

### Overview

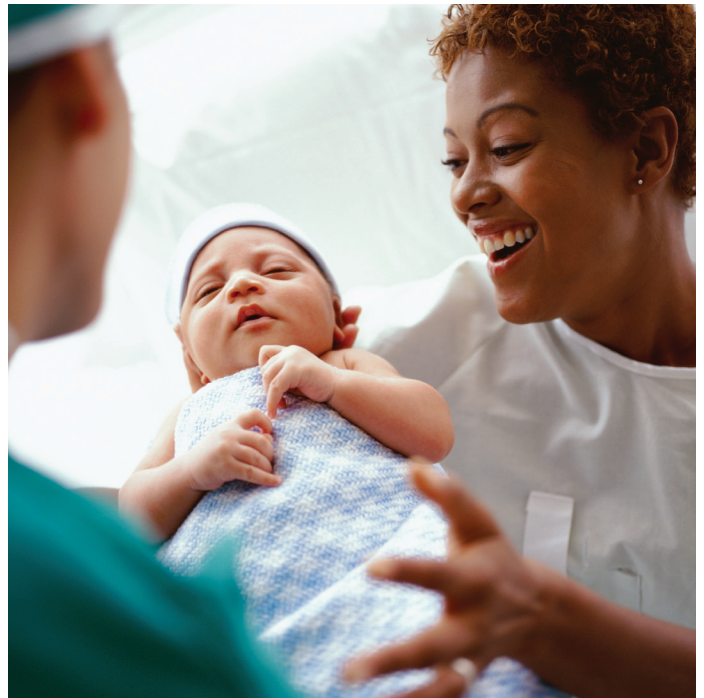
Founded in 1921, Sutter Health is a not-for-profit integrated health delivery system that operates 23 acute care hospitals and over 200 clinics in Northern California, with engagement in 30,000 births each year.

In 1999, Sutter Health established its first pregnancy and delivery quality improvement program to create better outcomes for mothers and babies. Reducing the number of unnecessary first birth C-section rates was a key goal. It is estimated that nationally, about 26% of healthy women with low-risk pregnancies still undergo C-sections despite the potential risks to mothers and babies.

Over the next few years, Sutter Health concentrated on implementing its “community of improvement” approach across its entire system. The health system formed a community improvement committee and standardized processes to reduce variation and track progress.

Sutter believes birthing is a natural process and not a medical intervention. They recommend admitting a mom only when in active labor to reduce intervention, which reduces the likelihood of a C-section. Once admitted, each patient receives continuous labor support from her Sutter birthing team.

From the outset, Sutter Health focused on establishing a culture of teamwork and creating specific expectations for each position on a birthing team. The birth team consists of physicians, nurses, midwives and volunteer doulas, who are available free of charge to support any nonmedical needs of an expectant mother during labor and delivery. Water births also are an option. Each team member provides encouragement and support throughout labor and delivery.



A continuous care approach opened the door wider for different perspectives to collaborate and ensure a safe delivery. It also placed greater emphasis on bringing every participant in the birthing process into the same “mindset,” which contributed to improved outcomes.

Specifically, in the first two and a half years of the program, C-section rates declined from 25% to 18% in Sutter’s Alta Bates Summit Medical Center. The medical center has the largest delivery service in the Oakland/Berkeley area.

According to Stephen Lockhart, M.D., Ph.D., founding director emeritus, Sutter Health Institute for Advancing Health Equity, this early success served as the impetus for the entire system to continually improve its work in reducing unnecessary C-section rates. It also increased the level of collaboration and buy-in among key specialists, including Sutter Health’s obstetricians, gynecologists, anesthesiologists and others.

## Impact

---

Sutter Health's system-wide focus on improving the pregnancy and delivery experience also boosted outcomes with regard to maternal morbidity, postpartum recovery and patient satisfaction. During the same time period:

- Sutter Health experienced a decline in patients being admitted in very early labor (less than three centimeters dilated) from 40% to 29%. This has resulted in less need for oxytocin, which in turn has led to fewer C-sections.
- Episiotomies fell from 25% to 10%. With the consequent decrease in third and fourth degree lacerations, patient satisfaction went up. Currently, Sutter Health's episiotomy rate is below 3%, which is lower than the California average.
- Sutter Health was able to create a more positive overall culture, one that acknowledged the vital role of nurse midwives and their contributions to the birthing team. Said Lockhart, "bringing [physicians, nurses, and all team members] into the same mindset made a huge difference."

## Lessons Learned

---

Sutter Health leaders have learned that positive energy and results tend to bring more of the same, producing better outcomes and results for patients and higher levels of professional satisfaction for clinicians. They have cultivated great receptivity among their faculty to continual improvement.

An ancillary benefit of its quality improvement work has been a significant decrease in surgical claims, mitigating the impact of the largest single area of lawsuits in health care.

Sutter Health also has absorbed the importance of speaking with one voice, i.e., having leaders who will clearly set out goals and processes and expect them to be abided by.

## Future Goals

---

Sutter Health leaders say the vast diversity of their patient population offers a great opportunity to focus on health equity as an overall component of quality.

Despite California's overall success in achieving declining maternal mortality rates — which bucks national trends — Sutter Health care teams note that racial and ethnic differences appear to play a role in the decision whether to choose a C- section birth.

Lockhart said this may indicate the existence of unconscious bias and that Sutter Health will look at incorporating unconscious bias training and obstetrical coalition training as part of the emphasis on diversity and inclusion within its workforce.

Additionally, the health system intends to take a closer look at the factors surrounding preterm births so it can connect expectant mothers with better prenatal care that addresses social determinants of health.

"Those are some areas that we're really going to be focusing on," summed up Lockhart. "A hallmark of our health care system is how we treat our mothers and babies and the outcomes they experience. So we're very, very excited about continuing this work, and really learning from others as well."

## Contact

---

### Stephen Lockhart, M.D., Ph.D.

Founding Director Emeritus, Sutter Health Institute for Advancing Health Equity

 [healthequity@sutterhealth.org](mailto:healthequity@sutterhealth.org)