



**HAWAII MEDICAL ASSOCIATION**

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**Tuesday, March 29, 2011 9:00 AM Conference Room 329**

To: COMMITTEE ON HEALTH  
Rep. Ryan Yamane, Chair  
Rep. Dee Morikawa, Vice Chair

From: Hawaii Medical Association  
Dr. Morris Mitsunaga, MD, President  
Linda Rasmussen, MD, Legislative Co-Chair  
Dr. Joseph Zobian, MD, Legislative Co-Chair  
Dr. Christopher Flanders, DO, Executive Director  
Lauren Zirbel, Community and Government Relations

Re: HCR 196 REQUESTING THE CONVENING OF A TASK FORCE TO DEVELOP A  
QUALITY IMPROVEMENT INITIATIVE TO REDUCE ELECTIVE CESAREAN  
SECTIONS AND INDUCTION OF LABOR.

Chairs & Committee Members:

The Hawaii Medical Association supports the development of best practices within a clinical setting, including those involving the evaluation of elective maternal induction of labor and the use of Caesarian sectioning for delivery. The American College of Obstetrics and Gynecology (ACOG) have developed extensive clinical guidelines for the evaluation of mothers and fetuses in determining appropriate delivery timing and methods. These guidelines have undergone, and continue to undergo extensive scrutiny, both by peer review committees and clinical experience.

The use of "best practices" requires the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal and unique concerns, expectations, and values. The best evidence is usually found in clinically relevant research that has been conducted using sound methodology. Those guidelines developed by ACOG utilize all these aspects.

**The Hawaii Medical Association would offer two minor changes to HCR196:**  
**Strike:** (1) Review laws and rules governing the licensure of hospitals in the State; as being too broad and vague in scope for the purposes of this taskforce.  
**Modify:** (6) Two physicians specializing in obstetrics or gynecology; to read "(6) **Three** physicians specializing in obstetrics, gynecology, or pediatrics.

Thank you for allowing the opportunity to testify on behalf of Hawaii's physicians.

**OFFICERS**

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**SECRETARY - THOMAS KOSASA, MD IMMEDIATE PAST PRESIDENT - DR. ROBERT C. MARVIT, MD TREASURER**  
**- STEPHEN KEMBLE, MD EXECUTIVE DIRECTOR - CHRISTOPHER FLANDERS, DO**



**DATE:** March 28, 2011

**TO:** Committee on Health  
Rep. Ryan Yamane, Chair  
Rep. Dee Morikawa, Vice Chair

**FROM:** Jackie Berry, Executive Director

**HEARING:** Tuesday, March 29, 2011  
9:00 p.m.  
Room 329

**RE: HCR 196 Cesarean Sections; Induction of Labor; Preterm Birth Task Force**

### **Testimony in Strong Support**

Chair Yamane, Vice Chair Morikawa and the members of the Committee on Health:

Healthy Mothers Healthy Babies (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 strong support of HCR 196 whose ultimate purpose is to reduce elective cesarean sections and induction of labor which can lead to premature birth of babies.**

Cesarean delivery is the most common surgical procedure done in the United States and results in higher costs, longer hospitalization, and increased risks of short and long term morbidity compared to a normal vaginal delivery. A cesarean section is usually performed when a vaginal delivery would put the baby's or mother's life or health at risk, although in recent times it has been also performed upon request for childbirths that could otherwise have been natural.

Reasons for elective cesareans vary with the doctor or the mother making the decision. Critics of doctor-ordered cesareans worry that cesareans are in some cases performed because they are profitable for the hospital (cesarean surgery cost more than vaginal births), it is more convenient for an obstetrician than a lengthy vaginal birth, or because it is easier to perform surgery at a scheduled time than to respond to nature's schedule and deliver a baby at an hour that is not predetermined. Another contributing factor for doctor-ordered procedures may be the fear of medical malpractice lawsuits. Doctors are often sued for events and complications that cannot be classified as malpractice, so they turn to defensive medicine. If a pregnant woman is facing an even minimal risk, doctors may suggest that she get a C-section. Some 42% of obstetricians believe that the media and women are responsible for the rising cesarean section rates. In studies conducted in the United States, women have indicated that their preference for cesarean section is more likely due to considerations of pain and vaginal tone.

Although cesarean sections are on the rise, the risks for the baby are very real and include:

- Potential for infant injury: it is possible for surgical tools used for the uterine incision to injure the baby.
- Wet lung: retention of fluid in the lungs can occur if not expelled by the pressure contractions during labor.
- Potential for early delivery and complications: preterm delivery is possible if due date calculation is inaccurate.
- Higher infant mortality risk: In c-sections which are performed with no indicated risk, the risk of death in the first 28 days of life is three times greater (1.77 per 1,000 live births among women who had c-sections, compared to 0.62 per 1,000 for women who deliver vaginally.)

Despite these risks to the baby, the rate of births by cesarean delivery in the United States has risen from more than 21% in 1996 to more than 32% in 2007. In Hawaii, that increase is even greater with an estimated 16.9% of all births in 2000 from cesarean delivery increasing to 27.1% of all births in 2000. This trend must be reversed.

