Sutter Health Response to Consumer Reports -- C-Section Rates
April 2016

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1. Are there specific reasons why your hospital’s C-section rate is better than the national NTSV (nulliparous, term, singleton, vertex) target of 23.9 percent?

Sutter Health delivers about three kindergarten classes every day across our Northern California network. We know that a happy life starts with a healthy beginning, so we continuously look for new ways to promote safer birth experiences for mothers and their babies.

Sutter Health has actively worked on lowering its C-section rates since 1999, when the Northern California health system launched the First Pregnancy and Delivery (FPAD) program whose results were published in the American Journal of Obstetrics and Gynecology in 2006. The Sutter Health study examined a substantial 41,000 births at 20 hospitals within the not-for-profit network over three years. Key areas of focus were inductions, vaginal birth after Cesarean (VBAC), management of breech presentations and proper labor management. It found that Cesarean birth rates skyrocketed when first-time mothers experiencing a “normal” pregnancy were either electively induced or admitted too soon into the hospital upon the start of labor. For more, go to http://www.sutterhealth.org/about/news/news06_c-section.html.

Sutter Davis Hospital has the lowest C-section rate in California at 12 percent. Here, patients tend to value vaginal birth over C-sections. Registered nurses, certified nurse midwives and physicians-on-staff partner on labor management of patients. For instance, the care team:
- Avoids elective induction of labor before 41½-42 weeks without a medical indication
- Scrupulously manages ruptured membranes at term, hence avoiding vaginal exams until active labor
- Provides expectant parents with significant prenatal education and preparation
- Encourages the use of doulas and offers an active volunteer doula service
- Uses epidurals sparingly
Sutter Maternity & Surgery Center of Santa Cruz has the state’s seventh lowest C-section rate among low-risk mothers at 16.1 percent. Presently Sutter Maternity & Surgery Center is one of 21 hospitals selected nationally by the Healthy Birth Initiative to further evaluate factors that contribute to Cesarean sections and discover practices to further reduce the rate.

2. **Are you currently part of any quality improvement projects/programs related to C-sections? If yes, please specify which projects you have joined.**

Nearly one of three American babies enters the world through a surgical birth. Cesarean delivery is the most commonly performed surgical procedure in the United States. When complications arise during pregnancy, C-sections can save the lives of mothers and infants, but some women undergo surgery for no medical reason. Sutter Health has received recognition as a leader for reducing unnecessary C-sections, and our hospitals have among the lowest C-section rates in California because of our quality and safety programs. It should be noted that the state’s posted C-section rates refer to mothers who are carrying one baby, full-term, who is in the right position and the mother has not had a prior C-section.

Sutter Health has implemented a number of quality and safety programs in our doctor’s offices and hospitals to prevent early elective deliveries and reduce unnecessary C-sections and other avoidable procedures to protect the health and well-being of women and babies during childbirth.

- Sutter Health is partnering with the California Maternal Quality Care Collaborative (CMQCC) and other organizations to improve efforts at preventing a woman’s first Cesarean section. A new toolkit is available in April 2016 through CMQCC, and includes a compendium of best practice tools and articles, care guidelines in multiple formats, hospital-level implementation guide, and professional education slide set. Sutter Health hospitals will adopt this toolkit to support vaginal birth and reduce primary Cesareans.

- Beginning in 2010, Sutter Health hospitals throughout Northern California implemented the 39+ Weeks Quality Measure for March of Dimes, which effectively eliminated unnecessary early deliveries at our birth centers. Hospitals nationwide are now implementing this program. Sutter Health clinicians have worked closely with March of Dimes over the years to develop key protocols to prevent preterm birth. Our current rate of elective deliveries at <39 weeks is 1%.

- Several Sutter Health hospitals have implemented a quality improvement program piloted at Sutter Medical Center, Sacramento in 2010, which looked at C-section rates and other quality metrics. The results of this program were published in The Joint Commission Journal on Quality and Patient Safety. (See attached PDF).

3. **What specific remedies have you implemented to maintain or drive your hospital’s C-section rates below the national target?**

Please see our responses to questions #1 & 2.

Additionally, at **Sutter Maternity & Surgery Center of Santa Cruz** we have implemented a “collaborative practice” birth team approach for labor and delivery care, using doctors and midwives. We also do not require staff to split time between office and hospital work, allowing us to focus exclusively on our laboring patients and providing the right caregiver for the right patient. As well, our Perinatal Improvement Committee, which includes OB/Gyn physicians, midwives,
nurses, administrators, pediatricians, anesthesiologists and birth educators, partner regularly to develop policies and review and enhance patient care practices. Working together to collect broad perspectives and input helps us further improve the quality of our labor and delivery care.

At **Alta Bates Summit Medical Center** our nurses, midwives and doctors have developed excellent communication and teamwork skills through formal team training and fostering of respect within a multidisciplinary framework. We are continuously vigilant in our shared responsibilities for patients and we have a dedicated team of OB hospitalists (physicians and midwives) available onsite to ensure patients to have the right care at the right time. We also provide comfort tools (such as rocking chairs, showers and jet tubs) to help moms cope with labor at home, which helps them avoid early admission to the hospital and reduces the chance for an unnecessary C-section. We encourage doula support and work with families and partners to give additional support.

