

# SCR 145

**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**

**S.C.R. 0145, 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 1, 2009  
2:45 p.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:** SCR 145 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.

March of Dimes Foundation

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[marchofdimes.com/Hawaii](http://marchofdimes.com/Hawaii)

To: Honorable David Ige  
Honorable Josh Green

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

Re: In strong support of  
**SCR145**

Hearing: Wednesday April 1, 2009  
Conference Room 016, State Capitol

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

I am writing to express strong support for SCR145, *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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March 31, 2009

TO: Senator David Y. Ige, Chair, Senator Josh Green, M.D., Vice Chair and Members of the Committee On Health  
FROM: Jackie Berry, Executive Director  
RE: **SCR145 and SR 97** 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  
Hearing: Wednesday, April 1, 2009

My name is Jackie Berry, Executive Director of Healthy Mothers Healthy Babies Coalition of Hawaii. We are in strong support of these resolutions. Birth by cesarean delivery has risen from 18% of all births to 26% of all births in seven (7) years (between 1999 and 2006). Premature birth is the leading cause of newborn death and one (1) out of eight (8) babies born in Hawaii are late pre-term birth, with only thirty-four to thirty-six completed weeks of gestation.

Preterm birth also results in higher medical costs; the average cost of medical care in the first year of life for those that survive is ten times greater than for those that are born full term.

This would allow us to review the criteria used by hospitals and physicians for indications to elective inductions or cesarean section, as well as the policies and procedures established by hospitals to reduce this practice.

Mahalo for your consideration of this issue and our testimony.

To: Honorable David Ige  
Honorable Josh Green

From: Eiko Cusick, MPH, CLC  
Childbirth Educator, Midwife, Doula, Lactation Consultant, and Public Health Educator

Re: In strong support of **SCR145**

Hearing: Wednesday April 1, 2009  
Conference Room 016, State Capitol

Honorable Chair Ige, Vice Chair Green, and 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.*

Prematurity in Hawaii and the United States has increased drastically in the past 20 years along with the associated costs to care for the short and long term morbidity of these infants. While medical science has acquired the ability to save the earliest preterm babies, it is still struggling to deal with the associated difficulties this prematurity causes, including feeding difficulties, body temperature instability, and possible neurodevelopmental and breathing problems. Surgical birth is not only riskier for both mother and child, but also puts more strain on our already bankrupt health system for many years following these births. In an era when we are looking for simple ways to improve health and decrease cost, reviewing hospital policies and procedures surrounding elective cesarean sections and inductions of labor should be considered essential.

Medical science still cannot accurately determine a fetus' age, and the numbers of premature babies born accidentally due to induction and surgery is increasing. Parental and/or provider preference should not be a determinant in such an important health issue as date of birth. Many decisions are determined for parents for the safety of the child (car seats, vaccinations, education) and as a care provider for women and children, I believe birth date should be determined by the natural initiation of labor by mother and child.

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. We have known that induction and elective surgical birth was increasing the rate of prematurity and I applaud Hawaii for taking action to correct this dangerous and decidedly unhealthy trend.

I humbly request all members of the Committee on Health to support SCR 145 as a cost effective way to improve the health of our women, children and economy.