



Senate Health and Human Services Hearing

April 4th, 2011

SB 1050

Good morning Members, I am Lauren Dimitry, Health Policy Coordinator at Texans Care for Children. At Texans Care for Children, we look to our broad base of community-based experts—our partners and 147 members throughout the state who together represent hundreds of thousands of Texas children—to inform our work and help us in developing our legislative agenda.

By definition, elective caesarian sections and elective inductions are procedures performed prior to 39 weeks without a valid medical or obstetrical indication.ⁱ Inducing labor before 39 weeks is different than inducing labor due to complications, because an elective induction carries risks to a mother and her baby that should be avoided unless there are other extenuating health considerations. C-sections are a surgical procedure developed for physicians to use when abnormal conditions complicate labor and threaten the life or health of the mother or the baby.ⁱⁱ Cesarean sections pose documented medical risks to a mother and her baby's health and both the American College of Obstetricians & Gynecologists and the American Academy of Pediatrics have advised against using the procedure and elective inductions before 39 weeks, when there is no medical reason to do so.

Babies born before 39 weeks are at higher risk for low birth weight and subsequently more likely to be admitted to NICU, be readmitted to the hospital in their first year of life, and suffer from the long term health consequences of low birth weight. In addition, mothers who have had a c-section are at a higher risk for maternal injury and mortality.ⁱⁱⁱ Health issues encountered in infancy can have lifelong effects on wellbeing and development. Prematurity and low birth weight are serious and growing problems in Texas that can lead to lifelong disabilities. In addition to lifelong health complications, the annual costs—medical care, early intervention services, special education services, lost household productivity—associated with preterm births in the U.S. is \$51,600 per child born prematurely. In the first year alone, medical costs for a preterm infant are \$32,325 compared to \$3,325 for an infant born full-term.^{iv} Low birthweight is the most common cause of infant death in the United States and babies who survive often develop cognitive disabilities, learning problems, cerebral palsy, or vision or hearing disabilities.^v Premature birth is a primary contributor to low birthweight^{vi} and between 1990 and 2000, low birthweight increased by 20% in Texas.^{vii}

In other states and hospitals where elective inductions and elective caesarian sections have been prohibited, NICU admissions have gone down.^{viii} This provides compelling evidence that, at the very least, Texas should require hospitals to report the frequency of these non-medically indicated procedures. The Seton Family of Hospitals in Austin, Texas has implemented a number of practices to improve infant outcomes including a rule that no elective inductions are to be performed prior to 39 weeks gestation. Since implementing these rules and practices, Seton has seen results. Seton decreased prematurity rates from 0.25 percent in 2001-2003 to 0.16 percent in 2004-2006.^{ix} SB 1050 is not putting any restrictions on hospitals or physicians, but rather asking these health care providers to be accountable for their practices, and report non-medically indicated c-sections and elective inductions on birth certificates. This is a step towards better informing patients, policy makers, and hospitals about the types of procedures that are performed in Texas hospitals and the subsequent outcomes of these procedures. The primary goal of reporting is to better inform

women about what an elective cesarean or elective induction delivery entails, the risks, and ask hospitals and physicians to be accountable.

The tiniest Texans are also some of our state's most vulnerable. SB 1050 is a step towards better informing us about procedures that were not developed for pregnancies without complications, and that research tells us are not in the best interest of baby Texans. ^x Not all infant and child health challenges can be prevented—but many can, leading to savings in our health system. ^{xi} Making informed decisions throughout the labor and delivery process can stem the need for much costlier interventions later in life and we thank you for your consideration of SB 1050. ^{xii}

Thank you for your time and commitment. If you have any questions, please feel free to contact me or the staff of Texans Care for Children at 512.473.2274.

Respectfully,

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ⁱ Labor and Delivery/Obstetrics-Gynecology (OB-GYN) Unit Manual. Protocol: Cesarean Section: Immediate Preoperative and Intraoperative Care of the Patient. http://nursing.uchc.edu/unit_manuals/ld_obgyn/docs/Cesarean%20Section%20-%20Immediate%20Preoperative%20and%20Intraoperative%20Care%20of%20the%20Patient.pdf

ⁱⁱ Cesarean Section. <http://www.nlm.nih.gov/medlineplus/cesareansection.html>

ⁱⁱⁱ Ophir E, Strulov A, Solt I, Michlin R, Buryanov I, Bornstein J., Arch Gynecol Obstet. "Delivery mode and maternal rehospitalization." 2008 May;277(5):401-4. Epub 2007 Oct 9.

^{iv} *Preterm Birth: Causes, Consequences, and Prevention*, Institute of Medicine, 2006. National Academy Press, Washington, D.C.

^v Frances Deviney and Florencia Gutierrez, *The State of Texas Children: Kids Count Annual Data Book 2008-9, Special Focus: Closing the Educational Gaps*, (Austin: Center for Public Policy Priorities, 2009), www.cppp.org/factbook08.

^{vi} "Why Are Babies Born with Low Birthweight?," March of Dimes, http://www.marchofdimes.com/professionals/14332_1153.asp#head1.

^{vii} Frances Deviney and Florencia Gutierrez, *The State of Texas Children: Kids Count Annual Data Book 2008-9, Special Focus: Closing the Educational Gaps*, (Austin: Center for Public Policy Priorities, 2009), www.cppp.org/factbook08.

^{viii} Ohio Perinatal Quality Collaborative (OPQC) Scheduled Birth Initiative. <http://www.cincinnatichildrens.org/about/news/release/2010/infant-health-06-22-2010.htm>

^{ix} *Seton Family of Hospitals Earns The Joint Commission's 2007 Ernest Amory Codman Award*.

http://www.seton.net/about_seton/news/2007/11/09/seton_family_of_hospitals_earnsthe_joint_commissions_2007_ernest_amory_codman_award

^x Ohio Perinatal Quality Collaborative (OPQC) Scheduled Birth Initiative. <http://www.cincinnatichildrens.org/about/news/release/2010/infant-health-06-22-2010.htm>

^{xi} From: A Year of the Infant Health Alliance: Resources, Take-Aways, and Recommendations, 3.2009: An Overview of Infant Health in Texas, Speaker: Brian Castrucci, Texas Department of State Health Services

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