

Memorandum

Date: October 15, 2024

To: Laurie Green, President, San Francisco Health Commission and Members of the Health Commission

Through: Naveena Bobba, Deputy Director of Health
Sneha Patil, Director, Office of Policy and Planning

From: Claire Altman, Senior Health Program Planner, Office of Policy and Planning
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Re: Prop Q – California Pacific Medical Center Closure of Mission Bernal Campus Labor and Delivery Unit

In a letter dated April 3, 2024, Hamila Kownacki, CEO of Sutter Health California Pacific Medical Center (CPMC), notified the San Francisco Department of Public Health (DPH) of the closure of labor and delivery services at its Mission Bernal Campus (formerly St. Luke’s). In accordance with the Community Health Care Planning Ordinance (Proposition Q, 1988), private hospitals in San Francisco are required to provide public notice prior to:

- Closing a hospital inpatient or outpatient facility,
- Eliminating or reducing the level of services provided, or
- Leasing, selling, or transferring management.

Upon receiving this notice, Proposition Q requires the Health Commission to hold a public hearing during which the hospital shall be afforded an opportunity to present any information related to its proposed action and to respond to matters raised by any other persons during the hearing. At the conclusion of the public hearings, the Health Commission shall make findings based on evidence and testimony from the public hearings and any submitted written material that the proposed action will or will not have a detrimental impact on health care services in the San Francisco community. Through Proposition Q, the Health Commission does not have the authority to change the outcome of the proposed action. This memo provides background and information regarding the planned permanent closure of labor and delivery services at CPMC Mission Bernal Campus for the Health Commission’s Proposition Q hearings, which will take place on October 15, 2024, and November 5, 2024.

The notice provided by CPMC also initiated a six-month period wherein DPH and CPMC meet and confer on the closure, in accordance with Exhibit F, Section 6.a.iv., of the Development Agreement (DA) between the City and County of San Francisco and Sutter Bay Hospitals dba California Pacific Medical Center. Under the DA, CPMC shall provide no less than six months’ notice to the City of a proposed material reduction or elimination of a program, service, or service line.

I. Introduction

About California Pacific Medical Center (CPMC)

California Pacific Medical Center (CPMC) is a non-profit medical center in San Francisco and is part of the Sutter Health integrated network of care. CPMC is made up of three acute care campuses and one outpatient campus in San Francisco: the Davies Campus, the Mission Bernal Campus (MBC), the Van Ness Campus (VNC), and the Pacific Heights Outpatient Campus.

Mission Bernal Campus Labor and Delivery Unit Closure Timeline

Labor and delivery services, including obstetric triage^{1,i} (OB triage) and antepartum testing^{2,ii}, at CPMC's MBC ended in March 2020, and the last patient left the unit on March 22, 2020. According to CPMC, the initial decision to close the labor and delivery unit at MBC was due to surge planning in response to the COVID-19 pandemic. CPMC stated that the MBC labor and delivery unit was the most appropriate to convert for use as a COVID surge space due to its underutilization, layout of all private rooms, and that there was another labor and delivery unit nearby at VNC. In May 2023, CPMC reported to DPH that it was planning to re-open labor and delivery services at the Mission Bernal campus.

On April 3, 2024, CPMC notified the city of the permanent closure of labor and delivery at MBC. CPMC anticipates that obstetrical services will be removed from the campus' license in the Fall 2024.

Prop Q Data and Methods

Typically, Proposition Q public hearings take place prior to the closure, reduction of services, or prior to the transfer or sale, as required by Ordinance. In this instance, labor and delivery services closed at MBC in March 2020. Therefore, the Department was able to utilize both provided by CPMC in addition to population level data. Combined, these two types of data provide a greater understanding of both the population served by MBC as well as the impact of the closure. Population level data was sourced from the California Department of Health Care Access and Information (HCAI) and the California Department of Public Health (CDPH) Vital Record Business Information System (VRBIS), including analysis by the San Francisco Department of Public Health Maternal Child & Adolescent Health Epidemiology Section.

II. CPMC Mission Bernal Campus Labor and Delivery

Labor and Delivery Services

Labor and delivery units in hospitals provide services to pregnant people prior to delivery (antepartum), during childbirth and postpartum. CPMC Mission Bernal Campus (MBC) is one of two CPMC campuses in San Francisco licensed for labor and delivery:

¹ **Obstetric Triage:** An obstetric triage (OB triage) unit is the place where pregnant patients entering the hospital are initially assessed and processed to receive emergency medical or needed obstetric care. It is more specialized than general and trauma triage as it involves assessment of labor condition and fetal well-being.

