

Data Request: Arkansas APCD

Requesting Organization: National Accreta Foundation

Project Name: Perinatal Regionalization and Access to Care for Patients with a Previous Cesarean

September 29, 2017

The National Accreta Foundation is a 501(c)(3) organization founded in April 2017 in Arkansas to eliminate preventable maternal mortality and morbidity attributable to placenta accreta. Placenta accreta is a potentially fatal condition in which the placenta attaches abnormally to the wall of the uterus and may grow through an existing uterine scar. History of a previous cesarean section is a risk factor for abnormal placentation, with the estimated rate of placenta accreta cases having risen parallel to the cesarean rate over the years—[from 1 in 1,250 pregnancies to 1 in 333 pregnancies](#).

A woman's risk of developing placenta accreta and concomitant morbidity, in this case known as severe maternal morbidity (SMM), rises with each subsequent cesarean delivery. The risk of maternal mortality related to placenta accreta and its complications is thought to be as high as 6-7%.

In the interest of not reinventing the wheel, our organization has identified gaps in research, measurement and performance with regards to patients with a history of prior cesarean section. [CDC data from 2013 show](#) that approximately 15 percent of all births in the U.S. annually occur to women with a history of a previous cesarean. In 2015, Arkansas women with a previous [cesarean had a 93.2% chance](#) of having a repeat cesarean. Efforts to increase VBAC (vaginal birth after cesarean) access for Medicaid patients were not received well by the medical community in Arkansas, which is why [Arkansas Medicaid implemented a successful quality improvement program](#) statewide to reduce variation in cesarean rates in first time moms with low risk deliveries.

Arkansas is ahead of most states in having [published maternal and neonatal levels of care](#) at all birthing hospitals in the state. The UAMS ANGELS program located within the [UAMS Center for Distance Health](#) is has a wealth of information on how perinatal care is distributed throughout the state and is nationally known for its innovation in obstetric telemedicine, quality improvement and education.

From a patient safety perspective, we will assess whether women with a previous cesarean have access to risk-appropriate care. Using the newly available research assets available through the Arkansas APCD along with the Perinatal Regionalization of Care survey, other publicly available datasets with hospital characteristics and expert consultation from the Department of OB-GYN at UAMS Center for Distance Health, we will test health care access with a goal of identifying specific opportunities for improvement and investment.

We hope to create a replicable model of assessing access to care for women with a previous cesarean that can be used in other states or regions.

The final products will be: 1) a paper with our findings and all hospital data aggregated and deidentified that will be published on our web site after review by an academic OB-GYN, and 2) a confidential report with additional tables and graphs including hospital rates submitted to Dr. Namvar Zohoori at ADH, Dr. Curtis Lowery at UAMS and Dr. Joe Thompson of ACHI.

All data will be kept confidential per any requirements of the Arkansas APCD. If you would like for us to partner with an academic institution with an established history of demonstrating responsible data stewardship, we could arrange that but would prefer to not incur expenses.

We are a volunteer-only organization seeking funding at present.

Data Request:

The following can be run using only claims data. Please run these reports for all birthing hospitals in Arkansas. Years 2013 to 2016 if available.

AHRQ Primary Cesarean Rate:

<https://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V41/TechSpecs/IQI%2033%20Primary%20Cesarean%20Delivery%20Rate.pdf>

AHRQ Total VBAC Rate:

[https://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V45/TechSpecs/IQI%2034%20Vaginal%20Birth%20After%20Cesarean%20\(VBAC\)%20Rate%20All.pdf](https://www.qualityindicators.ahrq.gov/Downloads/Modules/IQI/V45/TechSpecs/IQI%2034%20Vaginal%20Birth%20After%20Cesarean%20(VBAC)%20Rate%20All.pdf)

Total deliveries by hospital

Payer mix by hospital for the populations measured by AHRQ IQI 33 and IQI 34 (Medicaid vs. private)

Researcher Background:

Jill Arnold is a consultant and a subject matter expert in maternity care data and reporting. She has worked as project manager at Consumer Reports in consumer engagement with hospital data. Jill is an Editorial Board Member of the Institute for Perinatal Quality Improvement, a member of the Lamaze International Board of Directors and an Expert Consultant to the Delivery Decisions Initiative at Harvard's Ariadne Labs, as well as serving as a member of the steering committee of the California Maternal Quality Care Collaborative (CMQCC) Maternal Data Center since 2013. She serves on the Arkansas Healthcare Transparency Initiative Task Force Board and will recuse herself from her role in approving APCD data requests in this case. She co-founded the National Accreta Foundation in April 2017.