

North Bay midwives reduce C-section rates

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North Bay C-section rates

As of December 2015, North Bay area C-section rates of birthing facilities that participated in the Leapfrog Hospital Survey.

- Ukiah Valley Medical Centers, 15.9%
- Kaiser Foundation Vacaville, 16.5%
- Santa Rosa Memorial Hospital, 20%
- Petaluma Valley Hospital, 20.1%
- Sutter Santa Rosa Regional Medical Center, 21%
- Kaiser Permanente Santa Rosa Medical Center, 23.4%
- Kaiser Permanente Vallejo Medical Center, 25.6%
- Marin General Hospital, 27.3%
- Sonoma Valley Hospital, 25.9%

Despite the cost, and risk to mother and baby, the number of women giving birth by cesarean delivery, or C-section, increased by 60 percent in the U.S. between 1996 and 2009, and by 2011 it was the nation's most common operating room procedure.

With a resurgence of midwives, however, studies show that C-section rates at hospitals where they are employed are much lower.

At 26 percent, California is below the national average of 32 percent, and at hospitals in the North Bay the rate is even lower.

Around the North Bay, most hospitals now engage midwives for their patients including Sutter Santa Rosa Regional Hospital, Kaiser Permanente, NorthBay Healthcare, and Ukiah Valley Medical Center, which has the lowest C-section rate, at 16 percent.

As the only hospital in the county with a labor and delivery ward, Marin General Hospital handles an average of 1,400 births a year. After adopting an expanded midwifery program in 2011, the hospital dropped its C-section rate by 10 percent in three years.

That year, the hospital took over the county-run birth center, which had been providing midwives to its mostly publicly insured patients. Hospital officials decided to continue offering the service to privately insured women as well.

Initially, 16 percent of those women opted for the midwife service, which includes around-the-clock nurse midwives.

Almost immediately, the C-section rate dropped from 32 percent to 27 percent. The rate continued to fall to where it now fluctuates between 18 percent–22 percent.

“With a midwife, there’s more leeway in decision-making, taking a wait and see approach versus making a decision on the fly,” said Sheri Matteo, a nurse midwife, and director of midwives at Prima Medical Group in Novato that serves the hospital with 13 midwives.

Marin’s program became the subject of a study at University of California San Francisco, which also examined rates for successful vaginal birth after a C-section. The study found that with midwife assistance, the rate increased significantly from 13 percent to 22 percent.

“Obstetrics is a team sport. It can’t be done just by doctors or just by midwives. It works for us as an integrated team,” Matteo said. “I think that the doctors have embraced the outcome of the study and see us as a positive influence on lowering the C-section rate. Overall, we have been very accepted into the practice and the labor floor culture.”

C-sections carry serious risks for both women and their babies. Women are at an increased risk for hemorrhage, hysterectomy, infection, blood clots, longer recoveries, chronic pelvic pain, and difficulty with future pregnancies.

Problems for babies, can include breathing difficulties that need treatment in a newborn intensive care unit.

In the long-term, babies born by C-section are at increased risk of developing chronic childhood diseases like asthma and diabetes.

The procedure is also more costly than a vaginal delivery. Statistics vary, but all cite the price tag of a C-section as \$10,000 - \$20,000 more.

While there are clear cut indications when a C-section should be performed, such as when a baby is breach, or in the wrong position, other factors are more subjective, such as fetal heart rate, and the amount of time the labor is taking are also determining factors,

Matteo likened giving birth to running a marathon, where there is help and encouragement along the way.

Doctors, hospitals spar over midwife oversight

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Nurse-midwives in California are caught in the middle of legislation intended to determine their scope of practice.

A bill, Assembly Bill 1306, would override an existing law that requires certified nurse-midwives to practice under the supervision of medical doctors.

California is one of only six states that requires full supervision. Several other states mandate other forms of collaboration, such as in prescribing medications.

Both the California Hospital Association and the California Medical Association, which represents doctors, agree that nurse-midwives have the training and qualifications to practice without physician supervision.

But they differ sharply over one of the amendments to the bill, whether hospitals should be able to employ midwives directly.

The California Hospital Association supports it while the physicians' group opposes the legislation, saying that the health care decisions of nurse-midwives employed directly by hospitals could be influenced by their administrators.