

Winthrop-University Hospital
Response to Consumer Reports
4/29/16

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?

The cesarean section rate at Winthrop University Hospital reflects national trends. Winthrop University Hospital is a Regional Perinatal Center attracting high risk pregnancies from all of Long Island and Queens. Measuring Cesarean section rates without considering neonatal outcomes is meaningless. Winthrop University Hospital has achieved an excellent balance of cesarean section rate and improved neonatal outcomes. We have a higher neonatal survival rate, particularly for the low birth weight infants where our neonatal survival rate for 2015 was 96%, as opposed to the national average of 86 % (Oxford data).

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

Winthrop has joined a collaborative with the American College of Nurse Midwives, the Healthy Birth Initiative for reducing primary cesarean sections. In addition, all primary cesarean sections are subjected to peer review each month with results and counseling communicated to the physician as necessary.

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

At Winthrop University Hospital we have established a Laborist program in association with utilization of improved cervical priming agents. We are also involved in the American College of Nurse Midwives collaborative, labor acupuncture, mobility programs for laboring patients, when appropriate, and Doula programs for labor support.

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?

Currently the cesarean section rate is discussed at the monthly departmental meeting with a breakdown of indications: Dystocia, non-reassuring fetal heart tracing and Maternal Request Cesarean Delivery.

4. Please describe the role that midwives play in your hospital.

We have one midwife who serves as Winthrop's liaison to the collaborative. In addition, she is a tremendous educational resource for both the attending and resident physician staff.

5. 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?

VBAC is available and is offered by most providers. In 2015 our VBAC rate was 13% exceeding the latest reported national rate of 10%.

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

We follow the recommendations of American College of Obstetrics and Gynecology and the Society of Maternal Fetal Medicine for Safely Reducing the first cesarean section by adhering to the current definitions of active labor, failure to progress and failed induction.

7. 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.

They are educated that a low-risk pregnancy should not be delivered prior to 39 weeks gestation. As part of the collaborative, we will be developing educational pamphlets that the providers will be asked to distribute to their patients prenatally in preparation for childbirth.

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

The OB Quality/Patient Safety Officer reports the NTSV rates as well as other obstetrical quarterly metrics to the Board of Directors' Quality Improvement sub committee.