. We hope that doctors, midwives, and hospital administrators will find the information generated through the *Transparency in Maternity Care Project* useful in quality improvement efforts.

Women need accurate, objective data in order to make fully informed choices about birth settings and providers. Practitioners and hospital administrators also need data to evaluate whether they are delivering quality care. We hope this project will fill a void by providing much needed information that benefits all parties engaged in maternity care.

## **GOALS**

Our goal is to give women a mechanism that can be used to share information about maternity care practices in their community while at the same time providing practitioners and institutions feedback

for quality of care improvement efforts.

At the heart of the project is an on-going, online consumer survey, *The Birth Survey*, that asks women to provide feedback about their birth experience with a particular doctor or midwife and within a specific birth environment. Responses will be made available online to other women in their community who are deciding where and with whom to birth. Paired with this experiential data will be official statistics from state departments of health listing obstetrical intervention rates at the facility level.

#### **FOUR PRIMARY OBJECTIVES**

##### *Objective 1*

Annually obtain maternity care intervention rates on an institutional level for all fifty states.

##### *Objective 2*

Collect feedback about women's birth experiences using an online, ongoing survey, *The Birth Survey*.

##### *Objective 3*

Present official hospital intervention rates, results of *The Birth Survey*, and information about the MFCI in an on-line format.

##### *Objective 4*

Increase public awareness of differences among maternity care providers and facilities and increase recognition of the MFCI as the gold standard for maternity care.

#### **VISION**

We are dedicated to improving maternity care for all women. We will do this by 1) creating a higher level of transparency in maternity care so that women will be better able to make informed decisions about where and with whom to birth and 2) providing practitioners and hospitals with information that will aid in evaluating and improving quality of care.

#### **BRINGING TRANSPARENCY TO MATERNITY CARE**

In the US, it is nearly impossible to access information about the quality of an individual health care provider or institution. The 2001 Institute of Medicine report, *Crossing the Quality Chasm*, underscores transparency as one of ten key steps necessary to overall health care system improvement. As national quality improvement initiatives continue to grow, maternity care must be included in this movement. The US spends more on maternity services than any other country in the world, yet we have the highest rates of infant death of all developed nations .<sup>1</sup> The US also has one of the lowest vaginal birth rates in the world even though cesarean section carries greater risks to mother and baby. Despite emphasis on evidence-based medicine, cost-containment, and patient safety, the overuse of medical technology continues to rise without concomitant improvements in maternal or infant outcomes. Indeed, studies show that the inappropriate imposition of procedures, drugs, tests, and restrictions increase maternal and newborn morbidity and mortality. Although institutes, universities, and foundations are engaging in research or developing projects to increase health care transparency, currently, no significant consumer-led national effort is underway to share health care or maternity care information. A mechanism to share, systematically track, and retrieve up-to-date information about the quality of care received would equip consumers with the information necessary to make informed decisions and enable individuals to play a larger role in determining their care.

## ARTICLES ON TRANSPARENCY

- Transparency in Health Care: The Time Has Come. By Sara R. Collins and Karen Davis. Accessible here: [http://www.cmfw.org/publications/publications\\_show.htm?doc\\_id=361215](http://www.cmfw.org/publications/publications_show.htm?doc_id=361215)
- Public Reporting and Transparency. By John M. Colmers. Accessible here: [http://www.cmfw.org/publications/publications\\_show.htm?doc\\_id=449503&#doc449503](http://www.cmfw.org/publications/publications_show.htm?doc_id=449503&#doc449503)
- The quality of health care delivered to adults in the United States. Beth McGlynn et al. Accessible here: [http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list\\_uids=12826639&dopt=Abstract&itool=iconabstr](http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=12826639&dopt=Abstract&itool=iconabstr)
- Does Publicizing Hospital Performance Stimulate Quality Improvement Efforts? By Judith H. Hibbard, Jean Stockard and Martin Tusler. Published in Health Affairs, accessible here: <http://content.healthaffairs.org/cgi/content/full/22/2/84?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=hibbard&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>
- The implications of regional variations in Medicare spending. Part 2: health outcomes and satisfaction with care. By Elliot Fisher. Accessible here: [http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list\\_uids=12585826&dopt=Abstract](http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=12585826&dopt=Abstract)
- Dartmouth-Hitchcock Medical Center Health Information and Quality Reports. Accessible here: [http://www.dhmc.org/webpage.cfm?site\\_id=2&org\\_id=459&gsec\\_id=0&sec\\_id=0&item\\_id=20534](http://www.dhmc.org/webpage.cfm?site_id=2&org_id=459&gsec_id=0&sec_id=0&item_id=20534)
- Public Reporting of Health Care Performance in Minnesota. By G. Mosser and S. Scheitel. Accessible here: <http://www.ihl.org/IHI/Topics/LeadingSystemImprovement/Leadership/Literature/PublicReportingofHealthCarePerformanceinMinnesota.htm>