We commend the Legislature for its initiative and foresight to reduce preterm births and infant mortality through policy, education and public awareness. We also appreciate the opportunity for Healthy Mothers Healthy Babies to participate on the Preterm Birth Task Force.

On behalf of all mothers and babies in Hawaii, we urge you to pass HCR 196.

Mahalo for giving us the opportunity to offer testimony today.

Date: March 28, 2011

To: Honorable Ryan Yamane  
Honorable Dee Morikawa

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

Re: In support of  
**HCR196**

Hearing: March 29, 2011  
Conference Room 329, State Capitol

March of Dimes Foundation

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Chair Yamane, Vice Chair Morikawa, Members of the Committee:

I am writing to express strong support for HCR196: *Requesting the convening of a task force to develop a quality improvement initiative to reduce elective cesarean sections and induction of labor.*

In 2007, 19,086 babies were born in the state of Hawaii. According to the National Center for Health Statistics, 12.4% of them were born preterm, or less than 37 weeks gestation. Although preterm birth is defined as occurring before 37 weeks of gestation, babies are not considered full term until 39-40 weeks, and the American Congress of Obstetricians and Gynecologists (ACOG) guidelines call for confirmation of 39 weeks gestation for elective induction of labor or cesarean-section for singleton births under most circumstances.

The causes of preterm labor are complicated and multi-factorial and there is no simple solution to solving the problem of prematurity. March of Dimes funds innovative research into the causes of prematurity, and has awarded more than \$15 million to 43 grantees over the past six years. But, there are some early births that we as a community can address.

The Center for Disease Control and Prevention reports that between 1990 and 2006, the most dramatic increase in births in the United States occurred between 36 and 38 weeks gestation, while deliveries after 39 weeks showed a sharp decline. The concomitant rise in deliveries between 36 and 38 weeks has been associated with an increase in inductions of labor and c-sections. In 2006, 26% of newborns in Hawaii were delivered by c-section, an increase from 18% in 1996. C-sections and induction of labor are life-saving when indicated by complications of labor or delivery. However, the State Department of Health estimates that 23% of pregnancies "without a medical risk" are delivered by c-section. Even though babies born after 37 weeks gestation are not considered "premature," they still have increased risks for complications such as admission to a neonatal intensive care unit, respiratory complications, infection and feeding problems for infants born before 39 weeks.

march  of dimes

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In 2009, pursuant to HCR 215 SD1, March of Dimes partnered with the Department of Health to survey Hawaii hospitals regarding implementation of policies and procedures to reduce elective c-sections and labor inductions, and found that only 55% of Hawaii hospitals performing deliveries had policies in place that are consistent with ACOG guidelines of no elective labor inductions or cesarean sections before 39 weeks gestation. In its report of HCR215 to the legislature, DOH recommended the formation of a task force to further pursue the reduction in elective procedures before 39 weeks through development of quality initiatives, training, and collection of data relating to elective deliveries, review of regulations governing state licensure of hospitals, and a public awareness campaign on the risks of delivery prior to 39 weeks gestation.

Therefore, the March of Dimes asks the House Committee on Health to support the formation of this task force to address early births in Hawaii through the passage of HCR196.

*The mission of the March of Dimes is to improve the health of babies by preventing birth defects, premature birth, and infant mortality.*

Date: March 28, 2011

To: Honorable Ryan Yamane  
Honorable Dee Morikawa

From: Dave Heywood



Re: **Testimony in Support of HCR196**

Hearing: March 29, 2011, 9am - Conference Room 329, State Capitol

Chair Yamane, Vice Chair Morikawa, and Members of the House Committee on Health:

I am writing to express strong support for HCR196: *Requesting the convening of a task force to develop a quality improvement initiative to reduce elective cesarean sections and induction of labor.*

As a Board Member of the Hawaii Chapter of the March of Dimes as well as having worked in healthcare in Hawaii for over 20 years, there is strong evidence of a need to develop initiatives to reduce elective c-sections and induction of labor.

**Elective c-sections and induction of labor can lead to increased risks for complications such as admission to a neonatal intensive care unit, respiratory complications, infection and feeding problems for infants born before 39 weeks.**

In 2009 the Hawaii March of Dimes partnered with the Department of Health to survey Hawaii hospitals regarding implementation of policies and procedures to reduce elective c-sections and labor inductions, and found that only 55% of Hawaii hospitals performing deliveries had policies in place that are consistent with ACOG guidelines of no elective labor inductions or cesarean sections before 39 weeks gestation. In its report to the Legislature, the DOH recommended the formation of a task force to further pursue the reduction in elective procedures before 39 weeks through development of quality initiatives, training, and collection of data relating to elective deliveries, review of regulations governing state licensure of hospitals, and a public awareness campaign on the risks of delivery prior to 39 weeks gestation.

The House Committee on Health should support the formation of this task force to address early births in Hawaii through the passage of HCR196.

Mahalo for the opportunity to testify in strong support of HCR196.