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**Hospitals Make Progress in Eliminating Early Elective Deliveries:  
Good News, But More Work Needs to Be Done, Says Hospital Watchdog Group**

January 25, 2011, Washington, D.C. –The employer-driven hospital quality watchdog, The Leapfrog Group, announced today that 2011 results from the annual Leapfrog Hospital Survey indicate that hospitals are making progress in eliminating early elective newborn deliveries. The Leapfrog Group announced that 39% of reporting hospitals kept their early elective delivery rate to 5% or less, compared to 30% of reporting hospitals last year.

In 2010 Leapfrog was the first, and remains the only, national organization to make hospital-specific information about this practice publicly available. Since Leapfrog highlighted data on this unsafe practice last year, early elective deliveries has emerged as a priority issue for dozens of national and local health organizations, the National Priorities Partnership, and policymakers through the Department of Health and Human Service’s Partnership for Patients campaign.

According to Leapfrog, there is still wide variation among hospitals. Rates of early elective deliveries ranged from less than 5%, which is Leapfrog’s target for all hospitals, to over 40%. Leapfrog’s 2011 data is the first indication that hospitals are improving.

“Of the hospitals that reported an elective delivery rate in 2010 and 2011, 65% improved their performance. This is extremely promising news. We are making a difference in the lives of women and newborns,” said Leapfrog CEO Leah Binder. “But there is still work to be done. We are seeing far too many newborns delivered early and without a medical reason, and there are still a number of hospitals who refuse to make this information public.” Currently, only hospitals that participate in Leapfrog’s annual hospital survey make this information public.

Experts, including those from the American College of Obstetricians and Gynecologists (ACOG), Childbirth Connection, the Institute for Healthcare Improvement (IHI), and the March of Dimes, caution that a baby needs at least 39 completed weeks to fully develop. There are medical reasons to schedule a delivery before the 39<sup>th</sup> completed week, such as if a woman has high blood pressure at the end of pregnancy or broken membranes before labor begins, but these are rare.

Dr. Billie Lou Short, Chief of Neonatology at Children’s National Medical Center, said that last year, 19% of admissions at Children’s National Medical Center were newborns who fell into the category of “early term” or 37 to 38 weeks gestational age. “These infants came to the Children’s NICU because of morbidity related to being delivered early,” noted Dr. Short. She went on to explain that short-term morbidities of an early term infant include respiratory distress (breathing problems), temperature

instability, increased bilirubin resulting in in-hospital treatment, infection, longer-hospital stays, and a higher mortality rate.

In 2011, 757 hospitals voluntarily reported their rate of early elective deliveries through the Leapfrog Hospital Survey. The average rate across all reporting hospitals fell from 17% in 2010 to 14% in 2011. Several states have an average rate at or below the national average, including California, Colorado, and Massachusetts. Ohio reported the lowest average rate at 7.6%. Other states reported average rates well above the national average. For example, the average rate of hospitals reporting from Alabama was 22.5%. Fortunately, there are resources for hospitals that seek to improve.

### **National Partnerships to Eliminate Early Elective Deliveries**

Today, Leapfrog also announced a series of initiatives to eliminate early elective deliveries. Leapfrog will be joined by the IHI, Childbirth Connection, Catalyst for Payment Reform (CPR), and employer and regional business coalition members to make available tools that encourage healthcare consumers, employers, health plans, hospitals, and policymakers to take action.

“Leapfrog’s work in measurement and public reporting has caught the attention of hospital leaders and facilitated a shared goal of eliminating this harmful practice,” noted Maureen Bisognano, President and CEO, of the Institute for Healthcare Improvement. “We are now seeing these leaders focus on implementing innovations developed at IHI, saving mothers and babies from needless harm. We are grateful to Leapfrog for creating a collaborative space where measurement and education lead to improvements in safety and quality of care.”

IHI will join Leapfrog in hosting two national webinars for health care professionals. The webinars, featuring Leapfrog’s Senior Science Director Barbara Rudolph, PhD, MSSW and IHI’s Director Sue Gullo, RN, BSN, MS and Peter Cherouny, MD, Chair, Perinatal Improvement Community, will focus on the importance of the reliable determination of gestational age as a component of the IHI Perinatal Bundle Sequence and will be held February 15<sup>th</sup> from 2 p.m. to 3:00 p.m. ET and February 28<sup>th</sup> from 2:00 p.m. to 3:00 p.m. ET.

Maureen Corry, executive director of Childbirth Connection, a national advocacy organization that works to improve the quality of maternity care, said “We salute Leapfrog for providing women with the information they need to make informed decisions. Next we need all hospitals to make the data available to the public.” Among other resources, Childbirth Connection provides evidence-based resources on benefits, harms, and appropriate use of labor induction, including tips and tools for avoiding an unnecessary induction, at [www.childbirthconnection.org/induction](http://www.childbirthconnection.org/induction).

In addition to making resources available to hospitals and healthcare consumers, Leapfrog is committed to seeing employers and other large healthcare purchasers play a role in eliminating early elective deliveries through health benefit design, education and payment reform. Suzanne Delbanco, executive director of Catalyst for Payment Reform, noted that “We need to stop providing the perverse financial incentives to intervene in birth when it’s not medically necessary. CPR is working alongside Leapfrog to support employers and other health care purchasers, as well as health plans, to encourage adherence to clinical guidelines through payment reform.” Available to the public domain, CPR has created health plan RFI (request for information) questions and model health plan contract language to help purchasers signal expectations to health plans about how they should improve payment practices for maternity

care. CPR will join Leapfrog in hosting a free webinar for employers and purchasers on February 21<sup>st</sup> from 1:00 p.m. to 2:00 p.m. EST.

The nation's four largest health plans – Aetna, Cigna, UnitedHealthcare, and WellPoint -- will also continue their awareness campaign to expectant mothers across the country. The campaign includes three key messages: (1) the last weeks of pregnancy are important, (2) there are risks for mothers and babies if births are scheduled before 39 weeks for nonmedical reasons, and (3) expectant mothers should investigate the rates of early elective deliveries for hospitals in their community. Last year the campaign reached thousands of women. Leapfrog's membership of employers and regional business coalitions continue to help raise awareness in their local communities by sharing Leapfrog data and resources from Childbirth Connection and March of Dimes.

These new data on early elective deliveries come from Leapfrog's 2011 annual hospital survey, where hospitals are asked to report the percentage of non-medically indicated births between 37 and 39 completed weeks gestation delivered electively by induction or by cesarean section before the mother has gone into active labor or has experienced spontaneous rupture of membranes. Hospital rates of elective deliveries are now available for viewing on a special website:

[www.leapfroggroup.org/tooearlydeliveries](http://www.leapfroggroup.org/tooearlydeliveries).

The Joint Commission also monitors hospital performance on this quality measure, and most recently the Department of Health and Human Services announced this measure will be included in the first set of quality measures for the Medicaid program, though reporting is not scheduled to begin until December 2013.

**The Leapfrog Group** is a coalition of public and private purchasers of employee health benefits founded a decade ago to work for improvements in healthcare safety, quality, and affordability. Maternal/child care represents a major component of health benefits programs for these healthcare purchasers, and Leapfrog's purchaser members share concerns about the quality of obstetrics and neonatal intensive care. Early elective deliveries represent a significant cost in the U.S. healthcare system, with one study estimating that nearly \$1 billion dollars could be saved annually in the U.S. if the rate of early elective deliveries were reduced to 1.7%. Information about all the webinars listed above can be found at [www.leapfroggroup.org](http://www.leapfroggroup.org).

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