## PROJECTED PROJECT TIMELINE

Year 1	Year 2	Year 3
<b>July 2007 – June 2008</b>	<b>July 2008 – June 2009</b>	<b>July 2009 – June 2010</b>
<b>Pilot project in NYC</b>	<b>National project release</b>	<b>International project release</b>

## WHEN WILL THE PROJECT BE AVAILABLE IN YOUR AREA?

### Summer 2007

*The Birth Survey* will be piloted in New York City starting July of 2007.

To volunteer or get more information about our New York City Pilot please e-mail [info@choicesinchildbirth.org](mailto:info@choicesinchildbirth.org).

## Summer 2008

*The Birth Survey* will be launched nationally. We are looking for volunteers to help launch this project across the country in the Summer of 2008. If you would like to help develop this project, obtain intervention rates for institutions in your state, or help get the word out about the project, please e-mail [cimsgrassroots@yahoo.com](mailto:cimsgrassroots@yahoo.com).

## 2008/2009

*The Birth Survey* will be in development for use internationally.

If you're interested in working on the international launch of *The Birth Survey* please e-mail [cimsgrassroots@yahoo.com](mailto:cimsgrassroots@yahoo.com).

## NEW YORK CITY PILOT

The Grassroots Advocates Committee will be partnering with Choices in Childbirth in piloting the *Transparency in Maternity Care* Project in New York City. The project will be launched in the summer of 2007 and, for the first year, will only be available to women who have given birth in any of the five boroughs of NYC.

On July 21, 2007 (July 22 in case of rain) we will hold a Birth Fair in Union Square to announce the launch of *The Birth Survey* in NYC. Check back for more information about the Birth Fair either here or on the Choices in Childbirth website [www.choicesinchildbirth.org](http://www.choicesinchildbirth.org).

If you'd like to volunteer to help us launch *The Birth Survey* pilot in NYC or plan the Birth Fair please contact us at [info@choicesinchildbirth.org](mailto:info@choicesinchildbirth.org).

If you are not in New York City but would like to provide feedback about your provider you can do so at [www.drscore.com](http://www.drscore.com). We hope to have *The Birth Survey* available nationally by the summer of 2008.

Why New York City?

There were many reasons to choose New York City as our pilot site.

*First: New York is a large, high profile city offering a wide variety of birth options.*

It is a densely populated and well-networked urban center.

There is easy access to multiple press/media outlets.

Approximately 125,000 births occur in NYC per year.

Forty-four hospitals provide maternity care services.

The majority of the country's obstetricians are trained in NYC.

Two Free-standing Birth Centers are in operation.

An established homebirth community thrives.

Nearly 10% of births in NY are attended by midwives.

*Second: The Grassroots Advocates Committee will be piloting the project in partnership with Choices in Childbirth (CIC), an active grassroots organization based in NYC.*

CIC is well connected with the NYC birth community. CIC publishes *The New York Guide to a Healthy Birth* – in 2007, 20,000 copies advertising *The Birth Survey* will be distributed free to the public. A member of the GAC and CIC is based in NYC and will be engaged in the day-to-day oversight of the pilot.

*Third: New York State is one of only two states with a Maternity Information Act.*

The MIA provides the public with legal access to intervention rates at the facility level. Choices in Childbirth is connected with the NYS Department of Health and has already collected the intervention rates for all New York hospitals.

*1. Child Health USA 2001, Maternal Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services, p. 22*