

2016 ACNM Benchmarking Report

Average by Client Population Risk

Metric Reported	Low (n=68)	Moderate (n=152)	Complex (n=39)
Total Births	211.7	551.5	637.0
CNM Attended Births	191.6	488.4	538.4
VBAC Success Rate	83.8%	80.4%	80.3%
Primary Cesarean Rate	7.1%	9.8%	10.7%
NTSV (nulliparous, term, singleton, vertex) Cesarean Rate	13.8%	16.7%	15.0%
Rate of Total Inductions of Labor	13.2%	21.1%	23.5%
Epidural Rate	17.4%	42.8%	46.7%
Intact Perineum Rate	48.7%	44.6%	41.9%
Postpartum Hemorrhage Rate	5.4%	5.2%	5.0%
Preterm Birth Rate (< 37 wks)	1.9%	3.9%	4.9%
Low Birthweight Infants (<2500 gms)	1.8%	3.3%	6.4%
Rate of NICU Admission	3.4%	4.7%	4.4%
Breastfeeding Initiation Rate(exclusive breastmilk first 48hrs)	91.5%	84.6%	74.1%
Breastfeeding Continuation (any breastmilk at 6 weeks postpartum)	87.2%	88.5%	90.8%

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Maternal Readmission Rate	0.5%	1.2%	0.8%
Baby Readmission Rate	2.5%	2.9%	2.0%
Births per CNM FTE (full-time equivalent)	50.5	72.9	77.8
Work RVUs per CNM FTE	1888.4	2442.6	3255.3

** Not all participating practices identified a client population risk status.

Risk definitions:

- **Low Medical/Obstetrical Risk** – Practices that self-describe as low risk usually have risk screening criteria for clients on admission to antenatal care. Typically, these practices do not accept women with pre-existing medical conditions requiring medication. These practices also screen pre-existing obstetric risk factors. These practices typically refer clients with medical/obstetric risk factors to a different level of care during the antenatal course.
- **Moderate Medical/Obstetrical Risk** – Practices that self-describe as moderate risk typically have some risk screening criteria on admission to antenatal care. This risk screening may trigger some women to be immediately referred to a different level of care, but in these practices the midwives maintain care management of women with some pre-existent medical or obstetrical conditions. Practices that self-describe as moderate risk are likely to maintain management of women who develop some obstetrical risk factors during their antenatal care.
- **Complex Medical/Obstetrical Risk** – Practices that self-describe as complex risk typically care for women within an interprofessional system of care, consulting with specialists for disease specific concerns. These practices maintain primary midwifery management of the pregnancy or may provide complete interprofessional obstetric management. Complex medical risk practices continue to care for clients throughout the antenatal and intrapartum periods as client risk profiles increase.