



Public Advocate for the City of New York

Giving Birth in the Dark

**City Hospitals Still Failing to Provide
Legally Mandated Maternity Information**

**A REPORT BY PUBLIC ADVOCATE BETSY GOTBAUM
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INTRODUCTION

A cesarean section, an invasive surgical procedure in which a baby is delivered through the abdomen and uterus of the mother, carries with it many possible consequences for both the mother and child.¹ Although there are serious risks involved with cesarean deliveries, it is one of the most common surgeries performed in the United States today,² with 30.2 percent of all babies delivered by cesarean section (or “c-section”).³ Research indicates that a cesarean section rate of between five and ten percent achieves the best outcomes for mothers and babies, and that rates above 15 percent do “more harm than good.”⁴ The World Health Organization (WHO) has called upon the medical community to reduce the cesarean rate to 15% or less,⁵ yet statistics show that cesarean sections are occurring in this country at twice that rate.⁶ Rather than delivering their babies vaginally, every year more women undergo delivery through cesarean section. Maternity care advocates hope that, with greater access to accurate information, women will make delivery choices consistent with their healthcare needs.

In July 2005, the Public Advocate released a report detailing the failure of New York City hospitals to comply with a New York State law known as the Maternity Information Act (MIA).⁷ The MIA requires that hospitals provide site-specific statistics on delivery procedures to all incoming maternity patients and all members of the public upon request. In 2005, the Office of the Public Advocate determined that none of the 44 hospitals providing labor and delivery services in New York City were in compliance with the MIA; most did not provide any information, and the one hospital that did attempt to comply provided a pamphlet containing information that was eight years old.⁸

The Office of the Public Advocate further determined that the cesarean section rates among hospitals in New York City were striking. Overall, public hospitals had lower cesarean rates than privately operated facilities; however, with the exception of New York University Downtown Hospital, all hospitals had cesarean rates well above the 15 percent maximum rate recommended by the World Health Organization.

In July 2006, the Office of the Public Advocate conducted a follow-up investigation to determine whether compliance with the MIA had improved in the year since the initial report. The results of the investigation indicate that hospitals continue to fail to provide site-specific maternity information to prospective patients and the general public. Furthermore, the citywide cesarean section rate continues to be well above the goals established by the medical community.

¹ Zelop, C., and Heffner, L.J., “The downside of cesarean delivery: short- and long-term complications,” *Clinical Obstetrics and Gynecology*, 2004.

² Conference Statement, *Cesarean Delivery on Maternal Request*, National Institute of Health State of the Science, March 2006.

³ United States Centers for Disease Control and Prevention, National Center for Health Statistics (NCHS), *Births: Preliminary Data for 2005*, www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths05/prelimbirths05.htm.

⁴ Althabe, F, and Belizán, J.M., “Caesarean section: the paradox,” *Lancet*, 2006.

⁵ *Ibid.*

⁶ Menacker, F., *Trends in Cesarean Rates for First Births and Repeat Cesarean Rates for Low-Risk Women: United States, 1990-2003*, Centers for Disease Control and Prevention (CDC), 2005.

⁷ *Maternity Information Act*, NY Pub Health § 2803-j (1989).

⁸ Office of the New York City Public Advocate, *A Mother’s Right to Know: New York City Hospitals Fail to Provide Legally Mandated Maternity Information*, July 2005.

BACKGROUND

Surgical Births a Growing Trend

In 1970, only about 7 percent of deliveries in the United States involved cesarean section.⁹ The numbers have fluctuated somewhat over the years as health care professionals have come to varying conclusions about the relative advantages of cesarean and vaginal deliveries, but since 1996, the rate of cesarean births has steadily climbed.¹⁰

As indicated in the 2005 report produced by the Public Advocate,¹¹ the rate of cesarean section deliveries in New York City continues to rise. The 2004 data provided by the New York State Department of Health¹² (NYSDOH) confirms the increase; many New York City hospitals have a c-section rate over 30 percent.¹³

C-sections are an important and useful form of surgical intervention for difficult deliveries; however, rather than as a last resort, today patients and physicians elect to use cesarean delivery for a variety of reasons.¹⁴ Advocates and doctors have raised concerns that many women who deliver by cesarean section are not provided with complete and accurate information regarding risks and recovery time¹⁵ and that women's choice of birthing method is constrained by doctors' interest in more lucrative and less time-consuming births. In a national survey of women who gave birth in U.S. hospitals in 2005, 25% of those who had a c-section reported having experienced pressure from a health professional to have this procedure.¹⁶ Fear of malpractice suits has also likely influenced the rates of surgical intervention.¹⁷ In some cases, doctors are pressured by hospital officials to perform cesarean sections in order to avoid liability; an obstetrician in Wilmington, North Carolina discontinued practicing at a particular hospital after hospital officials told her she would need to more than double her c-section rate.¹⁸

