



For Immediate Release

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Baystate Medical Center Uses PeriGen to Validate Effectiveness of Policy Restricting Early Elective Labor Inductions

Massachusetts hospital queries PeriBirth medical record data to reveal dramatic reductions in C-sections and NICU admissions

PRINCETON, New Jersey — July 22, 2013 — Amidst a rising trend across the U.S for more early labor inductions without medical indications, a study of [Baystate Medical Center's](#) departmental policy limiting the practice of scheduling elective newborn deliveries over a 10-month period affirms remarkable results. Highpoints from the hospital's [PeriGen](#) data query reveal: Unnecessary inductions decreased; the cesarean delivery rate in all elective inductions dropped from 16 to 7 percent; the average time from admission to delivery decreased six hours; and the neonatal intensive care unit (NICU) admission rate of term babies fell from 3 to 2 percent, representing a 33 percent reduction.

Baystate Medical Center is a 716-bed academic, research, and teaching hospital in Springfield, Mass., that serves as the western campus of Tufts University School of Medicine. Its research findings on the policy's pre- and post-effectiveness are derived from PeriGen's [PeriBirth® electronic health record \(EHR\)](#) data. PeriGen is the global leader in applying real-time clinical decision support to perinatal systems.

Baystate Medical's retrospective cohort study's findings were revealed at The American College of Obstetricians and Gynecologists (ACOG) annual clinical meeting in New Orleans in May. The study's findings comes on the heels of PeriGen's [Banner Health news announcement](#) recounting the use of PeriBirth's EHR system's historical and real-time data to enact and monitor a "hard stop" policy of restricting elective inductions before 39 weeks to improve the health of infants and their mothers.

According to a June [report](#) from the Centers for Disease Control and Prevention (CDC), the total U.S. cesarean delivery rate reached a high of 32.9 percent of all births in 2009, rising 60 percent from 20.7 percent in 1996. However, since 2009 the rate has remained unchanged.

"Although the study indicates a positive trend, there is still cause for concern. Our collective medical observation locally and nationwide is that induction rates have increased significantly and that the majority are elective—meaning they are performed without a valid medical reason," explained Andrew Healy, M.D., assistant professor at Tufts University School of Medicine and medical director of obstetrics at Baystate Medical Center, who co-led the study.

"Since this is all interconnected, it comes as no surprise that an unintended consequence is the increase in cesarean births especially if an induction fails. C-sections prolong the mother's typical two- to three-day admission stay up to five to seven days," he continued. "In an era of health reform to improve patient

care and control costs, one must ask, 'How can we minimize these prolonged inductions and increase the likelihood for a successful full-term delivery?'"

Study of Policy Leverages Perinatal EHR Data

Dr. Healy and his obstetrics (OB) team studied the medical records of 9,515 singleton births at the hospital before the policy was implemented and 2,641 singleton births after the policy. The team specifically queried data from PeriBirth's structured fields documenting the mother's clinical visits, such as gestational age, the presence of prior pregnancies and the Bishop score (a rating of cervix readiness for labor induction). The researchers also calculated statistics to identify pre- and post-policy monthly outcomes from admission to delivery times, and rates for cesarean section, admission to the NICU, and stillbirth in each of the groups.

"In particular, the significant reduction in C-sections and babies sent to the NICU means that more mothers and babies were sent home earlier which impacted length of stay and likely drove down costs for our healthcare system," clarified Dr. Healy. "For parents, their child isn't in the NICU but at the mother's bedside rooming and bonding with them."

According to Peter St. Marie, clinical research coordinator for OB at Baystate Medical Center, PeriBirth's useful reporting database makes the query process easier. "I use my analysis software to directly access the PeriBirth database. This makes collecting data for analysis simpler, more accurate, and very importantly, reproducible."

The pre-policy period included patients who delivered babies between January 2009 and August 2011. The post-policy period included patients who delivered babies between September 2011 and June 2012.

"We're very pleased to contribute to Baystate Medical Center's policy restricting elective labor inductions, which has clearly benefited the health of mothers and babies," said PeriGen CEO Matthew Sappern. "We passionately support obstetrical professional organizations in encouraging hospitals to adopt this proven best practice. Baystate's research is exemplary in proving the outstanding outcomes gained are across-the-board affecting many levels of patient care, OB medical practice and hospital finances."

About Baystate Medical Center

Baystate Medical Center is an academic, research and teaching hospital that serves as the western campus of Tufts University School of Medicine. As a major referral care center and the only Level 1 trauma center and pediatric trauma center for western Massachusetts, it is home to one of New England's busiest emergency rooms. Baystate Medical Center, home to the Baystate Heart and Vascular Program and the Baystate Regional Cancer Program, among a host of advanced specialty medical, diagnostic and surgical services, is a Leapfrog Top Hospital for Quality and Safety, a Truven Health Analytics Top 50 Cardiovascular Hospital, a Magnet hospital for nursing excellence and a multiple winner of the Beacon Award for Critical Care Excellence.

About PeriGen, Inc.

PeriGen, Inc., is an innovative provider of fetal surveillance systems employing patented, pattern-recognition and obstetrics technologies that empower perinatal clinicians to make confident, real-time decisions about the mothers and babies in their care. PeriGen's customer-centric team of clinicians and technologists builds the most advanced systems available to augment obstetric decision-making and improve communications among the clinical team at the point of care, while supporting data flow between healthcare IT systems.

PeriGen's unique fetal surveillance products provide dynamic visual cues that direct clinicians to the most essential patient information displayed on the screen. Unlike legacy fetal monitoring devices and software from non-specialist companies, PeriGen Visual Cueing™ provides an instant view of the mother's and baby's current status and trends over time to avoid errors, increasing patient safety and reducing risk for

clinicians and hospitals. For more information, please visit us at www.PeriGen.com.

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