



May 3, 2023

The Honorable Marquita Cullom  
Agency for Healthcare Research and Quality  
Associate Director  
5600 Fishers Ln, #7  
Rockville, MD 20857

Submitted electronically to [CAHPS1@westat.com](mailto:CAHPS1@westat.com)

RE: Prenatal and Childbirth Care Experience Survey RFI

Dear Ms. Cullom,

On behalf of the more than 56,000 members of the American Society of Anesthesiologists (ASA), I am pleased to submit our comments on the Agency for Healthcare Research and Quality (AHRQ) Request for Information (RFI) related to a potential Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey to assess a patient's prenatal care and childbirth care experiences in ambulatory and inpatient care settings. Anesthesiologists contribute to the wellbeing and experience of pregnant patients before, during, and after the childbirth experience. For many women, this means ensuring they have adequate pain relief when receiving an anesthetic such as an epidural, spinal, combined spinal/epidural, or a general anesthetic when necessary. Although many patients may think the anesthesiologist is only responsible for pain relief, the role of the anesthesiologist encompasses the patient's entire childbirth experience and addresses that patient's needs, safety, and expectations.

We recognize that developing a CAHPS survey for prenatal and childbirth care will be a difficult task. Morbidity and mortality among pregnant patients in the United States is shockingly high, and minority patients often experience disparities in care and experience. Although a CAHPS survey may diagnose areas where clinicians fall short in communication, patient experience, quality, and safety, the survey is just one step in a larger journey to reduce disparities, improve health outcomes, and build greater trust between patients, physicians, and other clinicians. We appreciate and support the efforts of AHRQ and state agencies to explore opportunities and partnerships between multiple stakeholders to improve maternal health.

ASA appreciates the opportunity to provide comments on the questions listed below. We welcome future engagement with AHRQ as the agency develops and hones questions related to prenatal health and childbirth experiences. In addition, we encourage and support AHRQ engaging patient advocacy organizations, individual patients, and patient caregivers or support networks to identify pathways to best capture the patient experience.

## **1. What are the highest priority aspect(s) of patient experiences with prenatal healthcare that should be asked about in a survey?**

ASA recommends that AHRQ categorize different features of patient access, communication, and quality of care in their surveys.

We recommend these access to care questions ***related to prenatal healthcare*** be considered:

- Were you offered translation services during your visit?
- Did you have access to specialists necessary for any medical or mental health issues?
- Did you understand your discharge instructions?
- Were you able to afford your medications?
- Did you understand the instructions provided on your medications?

We recommend these physician-patient communication questions ***related to prenatal healthcare*** be considered:

- Did you receive education on the dynamic nature and experience of the labor and delivery course?
- Did you receive information about anesthesia care and labor pain control options that would be available for you during your delivery or hospitalization?
- Did you feel that you could ask questions about your care?
- Were your questions answered to your satisfaction?
- Do you feel your physicians, nurses, or other members of your care team listened to your concerns?
- Were you treated with respect by your physicians, nurses, and other members of your care team?

We recommend these quality questions ***related to prenatal healthcare*** be considered:

- Were you satisfied with your prenatal care?
- Was your prenatal care helpful to you and your baby?
- Did you experience any bias or discrimination in your prenatal care?
- Did you feel that you were treated differently by the health care team because of 1.) Your race or skin color? 2.) Your ethnicity or culture? 3.) Your sexual orientation or gender identity? 4.) Your type of health insurance? 5.) The language you speak?

### **a. Why are these aspect(s) of patient experience a high priority for inclusion in a survey of prenatal healthcare?**

The prenatal experience for many patients, especially those giving birth for the first time, is often a time of uncertainty and stress. Stress in the antepartum period may also be associated with postpartum depression. The anesthesiologist and other members of the patient's prenatal care team can help assuage these fears and stresses. Patient education, consent, and expectations of care should be established early in the process. Physicians must partner with their patients in discussing anesthesia care and labor pain control and engage the patient as an active, decision-making participant. Our recommendations also reflect the need for physicians to better engage patients from

minority populations on access to appropriate care and in shared decision-making. Studies have consistently shown that pregnant patients from minority backgrounds frequently report experiencing bias and discrimination and feel dismissed by their healthcare professionals. Health professionals must improve their communication and care for these patients. We also believe that high-risk patients would benefit from having access to anesthesia consultations, health counselors, doulas, and other patient advocates.

**b. What other topic area(s) should be included in a new survey assessing prenatal healthcare?**

ASA does not have any recommendations for this question.

**2. What are the highest priority aspect(s) of patient experiences with childbirth healthcare that should be asked about in a survey?**

We recommend these access to care questions *related to childbirth* be considered:

- Were you offered translation services during your visit?
- Did you have access to specialists necessary for any medical or mental health issues?
- Did you understand your discharge instructions?
- Were you able to afford your medications?
- Did you understand the instructions provided on your medications?

We recommend these physician-patient communication questions *related to childbirth* be considered:

- Were you asked to share your birthing preferences?
- Did you receive education on the dynamic nature and experience of the labor and delivery course?
- Did you receive information about anesthesia care and labor pain control options available for you during your delivery or hospitalization?
- Did you have a discussion with the anesthesia team regarding the risks, benefits, and alternatives of labor pain control options?
- Did you have a discussion with the anesthesia team regarding the risks, benefits, and alternatives of anesthesia techniques for cesarean section?
- Did you feel that you could ask questions about your care?
- Did you feel pressured by the health care team into accepting care you did not want or understand?
- Were your questions answered to your satisfaction?
- Do you feel your physicians, nurses, and other members of your care team listened to your concerns?
- Did you receive education regarding lactation and lactation services?
- Did you receive education on common experiences in the postpartum period?
- Did you receive education on experiences of postpartum pain and management of postpartum pain?

