

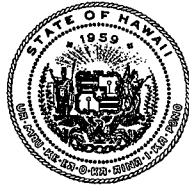
# HCR 215

**Measure  
Title:**

**REQUESTING THE DEPARTMENT OF  
HEALTH TO REVIEW AND ASSESS THE  
POLICIES AND PROCEDURES  
IMPLEMENTED BY HOSPITALS TO  
REDUCE ELECTIVE CESAREAN SECTIONS  
AND INDUCTION OF LABOR.**

**Report  
Title:**

**Pre-term Births; Cesarean Sections;  
Induction of Labor**



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
File:

**Senate Committee on Health**

**H.C.R. 0215, Requesting the Department of Health to Review and Assess the Policies and Procedures Implemented by Hospitals to Reduce Elective Cesarean Sections and Induction of Labor**

**Testimony of Chiyome Leinaala Fukino, M.D.  
Director of Health**

**April 23, 2009  
10:00 a.m.**

1 **Department's Position:** The Department of Health (DOH) must respectfully oppose this measure as it  
2 does not provide resources necessary to fulfill the goals of the resolution within the requested timeframe.  
3 We appreciate the intent of this bill and would like to work with stakeholders in an effort to address  
4 some of these issues.

5 **Fiscal Implications:** We estimate such a study would cost approximately \$25,000.

6 **Purpose and Justification:** HCR 215 requests that the DOH review and assess the policies and  
7 procedures implemented by hospitals to reduce elective cesarean sections and induction of labor,  
8 provide recommendations to improve Hawai'i's rate of premature births, and report back to the  
9 Legislature prior to the convening of the 2010 Legislative Session. It stipulates that the report include:

- 10 (1) Statistics on the number of hospitals having policies and procedures relating to elective cesarean  
11 sections and inductions of labor prior to thirty-nine (39) completed weeks of gestation.  
12 (2) Statistics on the number of hospitals with policies and procedures in line with the American  
13 College of Obstetricians and Gynecologists guidelines; and

1 (3) Recommendations, including suggested legislation, on improving Hawai'i's rate for  
2 premature births.

3 The DOH utilizes data sources such as the Hawai'i Pregnancy Risk Assessment Monitoring System  
4 (PRAMS), which surveys women that recently delivered an infant; birth certificates; and hospital  
5 discharge records to continually monitor the rates for cesarean births, induction of labor, and other  
6 related birthing issues. In summary, the Department wishes to work closely with the key stakeholders,  
7 including March of Dimes, the Healthcare Association of Hawaii, and other partners to collaboratively  
8 work on the issues involved with this resolution without adding costs to the Department.

9 Thank you for the opportunity to testify on this measure.

To: Honorable David Ige  
Honorable Josh Green

From: Lin Joseph  
Director of Program Services  
March of Dimes Hawaii Chapter

Re: In strong support of  
**HCR215**

Hearing: Thursday April 23, 2009  
Conference Room 229, State Capitol

Chair Ige, Vice Chair Green, Members of the Committee:

I am writing to express strong support for HCR215, *Requesting the Department of Health to Review and Assess the Policies and Procedures Implemented by Hospitals to Reduce Elective Cesarean Sections and Induction of Labor.*

For 70 years, the March of Dimes has been a leader in improving the health of women of child bearing age, infants, and children. Our mission is to *improve the health of babies by preventing birth defects, premature birth, and infant mortality.* As the leading cause of neonatal mortality and a major contributor to child morbidity, prematurity has been a major focus of March of Dimes programs in research, education, community service and advocacy. More intensive research is clearly needed to identify the causes of prematurity and develop effective interventions to prevent preterm birth.

Although prematurity is defined as prior to 37 completed weeks gestation, babies born before 39 weeks gestation can not be considered full term. Late preterm infants have more needs than full term infants, including, feeding difficulties, body temperature instability, and possible neurodevelopmental and breathing problems.

The Centers for Disease Control and Prevention (CDC) reports that late preterm (34-36 weeks) and early term (37-38 weeks) births have risen sharply between 1996 and 2006, and that 30% of singletons born between 34 and 39 weeks were delivered by cesarean section. In Hawaii, 25.6% of all babies born were delivered by c-section.

In November 2008, March of Dimes issued a report card to each state and the nation as a whole on their preterm birth rates in comparison to the *Healthy People 2010* objective of 7.6% of births. The nation got a "D" and Hawaii, with a prematurity rate of 12.2% in 2005 also got a "D". In addition to the grades, March of Dimes issued a call to action to assess c-sections and inductions of labor to ensure consistency with the recommendations of the American College of Obstetricians and Gynecologists.

March of Dimes encourages the members of the Committee on Health to join us in helping to improve the health of all babies.

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**From:** Kari Wheeling [kariwheeling@yahoo.com]  
**Sent:** Wednesday, April 22, 2009 1:41 PM  
**To:** HTHTestimony  
**Subject:** HCR 215; 4/23 @10am rm. 229

**Categories:** Blue Category

**To:** Chair Ige

**Committee:** House Health

**From:** Kari Wheeling, Project Coordinator, Healthy Mothers Healthy Babies (HMHB)

**RE:** HCR 215 Requesting DOH to assess policies implemented by hospitals to reduce cesarean sections and induction of labor

**Hearing:** Thursday, April 23, 2009, rm 229 @ 10am

**Date:** Wednesday, April 22, 2009

Honorable Chairperson Ige and Vice Chair Green and Members of the House Health Committee:

HMHB is a statewide coalition of public and private agencies and individuals committed to the improvement of maternal and infant health status in Hawaii through education, coordination and advocacy. HMHB is testifying today in support of HCR 215 requesting the Department of Health to review and assess the policies and procedures implemented by hospitals to reduce elective cesarean sections and induction of labor.

The World Health Organization recommends that the cesarean section rate for industrialized nations should not exceed 15%. Cesarean rates that exceed 15% seem to do more harm than good. Out of all 50 States, Hawaii had the highest increase (74%) in cesarean rates from 2000 to 2006. Our Cesarean rates jumped from a recommended rate of 14.7% in 2000 to 25.6% in 2006.

There are many reasons for the rise in cesarean rates, such as induction among first-time mothers, continuous electronic fetal monitoring, and the limited option of a vaginal birth after cesarean (VBAC). Cesarean section is major surgery and increases the likelihood of many short- and longer-term adverse effects for mothers and babies. Short-term harms for mothers include increased risk of infection, surgical injury, blood clots, and emergency hysterectomy, just to name a few. Babies born by cesarean are more likely to have surgical cuts, breathing problems, difficulty getting breastfeeding going, and asthma in childhood.

In 2006, 25.6% (4,740/18,233) of all live births in Hawaii were cesarean deliveries. A cesarean birth has many associated costs that must be factored in including the cost of maintaining the operating room, fees for surgeons, assisting surgeons, and surgical nurses; and the cost of anesthesia, the anesthesiologist's services, surgical instruments, blood for transfusions, and longer post birth hospital stay. A cesarean ends up costing at least \$10,000, and Hawaii spent an estimated 47 million on births in 2006. Those are just direct costs. The 47 million does not include the long term costs of nonemergency cesareans. More cesareans mean more babies in intensive care with respiratory distress.

Mahalo for the opportunity to testify.