

rate is the highest in the United States, at 37%)

- a 1.1% infection rate following C-section
- a rate of third- and fourth-degree laceration that is below the national average
- a decreasing length of stay.

The culture of the program is one of patient safety first and team effort. All patient management adheres to evidence-based protocols that are evaluated, updated, and approved by the staff and monitored by the performance improvement committee.

We are very pleased with the results. I wish to say that, although quality of life has improved for the physicians, the importance of this benefit pales in comparison with the improvement in the environment of safety in which we all now practice.

Robert A. Graebe, MD
 Chairman and Residency
 Program Director
 Department of Obstetrics
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 Monmouth Medical Center
 Long Branch, NJ

Impetus for this laborist program was high percentage of births to mothers on Medicaid

I have been working as a laborist for the past 8 years at Southeastern Regional Medical Center in Lumberton, North Carolina. The program began almost 20 years ago, when hospital administrators grew concerned about limited access to obstetrical care for Medicaid recipients, who accounted for more than 50% of hospital deliveries. They hired an obstetrician to focus on delivering infants in-house, frequently for women who had had little or no prenatal care. Over the years, nurse-midwives were added to the mix, and the program began to

establish relationships with pregnant women at health clinics in the area.

The program has won awards at the state and national levels for its effectiveness in reducing infant mortality and low birth weight. Today it employs two certified ObGyns (I am one of them) and three certified nurse-midwives. Almost 17,000 babies have been born since the program began.

Walter E. Neal Jr, MD
 Lumberton, NC

Call for information

We are trying to start a laborist program at a hospital here in Charleston, using private practice-based physicians to stay in-house. I am seeking advice from individuals and institutions working with the laborist model to help get our program off the ground. Among the information I am seeking is the rate of pay per shift (both day and night) or for 24 hours. I also would like to know how hospitals and doctors divide the charges for the work done, or whether the hospital controls this aspect of the model completely.

Please email me at stan.ottinger@comcast.net if you have information to share. We can then set up a time to talk by phone, if you prefer.

Stan Ottinger, MD
 Charleston, SC

For more on the laborist model of care, see these recent articles

- "The unbearable unhappiness of the ObGyn: A crisis looms," by Louis Weinstein, MD, in this issue on page 34
- "Laborists, nocturnalists, weekendists: Will the "ists" preserve the rewards of OB practice?" by Robert L. Barbieri, MD (September 2007). Available in our archive at www.obgmanagement.com.

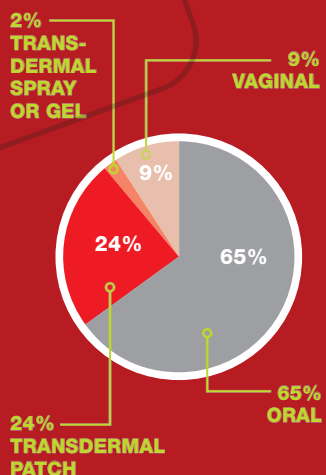
Instant Poll Results



AUGUST 2008

HOW DO YOU DELIVER ESTROGEN?

The route of administration of estrogen that I choose most often when I prescribe combination HT for a postmenopausal woman who has hot flashes and an intact uterus is:



Instant Poll → page 14