At **California Pacific Medical Center** in San Francisco, we have anesthesia, obstetrical, and pediatric coverage in the hospital around the clock. Obstetricians are given yearly statistics reflecting our individual and group rates of Cesarean section, both primary and repeat. In a population where the average age of a first time Mom is 34, our physicians are very cognizant of the risks of Cesarean section, with the greatest risk being complications which might affect future pregnancies. Having this accountability as well as the supportive staff available to encourage trials of labor even after a Cesarean section, has been attributed to the low C-section rate at our hospital.

4. **Do you share physician-level C-section rates internally, with physicians who practice at your hospital? If you do, how is this information used?**

   Transparency of data has resulted in marked improvement for those hospitals that share physician-level C-section rates. Those hospitals that regularly post and distribute individual physician and call group C-section rates have improved and sustained performance on this quality measure.

5. **Please describe the role that midwives play in your hospital.**

   Sutter Health hospitals with the lowest C-Section rates attribute part of their success to active certified nurse midwife and doula programs.

   For example, at **Alta Bates Summit Medical Center**, Certified Nurse Midwives have been respected members of our teams for many years. These highly skilled professionals add immeasurably to our culture of supporting the patient. CNMs are present in labor and delivery, assisting and interacting with nurses and doctors. They share in leadership, communication and team building and contribute to the culture of safety that is so important to the functioning of our unit.

   At **Sutter Davis Hospital** Certified Nurse Midwives provide prenatal care for many patients and deliver most babies born at the hospital. This collaborative practice allows our obstetricians to focus on caring for women experiencing high-risk pregnancies (i.e., diabetics on insulin, severe preeclampsia, etc.). The physicians and midwives meet quarterly to discuss and resolve questions. Our volunteer doula program also contributes greatly to the low C-section rate, providing continuous physical, emotional and informational support to mothers during the childbirth process.

   Certified Nurse Midwives are respected and valued team members at **Sutter Maternity & Surgery Center of Santa Cruz**, too. They are an integral part of the multidisciplinary team that
leads to a successful collaborative approach model, and they contribute to our policy development and implementation. The doctor and midwife work closely together to meet the needs of laboring and postpartum patients. Midwives are primarily responsible for the labor management and delivery for low-risk moms. Moms experiencing more complex symptoms receive care from both a midwife and physician.

Although there are currently only a few nurse midwives on staff at California Pacific Medical Center, they are recognized as playing a vital role in our obstetrical services. Each of the practicing midwives is either a member of a group private practice or a foundation practice and functions in the role of managing a patient's labor as well as assisting in deliveries. They also participate in teaching, especially in the postpartum units where they provide lactation support. Although the nurse midwife may assist in operative deliveries, he or she does not have surgical privileges and must be supervised by a physician.

6. What is your hospital's VBAC rate? Are VBAC candidates encouraged by your hospital's staff and care providers to opt for a trial of labor if desired?

Many women with a prior C-section can have a vaginal birth after Cesarean (VBAC), according to the American Congress of Obstetricians and Gynecologists. Our Sutter Health birth centers encourage all eligible moms to have VBACs.

Sutter Davis Hospital and Alta Bates Summit Medical Center have the highest VBAC rates among Sutter Health hospitals:

- **Sutter Davis Hospital** – The entire care team subscribes to the philosophy that pregnant woman should be given a chance to enter into normal, active labor in a positive environment. This “watch and wait” approach allows many women to achieve successful VBACs.

- **Alta Bates Summit Medical Center** – Our group strongly supports VBAC when safe for mom and baby. Clinicians, who can include family doctors, nurse practitioners, CNMs and OB/Gyn physicians, discuss the possibility of a VBAC with expectant mothers at the earliest stages of pregnancy so we can partner with them on decisions that lead to the safest, most healthy outcome. We also have the staff and protocols in place to support safe delivery.

7. What changes do you plan on implementing in the future, to maintain or further safely lower (if appropriate) your hospital's C-section rate?

Our Sutter Health network always looks for opportunities to further enhance the quality of care we deliver. To continue to improve how we care for moms and babies, our hospitals will implement the CMQCC Safe Vaginal Birth Toolkit and continue our current efforts. Our culture has always driven us to low C-section rates, and that is no different today than it has always been.

8. What information do you share with patients regarding their delivery options at your hospital? Please send us any educational material you send to your patients.

Individual Sutter Health hospitals provide a variety of patient information to help inform the pregnant mother of her options at a particular hospital. Please find attached samples of materials we provide patients at individual hospitals. Furthermore, we offer comprehensive information on our website. Most importantly, our care teams discuss all delivery options with each mom. In our
experience, very few women ask for a C-section without attempting labor. The majority of expecting mothers see their goal as vaginal delivery.

9. Describe the role of your hospital’s leadership (CEO, Board of Directors) in your hospital’s better-than-national target C-section rate.

At Sutter Health, we set high standards for our patients’ experience. Our leaders, doctors, hospitals and caregivers partner as one team to spread innovation, improve quality and put our patients’ needs first. Our most senior leaders have a special responsibility to create a supportive and inclusive workplace where individuals feel valued for their work and that employees, including our labor and delivery teams, can learn and grow, professionally and personally.