Follow-up Questions from Consumer Reports

Respondent: Robert Silverman, MD

1) **Are there specific reasons shy your hospital's C-section rate is better than the national NTSV (nulliparous, term, singleton, and vertex) target 23.9 percent?**
   We have spent many years in the development of protocols to decrease the primary cesarean section rate. This has been a team effort that has involved nursing and physician leadership as well as all practitioners who render obstetric care at Crouse Hospital.

2) **Are you currently part of any quality improvement projects/programs related to C-sections? If yes, please specify which projects you have joined.**
   We participated in the DOH NYS Perinatal Quality Collaborative to reduce elective deliveries less than 39 weeks. This included inductions as well as cesarean section without medical indication for early delivery. Additionally, the OB QA committee meets on a monthly basis and regularly reviews cases for appropriateness of cesarean section. Any cases of potentially elective caesarean section are brought to this committee for further review. The committee also reviews cesarean section performed for arrest of descent/dilatation and cesarean section performed related to monitor strip indications/fetal status reasons. We have a morbidity and mortality teaching conference weekly to review all surgical procedures performed at Crouse. Group consensus on appropriateness of indication of surgery is reached. Based on these initial reviews – cases are forwarded for peer review as needed.

3) **What specific remedies have you implemented to maintain or drive your hospital's C-section rates below the national target?**
   Our quality assurance program mandates that all primary cesarean sections are reviewed by the obstetrical peer review team. Specifically, if a cesarean section was performed for fetal heart rate concerns, the monitor strip is reviewed by several different practitioners who either agree or don't agree with the decision. If the patient had arrest of dilation and/or decent this is also reviewed to ensure that we are meeting evidence-based national guidelines for management. Practitioners at our hospital are aware that a multi-disciplinary group will be reviewing the primary cesarean sections in an effort improve obstetrical care at Crouse Hospital. The quality insurance committee is made up of nurse midwives, nurse practitioners, Maternal Fetal Medicine subspecialist, general Ob/Gyn's, nursing administration and Quality Improvement Analysis individuals.

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?**
   The cesarean section rate every year is shared with the hospital staff and posted prominently in the locker rooms as well as on the unit. Each physician individually is given their primary and repeat cesarean rates. Information is then reviewed in an annual Grand Rounds education meeting where our internal statistics are compared to other regional programs in New York

State. This is a one hour formal presentation for both medical students, residents, attending physicians, full time academic staff, nurses, Nurse Practitioners and Nurse Midwives.

5) **Please describe the role that midwives play in your hospital.**
Midwives play a prominent role in our hospital. They are part of both the private practice as well as the academic practice. There are midwives that are associated with Maternal Fetal Medicine service that takes care of high risk OB patients.

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 delivered?**
The VBAC rate in 2015 was 3.5%. Crouse Hospital is the regional perinatal program for 18 hospitals in 14 counties of upstate New York. We encourage patients to undergo a TOLAC (Trial of Labor After Cesarean Section). We serve as resource center for other institutions that do not perform VBAC in upstate New York.

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?**
We will continue to monitor the primary corrected cesarean section rate as we have in the past. We continue to look to see if we are able to safely lower our cesarean section rate. Emphasis will be made on VBAC and appropriate counseling of women who are VBAC candidates. Most successful interventions are those that prevent the first cesarean section. As a result, much of our emphasis will continue to be directed towards this goal of preventing the first cesarean section.

8) **What information do you share with patients regarding their delivery options at your hospital? Please send us any educational material you sent to your patients.**
Patients are counseled on a variety of delivery options at our hospital. We use ACOG materials on VBAC, vaginal delivery as well as cesarean section. These patient information pamphlets are well written and answer many of the questions the patients have. Elective primary cesarean sections are rare at our institution. Any patient that wishes a primary elective cesarean section without indication must have extensive education and formalized informed consent that outlines risks of the procedure in depth.

9) **Describe the role of your hospital's leadership (CEO, Board of Directors) in your hospital's better-than-national target C-section rate.**
The hospital leadership has been intimately involved in the development of the initiatives in obstetrics especially in the face of our role as a regional perinatal program. It has afforded us to ability to have sufficient personnel to review all cases as well as to provide the necessary staff to perform critical analysis. VBAC has been important in implementing a successful obstetrical program with the lowest C-section rate in the nation. Information is shared across the hospital leadership at several of different levels including physician leadership, nursing leadership and Hospital Board membership.