

THE BAIN BIRTHING CENTER

Our 2019 Statistics

We are pleased to make available to you the following information about Mount Auburn Hospital's obstetrics program. We hope you will find this fact sheet interesting and informative, and we strongly encourage you to discuss any questions you might have with your health care provider or childbirth educator.

MOUNT AUBURN HOSPITAL

Mount Auburn Hospital is a Harvard Medical School community teaching hospital. Our goal is to provide personal, individualized care in a setting of clinical excellence. There are 22 obstetricians and 26 midwives on the staff. Last year, midwives attended 39% of the births at Mount Auburn Hospital.

Labor/Delivery/Recovery Rooms (LDR's)

The Bain Birthing Center at Mount Auburn Hospital welcomed 2481 birth parents and 2513 babies in 2019 (32 sets of twins!). All labor rooms are private *Labor/Delivery/Recovery* rooms (LDRs) with their own bathrooms and showers. Two of the rooms also have Jacuzzis. The Bain Birthing Center has expanded to include eight LDR rooms (one with a free standing birthing tub), a dedicated triage and evaluation area, and a four bed antepartum observation unit. Following the birth, families are transferred to a room in the maternity suite for their postpartum stay. Most parents and babies room-in together. There is a *Level IIa Nursery* for those babies who need special care.

CESAREAN BIRTHS

Although there are some babies who must be delivered by cesarean birth, we are strongly committed to keeping our rates as low as safely possible. The most common reasons for cesarean sections include *fetal intolerance of labor* (when the baby is dangerously stressed by uterine contractions), *cephalopelvic disproportion* or *CPD* (when the baby's head is larger than the mother's pelvis) and *breech presentation* (when the baby's buttocks are coming first instead of the head).

Cesarean section rates declined nationally in the early 1990's, but since 1996 have risen steadily. Recently the cesarean delivery rate for Massachusetts has stabilized, and in 2017 was 31.6%. In 2019 Mount Auburn Hospital's cesarean delivery rate was 22.2%, with a 14.27% primary cesarean section rate and a 8.02% repeat cesarean delivery rate. ***Vaginal birth after cesarean section (VBAC)*** is supported when it appears safe for both birth parents and their babies, and nationally this rate is approximately 10%. Last year at Mount Auburn, 45.78% of - patients who had previously had a cesarean section attempted a vaginal birth; 77.30% of those patients delivered vaginally.

ELECTRONIC FETAL MONITORING

Since labor may be stressful for babies, we get a baseline by externally monitoring everyone for about twenty minutes when they are first admitted to Labor and Delivery. Once we have this important information about the baby's well-being, we *often* monitor low-risk labors intermittently. For situations where continuous fetal heart rate monitoring is recommended, wireless fetal heart rate monitors are available, allowing for more freedom of movement during labor. Greater than ninety-nine percent of labors are monitored externally; fewer than 3% *required internal monitoring*.

ANESTHESIA

The providers at Mount Auburn Hospital support pregnant patients who want to have an unmedicated, natural childbirth. However, many patients choose to use some type of anesthesia to diminish the discomfort of labor or delivery. The choice and timing is based on the patient's needs and preferences, the advice of the attending obstetrician or midwife and the recommendations of the anesthesiologist. In 2019, 59.59% of our patients received epidural anesthesia, 14% of patients received Nitrous Oxide (inhalational anesthetic and analgesic gas) for pain management, and in 14% of births no anesthesia was used at all. Cesarean birth requires anesthesia. The majority of our patients who underwent caesarean delivery, received regional anesthesia with either an epidural or spinal. General anesthesia is usually reserved for emergency situations and accounted for less than 1% of our deliveries. Some mothers received more than one type of anesthesia during their labor.

LABOR INDUCTION, FORCEPS AND EPISIOTOMIES

If the health of the pregnant patient or baby requires delivery prior to the natural onset of labor, labor can be *induced* by use of medications or by breaking the amniotic membranes. If there is a need to strengthen uterine contractions, labor is *augmented* with small amounts of oxytocin. In 2019, 28% of labors were induced and 38% were augmented.

Less than 1% of deliveries were assisted with *forceps*. A *vacuum-assisted delivery* can also be performed to shorten the second stage of labor--this occurred in 5.72% of our deliveries.

An *episiotomy* is a small incision made to enlarge the vaginal opening during delivery. In 2019, 4% of mothers had episiotomies.

BREASTFEEDING

Breastfeeding is encouraged at Mount Auburn Hospital. The nurses at the Bain Birthing Center include certified lactation consultants and have extensive experience assisting with breastfeeding.

Skin to skin time immediately after delivery is encouraged for both vaginal and cesarean births.

The statistics in this fact sheet are based on Fiscal Year 2019: October 1, 2018, through September 30, 2019. If you have any questions or require further information, please call Mount Auburn Hospital's Department of Obstetrics and Gynecology at 617-499-5161.