Why the Increasing Rate of Cesarean Sections is a Concern

While there are a variety of situations in which cesarean section is the best approach for mother and child, for normal deliveries the possible risks may far outweigh any benefits. Although maternal mortality rates in the United States are low, the mother's risk of death resulting from a

⁹ United States National Library of Medicine, *Cesarean Section – A Brief History*, www.nlm.nih.gov/exhibition/cesarean/cesarean_4.html.

¹⁰ NCHS, *Births: Final Data for 2002, Table 39, Live births by method of delivery and rates of cesarean delivery and vaginal birth after previous cesarean delivery, by race and Hispanic origin of mother: United States, 1989-2002*, www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_10.pdf.

¹¹ See 8.

¹² See Appendix I.

¹³ *Ibid.*

¹⁴ See 6.

¹⁵ Lamb, L., *Why More Babies are Being Born by Cesarean Section – and What Can be Done About It*, The State, www.thestate.com/mld/thestate/news/nation/14721225.htm.

¹⁶ Declercq, E.D., Sakala, C., Corry, M.P., and Applebaum, S., *Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences*, Childbirth Connection, October 2006.

¹⁷ Baicker, K., Buckles, K.S., and Chandra, A., "Geographic variation in the appropriate use of cesarean delivery," *Health Affairs*, August 2006. See also Welch, Cheryl, "Doctor Won't Make the Cut," *Wilmington Star*, June 2005.

¹⁸ Welch, Cheryl, "Doctor Won't Make the Cut," *Wilmington Star*, June 4, 2005.

c-section is two and a half times greater than from a vaginal delivery.¹⁹ In addition to the increased mortality rate, further concerns include an increased risk of infection, injury to other organs, and infertility, as well as anesthesia complications, and difficulty with breast-feeding.²⁰ Though rare, life-threatening risks such as serious bleeding and blood clots or the need for an emergency hysterectomy are increased in cesarean section deliveries.²¹

In addition to those risks borne by the mother, the method of delivery can have serious consequences for the baby. Studies have shown that babies delivered by c-section are less likely to be breastfed, as the recovery from surgery can be painful and lengthy. Further, a mother may experience less of a bond with her newborn child, as she may miss the opportunity for early contact with the child, or develop a negative association as a result of the pain.²² Medical risks to a baby delivered through cesarean section include risk of accidental surgical cut, problems with respiration at the time of birth and the development of long-term respiratory problems later in life.²³

The long-term implications of cesarean deliveries are often overlooked but can be serious. Although a minor risk, the scarring resulting from a cesarean section can lead to an ectopic pregnancy or a condition known as placenta previa, in which the placenta grows across the cervix, causing vaginal bleeding and putting the life of both mother and fetus at risk.²⁴ It is important that women have access to all available information so that they may make an informed decision regarding labor and delivery.

An additional cause for concern is the high medical cost associated with cesarean births. The cesarean delivery is a more expensive procedure than a vaginal delivery and patients have an extended recovery in the hospital. Overall, the costs of a cesarean delivery far exceed those of a vaginal birth. Childbirth Connection found that, in 2003, the average cost of a cesarean section with no complications was \$11,524. The average cost of a cesarean section with complications was \$15,519. Vaginal births were found to range from \$6,239 to \$8,177, depending on whether the mother experienced any complications.²⁵ In 1994, Public Citizen, a national consumer advocacy group, estimated that half of cesarean sections are unnecessary and result in 25,000 serious infections and 1.1 million extra hospital days and cost more than \$1 billion each year.²⁶

¹⁹ Kaiser Women's Daily Health Policy Report, June 30, 2006, www.medicalnewstoday.com/medicalnews.php?newsid=46157.

²⁰ Sakala, Dr. C., "Vaginal or cesarean birth? A systematic review to determine what is at stake for mothers and babies," www.childbirthconnection.org/pdfs/vaginalorcesareanbirth.pdf.

²¹ *Ibid.*

²² Sakala, Dr. C, *What You Need to Know About Cesarean Section: An Interview with Dr. Carol Sakala of Childbirth Connection*, National Healthy Mothers, Healthy Babies Coalition.

