

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

At Hackensack University Medical Center's Donna A. Sanzari Women's Hospital, we serve a large metropolitan area with many socio-economic influences. We have developed numerous specialty programs that are specifically catered to the more complex maternal/fetal high-risk population. Both the division of Reproductive Endocrinology & Infertility and the division of Maternal-Fetal Medicine serves a vast population of patients with higher order multiples, advanced maternal age, IVF pregnancies and those with underlying complications (hypertension, diabetes, lupus, etc.) Very many of these patients may undergo a C-section due to the medical conditions complicating their pregnancies. These highly complex patients referred, for consultation with our Maternal Fetal Medicine Division service, to our inpatient Antepartum and Labor Units, Perinatal Diagnostic Unit, Fetal Care Program, and Center for Abnormal Placentation (CAP) require specialized services in coordination with their generalist obstetricians.

Our C-section rate amongst our faculty run practice is well below the national average. However, our department is comprised of more than 85% obstetrical practitioners who provide care for a large and diverse group of patients some of whom desire elective primary cesarean. Delivering obstetricians are required to submit documentation and provide the indication for caesarean section. Informed consent and counseling are performed outside of the hospital. With recent measures and initiatives instituted by our Chairman in collaboration with our section chief of Obstetrics and Perinatal Safety and the director of Maternal/Fetal Medicine, our C-section rate continues to decline.

Also note, most other healthcare facilities in our area, of our size and academic stature, and who serve a high-risk population, do not report their rates. It is therefore difficult to draw conclusions regarding our rates without appropriate comparators both locally, regionally or nationally.

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

HackensackUMC participates in the New Jersey Hospital Association Perinatal Collaborative, where hospitals, doctors, midwives, nurses and others throughout the state share information on quality improvement in maternity care.

We have also joined the March of Dimes in their initiative to improve the practice of artificial induction of labor, particularly insuring that no elective inductions are performed before the pregnancy has gone at least 39 weeks. In December of 2015, HackensackUMC has taken it a step further and extended the no elective inductions until at least 40 weeks.

Our department has appointed a section chief of Obstetrics whose role is to look at the various issues focusing on critical labor and delivery issues that impact the wellbeing of maternal and fetal pairs and associated morbidities. These include operative C-sections and elective inductions as well as other key metrics which are not nationally reported such as maternal hemorrhage, transfusion rates, ICU admissions, peripartum hysterectomy, returns to the operating room and maternal morbidities and death. The latter are key metrics and our number illustrates exemplary care unparalleled in many other similarly sized institutions nationally.

An individual practitioners' dashboard, provided by our Information Technology Department and our Electronic Medical Record (EMR), identifies those obstetricians who are above the average for C-sections and other departmental metrics, so that they may be counseled on the best practices by the section chief of Obstetrics and Perinatal Safety and the director of Maternal Fetal Medicine on a routine basis. The senior administrative leadership of the Obstetrical Department will be evaluating a process to redesign our obstetrical unit to work directly with both private and staff Obstetrical physicians for active labor management with their patients.

**3. What specific remedies have you already put in place to date to address your hospital's higher rate of C-sections?**

As of December 2015, we have implemented a no elective induction prior to 40 weeks of gestation. Prior to that we had also implemented a policy at 39 weeks and have seen our C-section numbers decline as a result. In seeking the best medical care for our patients, we have implemented maternal/fetal safety measures that have led HackensackUMC to the lowest blood transfusion rates, post-partum hemorrhage rates with hysterectomies (excluding patients in the Center for Abnormal Placentation), SICU admission rates, and maternal/neonatal death rates nationally.

**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?**

We are in the process of sharing not only C-section rate, but also various other obstetrical targets with our physicians (VBAC, EBL, SICU admissions, wound infections, re-admission, and episiotomy). We create a dashboard through EPIC, our electronic medical record to compare averages between clinicians and review this data with our providers and the section chief of Obstetrics and Perinatal Safety and the Director of Maternal Fetal Medicine

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

With our global awareness of increasing cesarean sections, our chairman and senior Obstetrical leadership openly engage and allowed midwifery service with close collaboration with the private sector. Furthermore, our new collaboration with our network hospitals has increased our midwifery services.

**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?**

As an institution we have not, nor ever discouraged VBAC.

With more than 85% of the patient population coming from the private sector practices, most of the counseling regarding delivery mode and the informed consent is done at sites/office of these private practitioner. Our department sponsors graduate medical education regarding VBAC and all our

department members and staff are encouraged to attend. In addition, we have daily morning rounds and twice daily board rounds to educating our physicians, residents, and students on labor and VBAC and our departmental leadership encourage all private sector physicians to attend. Our unit is staffed with two full-time anesthesiologists, two board-certified OB/GYNs, and a compliment of dedicated obstetrical residents in labor and delivery 24 hours per day, seven days per week with all ancillary services that are required to support practioner and their patients who are undergoing a trial of labor (TOL) after a cesarean section.

**7. What changes do you plan on implementing in the future, to address your hospital's higher C-section rate?**

The key is constant physician and patient education and feedback. By further counseling our private physicians on the standard of care and supporting them in their endeavors to improve maternal morbidity and mortality, we will continue to see our C-section rate decline but more importantly continue to exceed the highest standards of care for our patients which are not illustrated in this sole metric.

With the support of our senior hospital and nursing administrative leadership, the Obstetrical Department will be continue to work directly with private sector and our faculty obstetrical physicians for active labor management of all our patients and continue our outstanding recognition of the early signs and symptoms of impending maternal or fetal compromise so as to optimize total care for our patients which is not being evaluated in this review process.

Of note, decreasing C-section rates also starts at preconception with primary care providers. By decreasing obesity, diabetes, hypertension and other co-morbidities before conception, a healthier mother will ultimately promote a lower C-section rate. HackensackUMC encourages primary care physicians to champion a healthy lifestyle for their patients and educate them before the child-bearing years. By promoting a healthy lifestyle at every age throughout our healthcare network and Accountable Care Organization (ACO), we are further promoting a lower C-section rate.

**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.**

Please see the attached patient flyers for our information. We also provide several childbirth education programs for mothers and their partners, families, siblings, and grandparents. Tours of the Labor and Delivery Unit promote patient education and experience.

**9. Describe the role of your hospital's leadership (CEO, Board of Directors) in addressing your hospital's high rate of C-sections.**

Hackensack University Medical Center leadership continues to support the Department of Obstetrics in allocating for the newest technology and innovations in maternal/fetal care. Senior hospital

administration and nursing leadership fully supports the efforts to improve our C-section rate while providing the utmost quality and safety to our patients.