² **Antepartum Testing:** According to CPMC, antepartum testing may be provided to pregnant patients with special concerns or conditions that warrant additional monitoring.

Proposition Q – CPMC Closure of Labor and Delivery at Mission Bernal Campus

- **Mission Bernal Campus (MBC):** 22 labor/delivery and postpartum rooms, sized for approximately 2,000 births per year.
- **Van Ness Campus (VNC):** 20 labor/delivery rooms and 50 antepartum/postpartum beds, sized for approximately 5,000 births per year. VNC also includes CPMC’s neonatal intensive care unit (NICU), a Regional Level III NICU, high-risk maternal fetal specialists, and perinatology³ consultations.

MBC, as a hospital with delivery services, also provided OB triage, which evaluates incoming pregnant people in need of emergency medical or obstetric care. The labor and delivery unit at CPMC MBC also housed antepartum testing services.

In addition to support before, during and after childbirth, hospitals with labor and delivery units may also provide other associated services, including neonatal intensive care, breastfeeding support, midwife services, and fetal monitoring. With the permanent closure of the labor and delivery unit at MBC, VNC is the only CPMC campus in San Francisco offering labor and delivery services.

Mission Bernal Women’s Clinic (MBWC)

Co-located at MBC is the Mission Bernal Women’s Clinic (MBWC). MBWC is a comprehensive women’s health center providing care during pregnancy, routine women’s healthcare, and management or treatment for complicated gynecological issues. Services at MBWC include prenatal and postnatal care, gynecological care starting from puberty, mental health support through the psychology team, obstetric and gynecological ultrasound, prenatal and postnatal classes, fertility services, and breast health care. When the time comes, pregnant patients of the MBWC requiring labor and delivery services receive their care at a CPMC campus. According to CPMC, 13.5% of the patients who delivered at CPMC hospitals were delivered by providers of the MBWC. **The closure of the labor and delivery unit at MBC does not change outpatient obstetric services at the MBWC.** Sutter Health has announced plans to expand women’s care services at MBC; CPMC is in the process of assessing how services will be expanded.

Population Served by Mission Bernal Campus Labor and Delivery

MBC Labor and Delivery Patient Demographics

In 2019, the year before the closure of the MBC labor and delivery unit, deliveries at CPMC MBC represented approximately 7% of total deliveries in San Francisco (6% of births to San Francisco residents). Based on data provided by CPMC, which includes patients who are residents and non-residents of San Francisco, in the four years prior to the closure of labor and delivery (2016-19), CPMC MBC served an average of approximately 800 patients each year. The largest proportion of patients were between ages 26 and 34 and were insured through Medi-Cal. While English was the preferred language for most MBC patients, approximately a quarter preferred Spanish. The largest proportion of patients identified as “other” race category, representing an average of 42% of MBC patients, followed by White, representing an average of 31% of MBC patients. Ethnicity data provided by CPMC showed that patients of Hispanic/Latino/Spanish origin, including Puerto Rican and Mexican, represented approximately 45% of MBC patients.

³ **Perinatology** (def.): a specialty within obstetrics that is concerned with high-risk pregnancies.

Proposition Q – CPMC Closure of Labor and Delivery at Mission Bernal Campus

To better understand the patient population who received labor and delivery services at MBC prior to closure, the following section compares population demographics of MBC’s patients to San Francisco and the state of California as a whole. Table one (1) shows data for the three-year period prior to the closure of CPMC MBC (2017-19). As evidenced by the data most deliveries at MBC were to birthing parents between the ages of 25 and 34. Additionally, compared to hospitals across San Francisco, a greater proportion of patients who delivered at MBC were under age 25. Compared to San Francisco births overall, a greater proportion of patients who delivered at CPMC MBC identified as Latine/x, Black/African American, and Multiethnic. Patients with public insurance, including Medi-Cal, represented almost half of all San Francisco resident births at CPMC MBC. Comparatively, births to parents with public insurance represented approximately 23 of every 100 births across San Francisco, and 42 of every 100 births across California.

