Reducing NTSV C-sections: A Three Pronged Approach

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Outline

• Background Data

• Reviewing the Logic to Our Approach

• Los Angeles County: Three Pronged Approach
Cesarean Deliveries in the United States

• Most common operating room procedure

• Primary rate has increased more than 20% since 1996

• Repeat c-sections have increased more than 90% since 1996

• Repeat c-sections are one-third of all cesareans


Objectives

• Review Los Angeles County C-section Data
• Review hospital initiative to reduce the rate of primary c-sections in Los Angeles County
• Review the provider initiative to reduce the primary c-section rate in Los Angeles County
• Review patient initiative to reduce the rate of primary c-sections in Los Angeles County

Cesarean Delivery Rates by State, 2012

SOURCE: CDC NCHS
National C-Section Rates and LAC

CDC NCHS, Births Preliminary Data for 2012
Los Angeles County

- Population: 10.01 million (2013)
- 2011: 130,313 births
- 4,057 square miles
- 60 Delivery Hospitals

US Census Bureau: http://quickfacts.census.gov/qfd/states/06/06037.html
Percent of Cesarean Births by Service Planning Area (SPA) 2012

Note: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2012.
Low Risk Delivery: NTSV

- **No** previous c-section
- **Full Term** (>37 weeks)
- **Singleton**
- **Vertex presentation** (head down position in the birth canal)

90% chance of a repeat c-section after the first c-section
Percent C-section Births In Low Risk Pregnancies by Service Planning Area (SPA) 2012

Percent C-section Births Among Low Risk and Total Births by Race/Ethnicity
Los Angeles County 2012

LAC Delivery Trend Percentage of Primary C-Section, Any C-section and Vaginal Births 2001-2012

LAC Delivery Payment Options & Ethnicity

Delivery Complications in Overweight and Obese Moms, Total Cesarean Deliveries

LAC N=130,312
LAC OW/OB N=56,319

http://cdc.gov/nchs.fastats/delivery.htm
Average C-Section Delivery Rate by Aggregates of Hospital Births:
Los Angeles County 2010

Source: 2010 Birth Master File, California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section
### LAC Hospital C-section Rates 2012 (preliminary)

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>TOTAL Births</th>
<th>C-section rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEDARS SINAi MEDICAL CENTER</td>
<td>6779</td>
<td>36.0%</td>
</tr>
<tr>
<td>CENTINELA HOSPITAL MEDICAL CENTER</td>
<td>1027</td>
<td>35.2%</td>
</tr>
<tr>
<td>CITRUS VALLEY MEDICAL CENTER - QV CAMPUS</td>
<td>4256</td>
<td>44.6%</td>
</tr>
<tr>
<td>DOWNNEY REGIONAL MEDICAL CENTER</td>
<td>1323</td>
<td>32.5%</td>
</tr>
<tr>
<td>EARL AND LORRAINE MILLER CHILDRENS HOSP</td>
<td>5514</td>
<td>35.4%</td>
</tr>
<tr>
<td>EAST LOS ANGELES DOCTORS HOSPITAL</td>
<td>809</td>
<td>59.2%</td>
</tr>
<tr>
<td>EAST VALLEY HOSPITAL MEDICAL CENTER</td>
<td>161</td>
<td>58.4%</td>
</tr>
<tr>
<td>FOOTHILL PRESBYTERIAN HOSP-JOHNSTON MEM</td>
<td>909</td>
<td>38.7%</td>
</tr>
<tr>
<td>GARFIELD MEDICAL CENTER</td>
<td>4447</td>
<td>42.7%</td>
</tr>
<tr>
<td>GLENDALE ADVENTIST MED CTR-WILSON TERRACE</td>
<td>2522</td>
<td>38.5%</td>
</tr>
<tr>
<td>GLENDALE MEMORIAL HOSPITAL &amp; HEALTH CTR</td>
<td>287</td>
<td>(Did not report CS)</td>
</tr>
<tr>
<td>GOOD SAMARITAN HOSPITAL-LOS ANGELES</td>
<td>4130</td>
<td>32.6%</td>
</tr>
<tr>
<td>GREATER EL MONTE COMMUNITY HOSPITAL</td>
<td>484</td>
<td>45.9%</td>
</tr>
<tr>
<td>HENRY MAYO NEWHALL MEMORIAL HOSPITAL</td>
<td>1173</td>
<td>31.7%</td>
</tr>
<tr>
<td>HOLLYWOOD PRESBYTERIAN MEDICAL CENTER</td>
<td>4141</td>
<td>36.9%</td>
</tr>
<tr>
<td>HUNTINGTON MEMORIAL HOSPITAL</td>
<td>3451</td>
<td>39.6%</td>
</tr>
<tr>
<td>KAISER FND HOSP - BALDWIN PARK</td>
<td>2833</td>
<td>32.3%</td>
</tr>
</tbody>
</table>
"YOUR CALL TO ACTION NEEDS TO BE STRONGER. IT'S MORE LIKE A WHISPER TO ACTION."
Outline

