



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Testimony Presented Before the  
House Committee on Health  
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By

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And

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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.”