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CMC Obstetrics takes steps to reduce risks for mother, child

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Cartersville Medical Center has been involved in a corporate-wide initiative through parent company Hospital Corporation of America to optimize perinatal care. The protocols established from this initiative have resulted in drastic results on both a local and national level. Perinatal care is health care provided immediately before and after child birth. The department of obstetrics at CMC has utilized these initiatives to improve several factors pertaining to the delivery and neonatal process.

Two health care providers from CMC were chosen to actively participate in the development of protocols. Dr. Hugo **Ribot**, MD, and Perinatal Services Director Toni Strawn, RN, had a hands-on role in the planning and implementation of the current protocols, including the utilization of CMC for a pilot study in these "cutting-edge" techniques.

"This most recent initiative has to do with what they call near term morbidity. ... Once a pregnancy reaches 34 or 35 weeks, the baby is mature enough to survive outside the womb," **Ribot** said. "But it's becoming increasingly recognized that there's a substantial amount of morbidity associated with delivering people, especially electively when there is no strong medical reason to do so, prior to 39 weeks.

"If you go before the 39th week, even though by developmental standards the baby is mature enough to survive, turns out that the rate of babies having complications that require extensive stays in the hospital or even transfer to the neonatal intensive care unit is like 18 percent if you deliver between 34, 35 weeks and 39 weeks. If you let the moms go to 39 weeks or further it's like less than 5 percent, it's just a fraction."

The protocols have set a standard list of procedures in detailed manner in an attempt to control the circumstances under which labor is induced, thereby decreasing the risks associated with unnecessary early deliveries.

"If you let people go to 39 weeks or further, the number of people that ended up having their labor induced artificially as opposed to going into labor on their own dramatically decreases and along with that the less people you induce, the less c-sections [Cesarean sections] you end up having," **Ribot** said. "So it really has a ripple of benefits that goes way beyond just keeping the babies out of the intensive care unit."

One quantifiable factor used to demonstrate the impact of the initiative is the rate of claims associated with quality. These claims include disputes, complaints and malpractice suits. For CMC and HCA these numbers have seen a marked drop within obstetrics and perinatal care.

"From 2004 to 2007 HCA perinatal claims went down 24 percent while the rest of the nation's went up 14 percent," Strawn said.

"That was like a net difference of 38 percent from the rest of the nation. HCA's fetal and maternal outcomes were 38 percent better than the rest of the country," **Ribot** added.

HCA is one of the nation's largest hospital companies, comprised of 163 locally managed hospitals in 20 states and England. The size of HCA lends to its ability to conduct large-scale studies in a timely manner. As **Ribot** described it, the HCA network of hospitals is virtually a "ready-made database," conducting 250,000 deliveries a year accounting for about 5 percent of deliveries nationwide.

"It's pretty easy to study outcomes in a pretty rapid fashion. Normally if you try to study that in a single institution it takes years and years to accumulate enough patients to do any kind of meaningful statistical analysis," **Ribot** said.

With the direction of **Ribot** and Strawn, that study was administered at CMC in the same way as hospitals across the country. These studies led to the reduction of induced labors, c-sections and neonatal intensive care admissions.

"Twenty-seven hospitals participated in a pilot study, and then, one year later, we repeated that study of the same hospitals. We implemented all the protocols beforehand [mandating] that there is a very select reason why you should induce or electively deliver prior to that 39th week and they're all complications either for the baby or the mom," Strawn said.

Many complications come not from medical necessity but the desire and insistence of pregnant women for an induced labor, **Ribot** said. He added that many women are tired of being pregnant by the time they near 39 weeks and many do not want to wait the extra time for a natural delivery.

"There's a reason mother nature set it up the way she did. In general if the patient is not having a complication or some problem that indicates doing an early delivery, like high blood pressure out of control or something else going on, in general the less you do to pregnant women the less trouble you get into for the moms and the babies," **Ribot** said. "In the past a lot of doctors would tend to subvert, so to speak, what is the right thing to do because it was quicker and easier for them just to succumb to the patient's insistence.

"The bottom line is always, you got to do what's right for the patient, and if it takes me five or 10 extra minutes that day to educate this one lady why inducing her is a terrible idea medically and could increase her risks, then I'm going to spend that time and do that because it's the right thing."

Another factor that has been changed through the use of perinatal initiatives is the obstetrics department's overall satisfaction rate. The Hospital Consumer Assessment of Healthcare Providers and Systems survey is a standardized national survey of patient satisfaction administered by Medicare. A random sampling of 300 inpatients per quarter, per institution are surveyed to monitor and rank quality of service. Strawn reports that CMC obstetrics have been placed in the 87th percentile in the most recent HCAHPS ratings.

"All these initiatives, once they got instituted nationwide, I mean the results were -- I think dramatic is an understatement. The number of adverse outcomes plummeted corporate-wide. It was incredible," **Ribot** said.

HCA officials announced in a press release that corporate-wide neonatal intensive care admissions dropped 16 percent after the implementation of induced labor protocols.

Algorithms, resembling flow charts, were derived from aviation checklists to give a step-by-step formula to ensure mother and child safety providing "if that, then this" scenarios providing the basis for these initiatives. **Ribot** noted that procedures of this nature are often inadequately referred to as "cookbook medicine." He admits that in situations such as internal medicine procedures frequently vary per patient, but when dealing with typically young and healthy mothers, consistency is advantageous for safety.

Although recent efforts have reduced the rate of induced deliveries and c-sections they have not become unneeded or obsolete. In certain situations they are deemed necessary; **Ribot** stresses that these events are now evaluated very closely.

"We're not going to act like we never induce people's labor. We do and we do it fairly regularly, but we do it under very specific circumstances," **Ribot** said.

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