- How did you receive information on anesthesia services, labor pain management, and postpartum pain (from an anesthesiologist or member of the anesthesia care team, educational pamphlets, websites, family and/or friends, internet search, etc.)?
- Were you treated with respect by your physicians, nurses, and other members of your care team?

We recommend these quality questions ***related to childbirth*** be considered:

- Were you satisfied with your childbirth experience?
- Did you receive postpartum pain management care?
- Did you feel safe throughout your childbirth experience?
- Did you feel your physicians, nurses, and care team members were efficient?
- Did you experience any bias or discrimination in your childbirth care?
- Did you feel that you were treated differently by the health care team because of 1.) Your race or skin color? 2.) Your ethnicity or culture? 3.) Your sexual orientation or gender identity? 4.) Your type of health insurance? 5.) The language you speak?

ASA recognizes that labor pain relief and post-procedure pain management are important components of the childbirth experience. The Centers for Medicare and Medicaid Services (CMS) appropriately addressed CAHPS questions on pain relief and a patient's perception of whether their pain was adequately addressed when revisions to other CAHPS surveys were completed in 2017. Understanding whether a pregnant patient's pain was adequately addressed is an important feature of obstetric care. We recommend that AHRQ consider questions of pain management in a comprehensive fashion that ensures physicians receive patient feedback on pain management without promoting an unintended consequence of physicians over-prescribing opioid medications.

**a. Why are these aspect(s) of patient experience a high priority for inclusion in a survey of childbirth healthcare?**

The childbirth experience for many patients, especially those giving birth for the first time, is often a time of stress and anxiety. The anesthesiologist and other members of the patient's care team can help assuage these fears and stress. Patient education, consent, and expectations of care should be established early in the process. Physicians must partner with their patients in discussing anesthesia care and labor pain control and having the patient be an active decision-making participant. Our recommendations also reflect the need for physicians to better engage patients from minority populations on access to appropriate care and in shared decision-making. Studies have consistently shown that pregnant patients from minority backgrounds frequently report experiencing bias and discrimination and feel dismissed by their healthcare professionals. Health professionals must improve their communication and care for these patients. We also believe that high risk patients would benefit from having access to anesthesia consultations, health counselors, doulas, and other patient advocates.

**b. What other topic area(s) should be included in a new survey assessing patient experiences with childbirth health care?**

ASA does not have any recommendations for this question.

**3. For which prenatal care settings should measures and/or surveys be developed? For example, should measures and/or surveys be developed for group practices? Hospitals? Birthing centers? Ambulatory care practices? Other settings?**

Prenatal care surveys should be developed for all locations where prenatal care is delivered.

**4. For which childbirth care settings should measures and/or surveys be developed? For example, should measures and/or surveys be developed for hospitals? Birthing centers? Ambulatory care practices? Other settings?**

Childbirth surveys should be developed for all locations where childbirth occurs.

**5. What, if any, challenge(s) are there to collecting information about patient experiences with prenatal and childbirth healthcare?**

We believe there are several challenges that AHRQ and survey vendors will have in collecting patient experiences and information. These challenges are common across all survey vehicles, and we defer to AHRQ and survey subject matter experts to identify appropriate ways to improve survey responses. First, the patient may not feel the need to complete and submit the survey. Those patients may also have survey fatigue or not have the time to respond to a survey during or immediately after their care. In addition, AHRQ should consider whether the new parent has sufficient time to prioritize responding to the survey. Some patients may feel a lack of efficacy in their survey responses. For them, they may not be willing to explain their experiences or understand how their responses will be used to improve care. Last, survey responses need to capture the true experience of the patient. Survey questions and responses need to be scrutinized to ensure the patient understands the survey and if the patient is accurately assessing the care provided and their experience.

**6. What actions or approaches would facilitate the collection of information about the experience of patients with prenatal and childbirth healthcare?**

**a. What data collection approach(es) would be most likely to promote participation by respondents to a survey of prenatal and childbirth healthcare (e.g., web-based; paper-and-pencil; etc.)?**

AHRQ should test different methods of receiving patient experience surveys and feedback on their care. However, in our member experiences, the use of web-based, text messaging, and/or in-person paper administered surveys have proven most useful for anesthesiologists and members of the patient's care team. We believe the survey should be concise and be anonymous (unless a patient opts-in for further discussion or follow-up).

**b. Are there any way(s) that data collection approach(es) would differ based on whether patients received healthcare in inpatient care settings compared to ambulatory care settings?**

No.

**7. Which survey measure(s) that assess prenatal and/or childbirth care experiences are currently being used?**

ASA recognizes there are few, if any, standardized surveys used for assessing a patient's prenatal and childbirth experiences. We appreciate the efforts made by individual states, including New York, to standardize some form of patient feedback and experience reporting. However, such results on a state-by-state basis and among hospitals that may coordinate on individual survey questions are limited in scope and outcomes. We recommend that AHRQ also engage large, national survey vendors on their actions and assessments in capturing prenatal and childbirth patient experiences.

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ASA appreciates the opportunity to contribute our expertise on this RFI and we welcome future opportunities to work with AHRQ on developing a prenatal and childbirth patient experience survey. Please contact Matthew T. Popovich, ASA Acting Chief Quality Officer, at [m.popovich@asahq.org](mailto:m.popovich@asahq.org) or 202-591-3703 for further discussion.

Thank you,



Michael Champeau, MD, FAAP, FASA  
President  
American Society of Anesthesiologists