²³ *See* 20.

²⁴ *See* 22.

²⁵ *Alerts and Responses: Sharp Rise in C-Sections Defies Best Evidence and Best Practice*, Childbirth Connection, www.childbirthconnection.org/article.asp?ck=10285. The rates included above are for births which occurred in hospitals. Vaginal deliveries at birth centers cost \$1,624. *See* "Facility Labor & Birth Charges, U.S., 2003, By Site and Method of Delivery," Childbirth Connection, www.childbirthconnection.org/pdfs/birthcharges.pdf.

²⁶ Public Citizen, *Unnecessary Cesarean Sections: Curing A National Epidemic*, May 1994.

Consumer Information is Key

Research on the risks of cesarean deliveries continues, and more information becomes available all the time. As noted above, there are numerous reasons for the steady increase in cesarean deliveries, but a lack of access to necessary information appears to play a role.

Over the past decade there has been a debate over whether a vaginal birth after a cesarean delivery (VBAC) is a safe option, and many women are discouraged from having VBAC by their health care providers.²⁷ Yet recent studies indicate those women who have had cesarean sections in the past are at no greater risk of uterine rupture than those women who have had exclusively vaginal deliveries.²⁸

There is wide variation in the use of cesarean section that is associated with non-medical considerations unrelated to the needs of mothers and babies.²⁹ Therefore, it is important that the public have access to information about cesarean rates to help them decide where to give birth. Access to hospital-specific data will assist women in selecting a hospital that best suits their needs. Many women want to deliver their children vaginally, but are encouraged to have a cesarean during the labor process.³⁰ Identifying those hospitals with lower c-section rates will allow women who prefer a vaginal delivery to select a hospital supports their choice. For example, at Kimball Medical Center in New Jersey, patients are discouraged from unnecessary cesarean deliveries, as the risks are viewed as outweighing the benefits. The fact that the hospital had the lowest rate of cesarean deliveries in New Jersey in 2004 (17.8 percent) is due in part to the community it serves, Orthodox Jewish women who prefer natural births. Kimball Medical Center has now been identified as a leader in the field of maternity practices in New Jersey, and many women who are aware of the statistics seek out Kimball for their childbirth.³¹

Maternity Information Act

In 1989, the New York State Legislature passed the Maternity Information Act,³² requiring all hospitals to provide a pamphlet that includes site-specific delivery statistics to all prospective mothers, and to members of the public on request. Information required in the pamphlet includes the rate at which cesarean sections, labor induction, episiotomy, and other procedures are performed at the hospital, and a description of the procedures listed.³³ The information to be provided in the pamphlet is provided by all hospitals in the state to the New York State Department of Health, which then tabulates the annual averages, and makes the information

²⁷ *VBAC or Repeat Cesarean Section*, Childbirth Connection, www.childbirthconnection.org/article.asp?ck=10212#decision.

²⁸ *Vaginal Birth After Multiple C-Sections Safe, Study Says*, Kaiser Network, June 30, 2006, www.kaisernetwork.org/daily_reports/rep_women.cfm#38234.

²⁹ Baicker, K., Buckles, K.S., and Chandra, A., "Geographic variation in the appropriate use of cesarean delivery," *Health Affairs*, August 2006.

³⁰ See 16.

³¹ Quinn, R., *Kimball Honored for Low Rate of C-Section Births*, Asbury Park Press, June 2006.

³² See 7.

³³ The pamphlet must provide the annual average rate of the following procedures: cesarean sections (primary, repeat, and total); successful VBAC deliveries; deliveries by midwives; use of electronic fetal monitoring; use of forceps; breech births delivered vaginally; use of analgesia; use of anesthesia; induction of labor; augmentation of labor; episiotomies; and whether birthing rooms and rooming-in is available at the facility.

available to the hospitals. The MIA requires that the information in the pamphlet be from “the most recent one year aggregate.”³⁴

The information required by the MIA is a useful resource for women when choosing the hospital at which they would like to give birth. The MIA was put in place to give women important information in a simple format, so that they could compare and evaluate hospital practices. Access to accurate information is an important element in the decision-making process for pregnant women, and the MIA is designed to ensure women are provided with data to assist with birth-related decisions.

