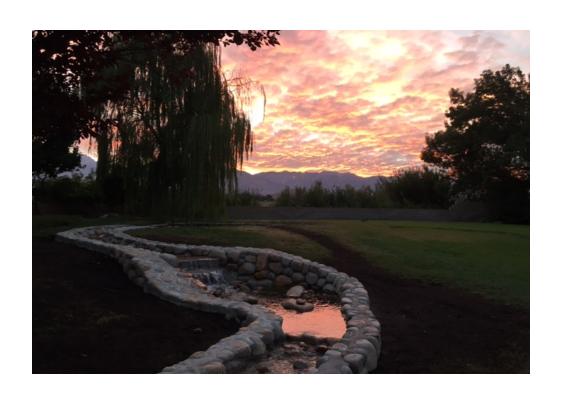
Lowering Cesarean Section Rates in a Small Rural Community Hospital



Presented by:

Dr. L. Jeanine Arndal, MD FACOG

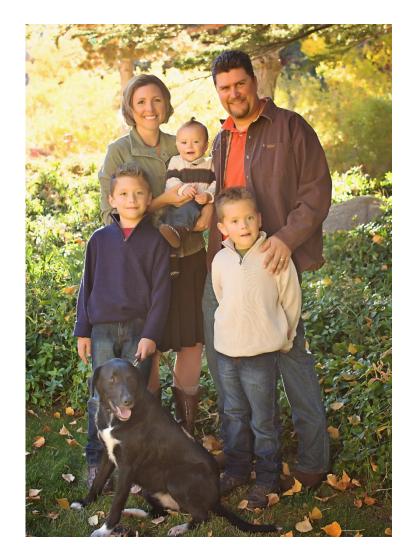
L. Jeanine Arndal MD FACOG

Medical School

 UC Davis School of Medicine

Residency

Banner; University Medical
 Center Phoenix



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 CesareanRate 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



Obstet Gynecol. Italioi manascript, avanable in 11110 2015 110 ver

Published in final edited form as:

Obstet Gynecol. 2012 November; 120(5): 1181-1193.

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

Catherine Y. Spong, MD¹, Vincenzo Berghella, MD^{2,6}, Katharine D. Wenstrom, MD³, Brian M. Mercer, MD^{4,7}, and George R. Saade, MD^{5,7}

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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 PPROM

The New England Journal of Medicine

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Volume 334 APRIL 18, 1996 Number 16

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

MARY E. HANNAH, M.D.C.M., ARNE OHLSSON, M.D., DAN FARINE, M.D., SHEILA A. HEWSON, B.A., ELLEN D. HODNETT, R.N., PH.D., TERRI L. MYHR, M.SC., ELAINE E.L. WANG, M.D.C.M., JULIE A. WESTON, B.SC.N., AND ANDREW R. WILLAN, PH.D., FOR THE TERMPROM STUDY GROUP*

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

INTERIM UPDATE



ACOG PRACTICE BULLETIN

CLINICAL MANAGEMENT GUIDELINES FOR OBSTETRICIAN—GYNECOLOGISTS

Number 188, January 2018

(Replaces Practice Bulletin Number 172, October 2016)

Committee on Practice Bulletins—Obstetrics. This Practice Bulletin was developed by the American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Obstetrics in collaboration with Robert Ehsanipoor, MD.

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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