



2024 MATERNITY CARE HONOR ROLL

METHODOLOGY PRIMER

To holistically assess the quality of maternity care services across California hospitals, Cal Hospital Compare has broadened its Maternity Care Honor Roll criteria to include 5 maternal health metrics. The historical Maternity Care Honor Roll program identified hospitals that met or exceeded the statewide C-section target of 23.6%. The new maternity care composite measure, which summarizes data from multiple measures, allows us to recognize hospital's providing high quality maternity care in multiple ways while also driving continuous quality improvement.

METHODOLOGY

Given that 2024 represents a transition year, the 2024 Maternity Care Honor Roll uses two approaches to recognize high performance. Hospitals must also participate in California Maternal Quality Care Collaborative's Maternal Data Center to be considered for the honor roll.

- 1) **NEW maternity care composite measure** = Hospital achieves a combined ≥ 5.0 points across all 5 maternal health metrics selected for the 2024 Maternity Care Honor Roll program. For hospitals that do not offer VBAC services, the combined score to make the honor roll is ≥ 4.0 .
- 2) **Historical criteria** = NTSV C-section rate $\leq 23.6\%$

See Table 1 for scoring breakdown by measure and Table 2 for measurement details.

Table 1. Maternity Care Composite Measures & Scoring

Composite measures	Threshold	Rationale	Scoring
NTSV C-section rate	$\leq 23.6\%$	Historical statewide improvement target; aligns with Healthy People 2030 goals for this measure.	<ul style="list-style-type: none"> • Points = threshold minus hospital rate (e.g. $23.6 - 21.5 =$ score of 2.1 points) <ul style="list-style-type: none"> ○ Max score of 3 points ○ 0 points = rates $\geq 23.6\%$ • <i>Guardrail: hospital excluded if rate > 23.6</i>
Surgical site infection SIR for C-sections	≤ 1.0 SIR	A SIR of 1.0 or better reflects hospitals performing as expected or better in preventing infections after C-sections.	<ul style="list-style-type: none"> • Points = threshold minus hospital SIR (e.g. $1.0 - 0.37 =$ score of 0.63 points) <ul style="list-style-type: none"> ○ 0 points = rates > 1.0 • <i>Guardrail: hospital excluded if SIR ≥ 3.5 (i.e. outliers, bottom 5% of CA hospitals)</i>
Episiotomy	3.6%	The California Health Care Foundation Maternity Care in California-2023 Edition reports the average episiotomy rate in California was 3.6% in 2021.	<ul style="list-style-type: none"> • Points = threshold minus hospital rate (e.g. $3.6 - 1.5 =$ score of 2.1 points) <ul style="list-style-type: none"> ○ Max score of 3 points ○ 0 points = rates > 3.6 • <i>Guardrail: hospital excluded if rate $\geq 8\%$ (i.e. outliers, bottom 5% of CA hospitals)</i>
Early elective delivery before 39 weeks	5% & 10%	A 3-category scoring system was used to evaluate this measure, aligning with 2023–2024 U.S. News & World Report Best Hospitals for Maternity Care .	<ul style="list-style-type: none"> • 1 point = $\leq 5\%$ • 0.5 points = $>5\%$ and $<10\%$ • 0 points = $\geq 10\%$ or no data • <i>Guardrail: hospital excluded if rate $\geq 10\%$</i>
Vaginal birth after C-section (VBAC)	$\geq 18.3\%$ for hospitals with a VBAC program	Aligns with the Healthy People 2020 goal; Healthy People did not set a goal for this metric as part of their 2030 program.	<ul style="list-style-type: none"> • 1 point = $\geq 18.3\%$ • 0.5 points = $<18.3\%$

Table 2. Measurement details

Measure	Measure Type	Source*	Measurement Period
NTSV C-section	Outcome	CMQCC	CY 2023
Surgical site infection SIR for C-sections	Outcome	CDPH	
Episiotomy	Outcome	CMQCC	
Early elective delivery before 39 weeks	Process	CMS	
Vaginal birth after C-section (VBAC)	Process	CMQCC	

*CMQCC= California Maternal Quality Care Collaborative, CDPH = California Department of Public Health, CMS = Center's for Medicare & Medicaid Services