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Provider Survey

- Survey Monkey
- 9 Questions
- Cup of Coffee compensation
- 117 respondents
  (1671 ob/gyn’s in LAC)
Do you follow recently released ACOG recommendations regarding no induction before 39 weeks gestation without medical indication?
How do you prefer to receive new medical information and updates?

- Email: 85%
- Websites: 25%
- U.S. mail: 26%
- Medical conferences: 33%
- Grand rounds: 18%
- Webinar (on demand): 6%
- Conference calls: 1%
“Her husband? No, I'm her lawyer.”
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Patient Perspectives
Do you think c-sections are as safe as vaginal birth?

- Yes: 31.0%
- No: 69.0%
Patient Perspectives: Beliefs

- “The doctor knows what he is doing”
- “You trust the right decisions are being made”
- “Hospitals have everything you need to have a baby”
Patient Perspectives: Knowledge

• “It can be an emergency when the baby’s heart rate is going down”

• “Scar is permanent”

• “Is it major surgery?”

• Complications can arise—“my daughter ended hemorrhaging”
Patient Perspectives: What Women Want to Know

- Post-delivery differences between vaginal delivery and c-section
- Possible limitations so they can set up additional support if a c-section became necessary
- Bonding time in the OR
- Ability to breast feed?
- Information on a VBAC
Patient Perspectives: Initiating the Discussion

Discuss early in pregnancy
• “Remind medical staff to volunteer information. Patients like myself get overwhelmed with worry that we can’t think of what to ask.”

Clinic or Other Provider Setting
• “If I got it at a doctor’s office, I would be more likely to believe it”
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Hospital Chart Review Information Abstracted

- Insurance
- Maternal Age
- Maternal BMI
- Maternal Race/Ethnicity
- Reason for admission
- Exam on admission
- Anesthetic/analgesia
- Birth weight
- Reason for C-section
- Induction/induction details
- Labor duration
- Labor details
- Timing of arrival of delivery
Hospital Chart Review

Bottom Line for Hospitals Presented

- 24-hour anesthesia unavailable
- Small OB services
- No in-house obstetrician
- Medi-Cal largest payer
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PLAN:

- CPSP providers
- Health Plans
- Hospitals
- Text4Baby
- Spanish
Patient Perspectives: How Women can talk with Providers

Dialog leads to informed decision

• “I like that [the brochure] tells me to ask questions. We feel like doctors are in charge, but maybe we can stop a c-section if I know more.”

• “It empowers women to know that c-section is just an option and she has power to help make the decision.”

• “… men should be more involved in the process.”
Providers

• Grand Rounds Highlighting Management of Labor

• Posted on LAC Public Health website as a webinar

• Article written on Los Angeles County Medical Association, Public Health Publication and any other provider organization
## Perinatal Care (PC) Core Measure Set

Mandatory for Hospitals with 1,100 or More Births per Year; Optional for Hospitals with Fewer than 1,100 Births per Year

<table>
<thead>
<tr>
<th>Applicable Measures</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ PC-01:</td>
<td>Elective Delivery</td>
</tr>
<tr>
<td>✓ PC-02:</td>
<td>Cesarean Section</td>
</tr>
<tr>
<td>✓ PC-03:</td>
<td>Antenatal Steroids</td>
</tr>
<tr>
<td>✓ PC-04:</td>
<td>Health Care–Associated Bloodstream Infections in Newborns</td>
</tr>
<tr>
<td>✓ PC-05:</td>
<td>Exclusive Breast Milk Feeding</td>
</tr>
<tr>
<td>✓ PC-05a:</td>
<td>Exclusive Breast Milk Feeding Considering Mother’s Choice</td>
</tr>
</tbody>
</table>

COUNTY OF LOS ANGELES
Public Health

- Patients
- Providers
- Hospitals
Hospitals

MOME QA
(Maternal Obstetric Measurement Exemplifying Quality Assurance)

Designation Criteria

- Criteria to for designation is not final, but some Joint Commission Perinatal Core Measures will be included.
- Designation will assist consumers in knowing their hospital adheres to criteria aimed at improving maternal and perinatal care.
Next Steps

• Criteria Finalized
• Toolkit for implementation
• California Maternal Data Center partnership
• Pilot
Thank You!

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