METHODOLOGY

There are 44 hospitals in New York City offering labor and delivery services.³⁵ Between June 16th and July 3rd, 2006, a researcher from the Office of the Public Advocate contacted each of these hospitals and requested a pamphlet providing statistics on hospital-specific delivery practices. Most calls were placed to the main switchboard of each hospital, with the few exceptions made for cases in which a direct number for the women’s health services department was available. In each case, the researcher spoke with representatives from more than one department, and in many cases, the caller was transferred between the labor and delivery wards, women’s health, and obstetrics. In all cases, multiple calls were made to confirm that the pamphlets were not available.

In addition to placing telephone calls, a researcher from the Office of the Public Advocate visited the labor and delivery unit of 11 New York City hospitals.³⁶ The researcher identified herself as a prospective patient, and attended an organized tour of the labor and delivery facilities or arranged a private meeting and tour with a representative from the women’s health department. Hospitals visited provided the researcher with the standard informational materials given to potential patients, and the researcher sought out additional materials.

FINDINGS

New York City Hospitals Continue to Violate the Maternity Information Act

- All New York City hospitals failed to provide the pamphlet mandated by the MIA in response to a telephone request.
 - Some representatives advised the caller that the information requested was protected by the federal Health Insurance Portability and Accountability Act (HIPAA). HIPAA, however, does not protect the release of the requested information.

³⁴ NY Pub Health §2803-j(4).

³⁵ Choices in Childbirth (CIC), “*The New York Guide to a Healthy Birth*,” 2006. (In the process of surveying the hospitals, the Office of the Public Advocate discovered that the Interfaith Hospital no longer operates a labor and delivery ward).

³⁶ Hospitals visited include: King’s County Hospital (Brooklyn), Maimonides Hospital (Brooklyn), Harlem Hospital (Manhattan), Jacobi Hospital (Bronx), Roosevelt Hospital (Manhattan), Bellevue Hospital (Manhattan), New York University Hospital (Manhattan), New York Hospital (Queen’s), Lenox Hill Hospital (Manhattan), Beth Israel Hospital (Manhattan), New York Hospital (Weill) (Manhattan).

- The MIA pamphlet was not made available on any of the delivery ward tours or hospital visits.
 - On the tour of Weill-Cornell Medical Center, tour attendees were told that at least one in three would likely deliver their children through cesarean section.
 - Only Bellevue hospital had the pamphlet available to potential patients; however, the pamphlet was not offered to prospective patients, but rather was discovered by a researcher on a rack behind several other brochures. When asked, an employee in the women's health department did not know whether such a pamphlet was available.

The Average Rate of Cesarean Deliveries is Increasing

- In 1970, the average cesarean rate nationally was 7 percent.³⁷ The rate of cesarean deliveries has varied over the last several decades; however, in 2005 the rate reached an all-time high of 30.2 percent.³⁸
- In 2004, the average cesarean rate in New York City was 28.6 percent, a 2 percent increase over 2003, when the rate was 26.6 percent.³⁹ The data—the latest made available by the state⁴⁰—indicates that the frequency of surgical intervention is increasing further beyond WHO recommended standards.

The Rate of Cesarean Section Varies Greatly Among New York City Hospitals

New York City hospitals have dramatically different rates of cesarean section delivery, suggesting inconsistent practices among health care providers.

- The hospital with the highest cesarean section rate in New York City is New York Presbyterian Hospital (Columbia University) in Manhattan, with a rate of 39.6 percent.
- The hospital with the lowest cesarean section rate in New York City is North Central Bronx Hospital in the Bronx, with a rate of 18.3 percent.

The New York State Department of Health has Failed to Meet its MIA Obligations for a Second Year

- The New York State Department of Health has not provided up-to-date information on labor and delivery practices at individual hospitals.⁴¹

For a complete list of New York City hospitals with labor and delivery wards and their cesarean section rates for 2003 and 2004, see Appendix I.

³⁷ See 2.

³⁸ See 3.

³⁹ See Appendix I.

⁴⁰ The data was provided by the New York State Department of Health to Choices in Childbirth, upon CIC's request.

⁴¹ Information provided by Choices in Childbirth.

RECOMMENDATIONS

Access to information regarding the rate and risks of delivery by cesarean section is the responsibility of several parties. Health care providers, the State and City health departments, and New York City hospitals must work together to gather and provide accurate and up-to-date information to the public.

- The New York State Department of Health must monitor and evaluate New York City hospitals' compliance with the MIA. Compliance includes the provision of a pamphlet that includes current information on hospital-specific birthing procedures.
- The New York City Health and Hospitals Corporation (HHC) must work with the NYSDOH to ensure that the city's 12 public hospitals that offer labor and delivery services are in compliance with the law.
- The NYSDOH must make every reasonable effort to collect, calculate, and redistribute birthing statistics in a timely manner.
- Both the New York State Department of Health and New York City Department of Health and Mental Hygiene should make up-to-date information about birthing statistics available and easily accessible on the its website. The website information should be presented in a user-friendly, easy-to-read format.

