

THE WALL STREET JOURNAL

New practices reduce childbirth risks

WEDNESDAY, JULY 12, 2006
BY LAURA LANDRO,

-----Excerpts-----

Hospitals are conceiving new programs to make childbirth safer, amid mounting evidence that overuse of labor-inducing drugs for preterm deliveries and other common practices in the delivery room are endangering both mothers and infants.

Driven by soaring liability-insurance premiums for their obstetrics units, hospital groups are adopting policies to discourage or **prohibit births induced before the minimum 39 weeks** recommended by maternal and child health experts, unless medically necessary. They are curtailing the use of drugs such as the hormone oxytocin to start or speed up contractions. In too high doses, it can lead to ruptures of the uterus, fetal distress and even death of the infant. And they are limiting the use of forceps and vacuums that can help coax babies from the birth canal but also lead to injuries such as bone fractures and nerve damage.

Despite the sharp rise in elective inductions in recent years, which may account for a third or more of all induced births in some hospitals, research shows that delivering babies even a few days early is associated with higher rates of emergency Caesarean deliveries, admissions to the neonatal intensive-care unit with respiratory distress and other problems, and longer-term health issues for children

The new programs are ... making it harder to schedule deliveries on a convenient day for the doctor or patient, or to give the maximum dose of oxytocin to advance a long and difficult labor. But they are also helping to reduce risks that can lead to devastating harm. Salt Lake City-based Intermountain Healthcare began requiring doctors to obtain special permission to induce delivery earlier than 39 weeks. Intermountain, which operates hospitals in Utah and Idaho, reduced **elective inductions at less than 39 weeks to 5 percent of all births today, from 27 percent before** the program started in 2001.

...obstetricians don't always adhere to guidelines for elective induction They often schedule deliveries around their own office hours or travel plans, and don't always take the time to document care in patient records, increasing hospital liability, she says. ... obstetrics-related cases accounted for **8.1 percent of all physician-malpractice payment** reports to the National Practitioner Data Bank, a federally maintained clearinghouse that maintains data on physician conduct

Hospitals also are educating mothers-to-be about the risks of early inductions... At Premier-affiliated Baystate Medical Center in Springfield, Mass, for example, staffers conduct informed-consent discussions about oxytocin at the hospital instead of leaving it to a doctor's office visit.

Oxytocin is a hormone released during labor that causes contractions of the uterus. The most common brand name is Pitocin, which is a synthetic version. It's often used to speed or jump-start labor, but if the contractions become too strong and frequent, the uterus becomes "hyperstimulated," which may cause tearing and slow the supply of blood and oxygen to the fetus. Though there are no precise statistics on its use, IHI says reviews of medical-malpractice claims show oxytocin is involved in more than 50 percent of situations leading to birth trauma.

"Pitocin is used like candy in the OB world, and that's one of the reasons for medical and legal risk," says Carla Provost, assistant vice president at Baystate, who notes that in many hospitals it is common practice to "pit to distress" [i.e. give progressively larger doses of Pitocin until the mother either delivers or the baby goes into fetal distress].

Intermountain Healthcare says its program has led to a sharp drop in birth complications and decreased the lengths of stay in labor and delivery, **cutting costs by \$500,000 annually.**

However, the new efforts are meeting some **resistance from obstetricians, who aren't used to having their wings clipped.** "It has been hard to get doctors to go along because **they don't necessarily believe the risks,**" says Ware Branch, who heads Intermountain's 39-weeks-gestation program.

Labor Issues - The top six contributors to obstetrics litigation

Inappropriate use of labor-inducing drugs

Failure to recognize fetal distress

Inappropriate use of vacuum/forceps

Failure to perform timely Caesarean birth

Failure to properly resuscitate depressed baby

New practices reduce childbirth risks The Wall Street Journal Wednesday, July 12, 2006