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HEALTH

Elective deliveries before 39 weeks widespread

An employer-backed group calls on hospitals to stop such deliveries and health plans to require preauthorizations to discourage them.

By KEVIN B. O'REILLY, amednews staff. Posted Feb. 7, 2011.

Many U.S. hospitals frequently deliver babies before 39 weeks' gestation without a medical indication, according to data released in January by The Leapfrog Group, an employer-funded organization that seeks to improve health care quality and safety.

Half of 773 hospitals voluntarily reporting to Leapfrog last year said they exceeded an expert-set 12% target rate for the proportion of babies delivered early by elective induction. American College of Obstetricians and Gynecologists guidelines say elective deliveries should not be done before 39 weeks' gestation.

Such deliveries are likelier than spontaneous births to require a cesarean section, result in postpartum maternal complications and send babies to the neonatal intensive care unit.

Hospital rates of elective early deliveries were as high as 100% and varied widely, even in the same town. In Los Angeles, for example, the rates ranged from 4% to 29%.

"Leapfrog's release of this data is the first real evidence that the practice of scheduling early deliveries without medical reason is common and varied among hospitals in the same region," said Leah Binder, CEO of the Washington, D.C.-based organization. "The only thing consistent is variation."

Binder called on hospitals to make changes to stop elective early deliveries. She said health plans should require preauthorizations to discourage them.

Too many babies are delivered early without a solid medical rationale such as hypertension near the end of pregnancy, said Alan R. Fleischman, MD, senior vice president and medical director of the March of Dimes, a nonprofit that targets premature births and birth defects. "There are instances when early delivery is medically necessary for the health of the mother or the baby," he said.

"Health professionals and their patients must continue to make hard clinical choices while they remember that critical development occurs to the baby's brains, liver and lung during the last month of pregnancy."

Troubles for babies

Babies who are born early are more likely to have jaundice and trouble feeding, breathing and maintaining a steady temperature, Dr. Fleischman said.

They add 17.4% to normal delivery costs and about \$1 billion in medical expenses annually, according to an August 2010 *American Journal of Obstetrics & Gynecology* study.

Common nonmedical reasons for early induction include the mother's desire to end the pregnancy, control the birth's timing and have a specific health care professional deliver the baby, according to a national survey of 646 women who had labor medically induced.

The results were published in October 2006 by Childbirth Connection, a nonprofit that advocates for improved maternity care.

A statement issued by ACOG said the Leapfrog initiative is in line with its long-standing clinical recommendations, but noted, "There will continue to be appropriate medically indicated births prior to 39 weeks' gestation for the welfare of the mother and the baby."

Some hospitals have drastically reduced their rates of elective early deliveries by refusing to schedule such deliveries unless an evidence-based medical reason is offered. Nearly 30% of hospitals reporting to Leapfrog said they had early elective delivery rates of 5% or less. Leapfrog is asking all hospitals to hit the 5%-or-less target, Binder said.

"We believe the hospital has the bottom-line responsibility for what goes on in their walls," she said. "We need to trust, as consumers, that when we go to the hospital all precautions will be taken to protect us and our babies."

The print version of this content appeared in the Feb. 14 issue of *American Medical News*.

ADDITIONAL INFORMATION:

WEBLINK

"Hospital rates of early scheduled deliveries," The Leapfrog Group, Jan. 26 (www.leapfroggroup.org/tooearlydeliveries)

"ACOG Practice Bulletin No. 107: Induction of labor," *Obstetrics & Gynecology*, August 2009 (www.ncbi.nlm.nih.gov/pubmed/19623003)

"Decreased term and postterm birthweight in the United States: impact of labor induction," *American Journal of Obstetrics & Gynecology*, August 2010 (www.ncbi.nlm.nih.gov/pubmed/20478548)

"Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences," Childbirth Connection, October 2006 (www.childbirthconnection.org/pdfs/LTMIIR_report.pdf)

"Decreasing elective deliveries before 39 weeks of gestation in an integrated health care system," *Obstetrics & Gynecology*, April 2009

(www.ncbi.nlm.nih.gov/pubmed/19305323)

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