

Measure at a Glance

CBE #5608e: ePC-06 Unexpected Complications in Term Newborns

Measure Summary (Where does this measure seek to improve care?)

The ePC-06 Unexpected Complications in Term Newborns measure looks at how often full-term newborns have unexpected health problems during a hospital stay. Full-term means a baby is born at 37 weeks or later, and these births make up over 90% of all births. Hospitals report the number of complications as a rate per 1,000 live births each year.

The measure includes babies with severe or moderate complications, such as breathing problems, infections, or longer hospital stays. It focuses on newborns who were otherwise healthy at birth and excludes those with known conditions, such as birth defects or exposure to drugs before birth. It includes all eligible newborns, regardless of insurance type or payer.

The measure is at the hospital level, and staff calculate this measure to understand how often these events occur.

Meaningfulness (Why does this matter to patients, and how could it improve their care?)

The developer created the measure to address a gap in quality measurement: existing measures focus on preterm infants or clinical processes and do not assess outcomes for full-term newborns.

Families value bringing home a healthy baby, and experts describe neonatal (newborn) health outcomes as central to what matters to patients and families. Experts identified newborn health outcomes and complications as important indicators of care quality that occur during or shortly after birth.

A group of 22 experts, including clinicians and care leaders, reviewed the measure and rated whether it reflects quality of care. Nineteen out of 22 (86%) gave the highest rating, and the average score was 4.82 out of 5, with no participants disagreeing. These ratings reflect expert views on whether the measure can help distinguish differences in care at the hospital level.

Usability (How will providers use this measure to improve care delivery?)

Hospitals and organizations use this measure in programs such as accreditation and certification. The Joint Commission (TJC) includes it in quality improvement and performance evaluation programs.

Hospitals submit data from electronic health records (EHRs) using standard formats, which allows organizations to review their results. This process may help hospitals compare their performance with others and identify differences in outcomes.

Hospitals and care teams review this measure to guide improvement efforts. Teams may analyze cases of complications, update clinical protocols, and train staff.

To update the measure, TJC also collects feedback from health care professionals through expert panels, public comments, and ongoing forums.

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Feasibility (How can this measure be implemented without adding burden for providers and patients while still improving care?)

Hospitals collect most of the data needed for this measure during routine care. EHR systems store information such as diagnoses, procedures, and hospital stays. Staff document these data as part of routine clinical workflows, so hospitals do not need to create new processes to gather information.

During testing, hospitals had most required data elements available and complete, although there were some issues with the recording of certain procedures. The measure developer updated the measure to address these issues and improve data capture. Across systems, 79-100% of data elements were already complete and usable, meaning staff did not have to manually check or correct the information. Core data elements showed high accuracy and availability.

Multiple EHR systems support this measure, and 288 hospitals reported data in 2024. This shows that organizations can report the measure at scale.

Impact (How will using this measure improve patient experiences and outcomes?)

This measure looks at how often full-term newborns have unexpected complications (health problems not expected at birth). It focuses on babies who are considered low risk because they are born at term and do not have pre-existing conditions. Hospitals track these outcomes during labor, delivery, and the first days after birth. The measure is intended to assess the quality and safety of care during labor, delivery, and the immediate newborn period. It identifies severe and moderate complications that may be influenced by clinical care practices, such as monitoring during labor, timely care decisions, and care after birth.

This measure also functions as a balancing measure. A balancing measure helps show whether efforts to improve one part of care are linked to changes in another part of care. Hospitals use this measure to monitor whether changes in obstetric practices (such as reducing cesarean births or changing labor management) are associated with changes in newborn outcomes, including unintended complications.

Results from this measure may support quality improvement activities. Hospitals may review cases of complications, examine clinical processes, and identify areas for improvement in care during labor and after delivery. Reductions in unexpected complications may lead to fewer newborn transfers, fewer admissions to higher levels of care, and shorter hospital stays.

Performance Gap (Based on current performance, where and how much care can improve?)

Data from 2024 show that complication rates for childbirth vary across hospitals. Results are based on 288 hospitals and 347,915 births.

The overall complication rate is the number of complications per 1,000 births. Deciles group hospitals into 10 equal parts based on their results, which helps show how performance differs across hospitals. Across hospitals, the average rate was 38.9 per 1,000 births. Rates ranged from 9.3 at the lowest decile (fewest complications per 1,000 births) to 75.8 at the highest decile (more complications). The highest reported overall complication rate from a hospital was 115.4.

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The measure also reports separate results for severe and moderate complications. For severe complications, the average rate was 14.8 per 1,000 births, with rates ranging from 3.2 to 34.1 across deciles. The highest reported severe complications rate from a hospital was 84.6. For moderate complications, the average rate was 24.1 per 1,000 births, with rates ranging from 7.5 to 53.9 across deciles. The highest reported moderate complications rate for a hospital was 88.5.

Disclaimer: Battelle used generative artificial intelligence in the initial drafting of this document. Actual humans with relevant expertise subsequently validated and revised the content.