

**American Congress of Obstetricians and Gynecologists
District VIII, Hawaii (Guam & American Samoa) Section**

Lori Kamemoto, MD, MPH, FACOG, Chair
94-235 Hanawai Circle, #1B
Waipahu, Hawaii 96797



DATE: Thursday, February 13, 2014
TIME: 9:30 a.m.
PLACE: Conference Room 211

To:

COMMITTEE ON WAYS AND MEANS

Senator David Y. Ige, Chair
Senator Michelle N. Kidani, Vice Chair

From: Lori Kamemoto, MD, MPH, Chair

Greigh Hirata, MD, Vice Chair

American Congress of Obstetricians and Gynecologists, Hawaii Section

Re: SB 2065, Relating to Health

Position: Clarification of information attributed to the American College of Obstetricians and Gynecologists in the bill, and the Hawaii efforts already addressing the issue of elective deliveries prior to 39 weeks gestation

The American Congress of Obstetricians and Gynecologists (ACOG), Hawaii Section is submitting testimony to clarify information attributed to ACOG within this bill, clarify the multiple efforts already in place to decrease elective deliveries prior to 39 weeks, and suggest changes to this bill if it becomes law.

The statement attributed to ACOG of a “sharp rise in the number of non-medically indicated elective inductions prior to thirty-nine weeks of pregnancy in the past twenty years” requires clarification. The source of this data is not indicated in the bill, but this may be based on older data from the early 2000’s.

In contrast to the statement in this bill, the most recent National Vital Statistics Report (Centers for Disease Control - CDC) on 2012 births shows that since 2006, early term (37-38 weeks) births have declined by 10% at 37 weeks, and decreased by 16% at 38 weeks. They state, “Efforts to reduce nonmedically indicated cesarean deliveries and labor inductions prior to 39 weeks may be in part associated with recent national declines in deliveries prior to 39 weeks”. [Martin JA, Hamilton BE, Osterman JK, et al.

Births: Final data for 2012. National vital statistics reports; vol 62 no 9. Hyattsville, MD: National Center for Health Statistics. 2013.]

All Hawaii obstetrics hospitals already have policies following national ACOG guidelines, designed to prevent non-medically indicated elective delivery prior to 39 weeks. We have seen these policies work in the hospital. As an example from personal experience, we have been notified of a questionable induction by nursing staff and discussed the patient with her physician, resulting in the patient not meeting criteria for induction of labor and being sent home. Hospital policies are working.

In addition, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which accredits all hospitals, now have a national quality measure for hospitals to submit data on all elective (i.e.-non-medically indicated) deliveries between 37 to 38 6/7 weeks. Starting this year (some hospitals may have started last year), obstetrics hospitals are already tracking this data for JACHO. Therefore, it is not clear what additional data or usefulness might be gained from further examining this issue.

If this bill becomes law, since hospitals are already collecting this data for JACHO, perhaps the amount of monies (we understand the proposed total funding is around \$215,000) dedicated to this part of the bill may be decreased. Hawaii ACOG humbly suggests that any decrease in funding be considered to fund a 0.20 FTE DOH Administrative Assistant (\$8,000 - \$10,000/year) for the proposed Maternal Mortality Review Panel (SB1238). The CDC, ACOG, and many other public health organizations recommend that every state have such a review panel to assist in improving care for all pregnant women.

The Task Force also proposes to examine “newborn screening”. However, there are no pediatricians or neonatologists on the Task Force to provide expertise in this area. We suggest the inclusion of at least two pediatricians and one neonatologist, appointed in collaboration with the Hawaii Chapter of the American Academy of Pediatrics to properly address “newborn screening”.

Thank you for the opportunity to submit testimony to clarify this issue.