The NYSDOH should provide leadership in meeting the goal of a cesarean delivery rate of no more than 15 percent set by the World Health Organization. Action taken should include an initiative that prioritizes reducing the cesarean rate, emphasizes continued research into the risks associated with the procedure, and establishes "best practice" procedures for all health care facilities and providers in New York City. Attention should be given to the continued monitoring of hospital data, and corresponding strategies and recommendations should be developed.

How to Access the 2004 Maternity Information:

In light of the fact that New York City hospitals' maternity information is not readily available to the public at the present time, the Public Advocate's Office, in conjunction with Choices in Childbirth, a maternity care advocacy organization, will make such data available. Those interested in the 2004 maternity care statistical profiles for New York City hospitals can view them on the Public Advocate's website (www.pubadvocate.nyc.gov) or Choices in Childbirth's website (www.choicesinchildbirth.org), or may request a printed copy of the information by calling 212-669-7250.

APPENDIX I

Comparison of Cesarean Section Rates in New York City Hospitals for the years 2003 and 2004

Note: The information below was provided to the Public Advocate's Office by Elan McAllister of Choices in Childbirth, who obtained the data from the New York State Department of Health. The hospitals listed in italicized font are public hospitals, overseen by the HHC.

HOSPITAL	% of C-Sections	
	2003	2004
Manhattan		
Allen Pavilion of New York-Presbyterian Hosp.	27.9	29.8
<i>Bellevue Hospital Center</i>	20.9	22.6
Beth Israel Medical Center	23.4	26.1
<i>Harlem Hospital Center</i>	22	23.1
Lenox Hill Hospital	31.7	33.1
<i>Metropolitan Hospital Center</i>	22.5	23.8
Mount Sinai Hospital	28.4	29.3
New York Hospital (Weill Cornell)	37.3	37.1
New York University Downtown Hospital	14.2	18.4
New York University Medical Ctr. (Tisch Hosp)	28.3	29.9
Presbyterian Hospital (Columbia University)	34.8	39.6
Roosevelt Hospital	25.9	26.7
St. Vincent's Hospital	25.6	29.3
Women's Hospital (St. Luke's-Roosevelt Hosp)	21.7	23.6
Queens		
<i>Elmhurst Hospital Center</i>	23.1	24.2
Flushing Hospital Medical Center	35.6	37
Jamaica Hospital Medical Center	25.8	28.8
Laguardia Hospital (North Shore University)	32.2	28
Long Island Jewish Medical Center	30.6	33.5
New York Hospital Medical Center of Queens	28.2	30.5
<i>Queens Hospital Center</i>	22.1	24.7
St. John's Episcopal Hospital South Shore	31.9	31.4
St. John's Queens Hospital	32	34.5

HOSPITAL	% of C-Sections	
	2003	2004
Brooklyn		
Brookdale University Hospital and Medical Ctr	25.8	26.4
Brooklyn Hospital Center	34.8	38.5
<i>Coney Island Hospital</i>	27.1	26.9
<i>Kings County Hospital Center</i>	23.1	27.5
Long Island College Hospital	29.5	32.2
Lutheran Medical Center	25.6	27.4
Maimonides Medical Center	19.1	18.7
Methodist Hospital	33.7	34.8
University Hospital Of Brooklyn	29.2	32.6
Victory Memorial Hospital	28.6	36.2
<i>Woodhull Medical and Mental Health Center</i>	29.5	31.5
Wyckoff Heights Medical Center	25.7	27.6
Bronx		
Bronx Lebanon Hospital Ctr - Concourse Division	28.2	28
<i>Jacobi Medical Center</i>	19.4	21.6
<i>Lincoln Medical and Mental Health Center</i>	22.6	22.4
<i>North Central Bronx Hospital</i>	21.4	18.3
Our Lady Of Mercy Medical Center	18	28.2
St. Barnabas Hospital	23.4	24.7
Jack D. Weiler Hospital	23.7	29.3
Staten Island		
St. Vincent's Hospital	35.6	39.5
Staten Island University Hospital, North Site	22	23

* The annual average rate of deliveries by cesarean section at New York City hospitals in 2003 was 26.6 percent. The rate increased to 28.6 percent in 2004.