



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

In reply, please refer to:  
File:

**House Committee on Health**

**H.C.R. 196, Requesting the Convening of a Task Force to Develop a Quality Improvement Initiative to Reduce Elective Cesarean Sections and Induction of Labor**

**Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H.  
Director of Health**

**March 29, 2011**

1 **Department's Position:** The Department of Health supports the intent of this Concurrent Resolution to  
2 convene a task force to develop a quality improvement initiative to reduce elective cesarean sections  
3 and induction of labor but would need additional resources to establish, staff, and carry out the  
4 responsibilities of this task force.

5 **Fiscal Implications:** We support the intent but defer on the fiscal implications until the Executive  
6 Budget has been finalized.

7 **Purpose and Justification:** The purpose of this measure is to convene a task force to develop a quality  
8 improvement initiative to reduce elective cesarean sections and induction of labor. This multi-agency  
9 task force would be administratively attached to the Department of Health and is charged to (1) Review  
10 laws and rules governing the licensure of hospitals in the State; (2) Determine if all hospitals with  
11 obstetric units in the State should be required to develop standardized policies and procedures that  
12 conform with the American College of Obstetricians and Gynecologists or the Institute for Healthcare  
13 Improvement guidelines for reducing elective inductions and cesarean deliveries; (3) Research and  
14 maintain current interdisciplinary best practices training materials; (4) Maintain a learning collaboration  
15 model for health care practitioners, physicians, staff, and registrars of hospitals, community health

1 centers, and other institutiois in the State; (5) Develop and implement a public awareness campaign to  
2 educate the public on the risks of elective preterm cesarean sections and induction of labor, and track  
3 data on the effectiveness of the campaign; (6) Track data relating to the rate of preterm births in Hawaii  
4 and the effect that changes in the rate of preterm births may have on infant morbidity and mortality; and  
5 (7) Examine other issues that may be related to elective preterm cesarean sections and induction of labor  
6 using trends and other information obtained through public health records.

7           Commitments towards efforts to reduce pre-term births in our State have begun and have  
8 included some preliminary assessments. Based on these preliminary assessments, key stakeholders  
9 identified the need for additional resources to provide staff services to monitor, conduct surveillance,  
10 and assure compliance to best practice(s) and related workforce development and training needs to build  
11 a quality improvement system to reduce elective cesarean sections.

12           Thank you for this opportunity to testify.



# UNIVERSITY OF HAWAII SYSTEM **LATE TESTIMONY**

## Legislative Testimony

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Testimony Presented Before the  
House Committee on Health  
Tuesday, March 29, 2011

By

Virginia Hinshaw, Chancellor

And

Jerris Hedges, MD, MS, MMM, Dean

John A. Burns School of Medicine

University of Hawai'i at Mānoa

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

Chair Yamane, Vice Chair Morikawa and members of the House Committee on Health. The John A. Burns School of Medicine's Department of Obstetrics, Gynecology (OB-GYN) and Women's Health offers the following testimony for your information regarding caesarian section births.

The medical school's OB-GYN faculty delivered 1,923 babies in Hawai'i last year, and they provide the bulk of sub-specialty care statewide (including the fields of gynecological oncology and maternal fetal medicine).

Over the last decade, caesarian rates have risen in the United States to where (as of 2008) 32% of deliveries were by caesarian section. In Hawai'i (2008), the percentage of caesarian births was 26.8% (*Source: Centers for Disease Control.*)

The rise in caesarian rates is due partly to a decrease in the rate of women choosing a trial of labor after a (prior) caesarian (TOLAC), as well as, a decrease in the rate of women undergoing vaginal birth after a caesarian (VBAC). These patterns have been observed despite much recent data suggesting that a trial of labor is a safe and appropriate choice for many women who have had a past caesarian delivery.

Besides a potential link to increased premature births, there are additional problems linked to increased rate of caesarian section. They include abnormal placental development like *placenta accreta* and *percreta*, where the placenta grows into the uterine muscle and surrounding organs – i.e., bladder, bowels. This is serious complication that includes extended surgery, possibly blood transfusions and the potential loss of the uterus. There also are reports of an increased incidence of *ectopic*

*pregnancy* in the uterine scar where the caesarian section was done. This could be a life-threatening condition associated with internal bleeding.

In August 2010, the American College of Obstetricians and Gynecologists (ACOG) issued guidelines informing obstetricians and gynecologists (OB-GYNs) that attempting a vaginal birth after caesarian (VBAC) is a **safe and appropriate choice for most women who have had a prior caesarian delivery**, even including some women who have had two previous caesarians.

At that time, the President of the ACOG, Dr. Richard Walman, described the current caesarian rate as "undeniably high" and said it is an absolute concern among OB-GYNs.

The ACOG emphasized the need for thorough counseling of the benefits and risks, shared patient-doctor decision-making, and the importance of patient autonomy in the decision-making. Moving forward, the organization reported OB-GYNs need to work collaboratively with patients and with hospitals and insurers to "swing the pendulum back to fewer caesarians and [to] a more reasonable VBAC rate."

Given the latest guidelines for OB-GYNs and our concern for public health, the John A. Burns School of Medicine believes the resolution is reasonable, and could contribute to "swinging that pendulum back to fewer caesarians."