

Lowering Cesarean Section Rates in a Small Rural Community Hospital



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Practice

10 years of Practice

Current practice

3 OB/Gyns

1 Family Practice

MD

1 CNM

Visiting MFM once
monthly



Bishop, CA

- Population of Bishop – 4,000
- Population of the Valley -17,000
- One hospital
- One OB/Gyn group



Northern Inyo Hospital

Stats

- -200-300 deliveries/ year
- Primary Cesarean Rate 10.2 – 11.5 %
- Epidural Rate- 31.5%
- Breastfeeding Exclusively Rate 84%



Unique Practice / Unique Hospital

- Unable to VBAC – every CS begets more CS
- No competition – patients cannot “shop around”
- Experienced with Operative Delivery
- Delivery volume relatively low – no pressure for bed turn-over
- Partners with similar training and goals
- As a practice:
 - We do not schedule Elective Inductions
 - Postdates IOL scheduled at 41 wks
 - Serial Inductions – try 2-3 times before “Failed Induction”
 - We offer delay of induction for up to 24 hours in women with Term PROM
 - TERMPROM study, ACOG practice Bulletin 131 Jan 2018
 - We use the recommendations “Preventing the First Cesarean”
 - Obstet Gynecol. 2012

Preventing the First Cesarean Delivery



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Preventing the First Cesarean Delivery: Summary of a Joint *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, Society for Maternal-Fetal Medicine, and American College of Obstetricians and Gynecologists Workshop

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Preventing the First Cesarean Delivery

Obstet. Gynecol. 2012

- 2012
- Induction
 - >39 wks, Medically Indicated, Favorable Cervix
- Failed Induction
 - Failure to generate regular (q 3 min) contractions and cervical change after at least 24 hours of Oxytocin and AROM for 12 hours
 - The safe labor consortium (62K women, Friedman curves no longer valid)
- Arrest Disorders
 - Should only be diagnosed in the Active Phase (>6cm)
- Operative Delivery
- Epidural Anesthesia – not linked to increased CS rate.

Term PPRM

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INDUCTION OF LABOR COMPARED WITH EXPECTANT MANAGEMENT FOR PRELABOR RUPTURE OF THE MEMBRANES AT TERM

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TERMPROM study

- NEJM 1996
 - >5K women (UK, Sweden, Denmark, Australia, Israel, Canada)
 - Randomized (expectant management vs Induction)
 - Primary Outcome (Neonatal Infection)
 - Secondary Outcome (Need for Cesarean Section)
- Outcome
 - Similar rates of Neonatal Infection and Cesarean Section
 - Induction decreased risk of Maternal Infection

TERMPROM study

- How is this going to decrease Cesarean Deliveries?
 - allows option for a slower pace
 - Gives list of Risk/Benefits
 - Patient satisfaction increased in those patients who would like to avoid induction



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

INTERIM UPDATE

ACOG PRACTICE BULLETIN

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INTERIM UPDATE: This Practice Bulletin is updated as highlighted to reflect a limited, focused change to present newer data on the optimal method of initial management for a patient with prelabor rupture of membranes at term. The title of this Practice Bulletin has been changed to *Prelabor Rupture of Membranes* to be in accordance with the reVITALize terminology.

Prelabor Rupture of Membranes

ACOG Practice Bulletin #131

Prelabor Rupture of Membranes

January 2018

- “**What is the optimal method of initial management for a patient with PROM at term?**”
- “Women with PROM at 37 0/7 weeks of gestation or more, if spontaneous labor does not occur near the time of presentation in those who do not have contraindication to labor, labor **should** be induced, generally with oxytocin infusion.”
- However, a course of expectant management may be acceptable for a patient who declines induction of labor as long as the clinical and fetal conditions are reassuring and is **adequately counseled** regarding risks of prolonged PROM.”

Obstacles

- Call Schedule/Office Schedule/Life Schedule
- Partners/Call Coverage Agreements
- Reimbursement Practices
- Hospital Resources- (staff, beds, OR)
- Education (Nurses, other Physicians)
- Patient Perspective/ Local Practice

Implementation

- Formal Agreement on Call Responsibilities and Reimbursement standard
 - “Evidence suggests that doctors who are salaried and participate in profit sharing,...have a lower CS rate”
 - Preventing the First CS Delivery, Obstet.Gynecol.2012
- Institutions should have a clear policy regarding labor induction
 - including a list of acceptable indications
 - Definition of favorable cervix
 - Criteria for failed induction

Incentives

- Reduce Future Morbidity and Mortality associated with Repeat Cesarean Sections
 - Adhesions to bowel/bladder, abnormal placentation (previa, accreta)
- Patient Satisfaction
- Leader Board (Physician Scores – lowest CS Rate)
- Advertising (Practices with lower CS Rates)
- Government Reimbursement?
 - Healthy People target for 2020, 23.9%

?’s

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