Table 1. Selected Birthing Parent Demographics (San Francisco Residents), Rate per 100 Births, 2017-19

	CPMC MBC ¹	San Francisco ^{2,3,4}	California ^{2,3,4}
Maternal Age			
<25 Years	12.9	6.2	19.4
Age 25-34	50.5	52.5	56.8
Age 35 or older	36.5	41.3	23.8
Maternal Race/Ethnicity			
Asian	12.8	30.9	15.1
Black/African American	5.3	4.1	4.9
Latine/x	33.8	17.7	46.2
Multiethnic	4.9	3.2	2.4
Not Reported/Unknown	13.0	4.2	3.7
White	28.8	39.2	26.9
Pacific Islander	0.0	0.4	0.4
Other	--	0.2	0.4
Delivery Payor Source			
Private Insurance	52.1	74.8	50.0
Public Insurance	47.2	23.1	41.7
Other ⁵	--	2.1	8.2

Data Sources: CPMC MBC data: California Department of Public Health (CDPH) Vital Record Business Information System (VRBIS). VRBIS data include one birth certificate record for each and every baby born in California. Data were analyzed by the San Francisco (SF) Department of Public Health Maternal Child & Adolescent Health Epidemiology Section; San Francisco and California data: California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Births Dashboard, Last Modified February 2024.

¹ Births are infants born to San Francisco residents.

² Births are infants born to California residents.

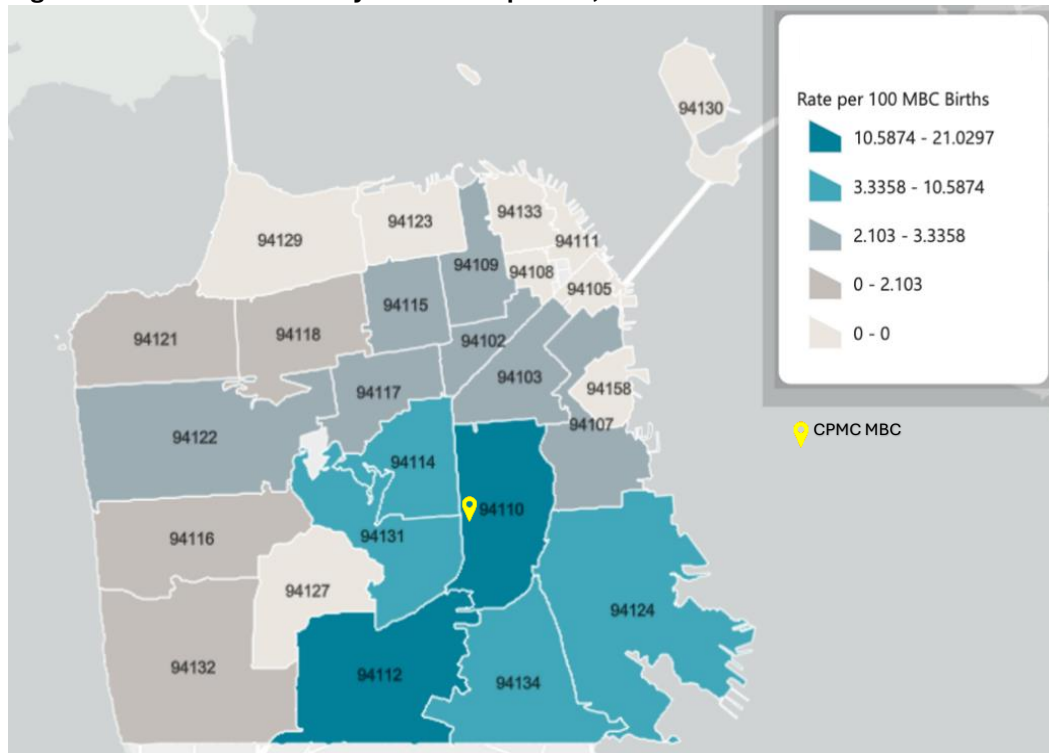
³ Other category includes American Indian and Alaska Native and Other.

⁴ Private insurance category includes self-pay and private insurance.

⁵ Other delivery payor source category includes Indian Health Service, CHAMPUS/TRICARE, other non-Medi-Cal government programs (federal, state or local), self-insured/self-funded plans or payments from local organized charities.

Figure one (1) shows the zip code of residence for San Franciscans who delivered at CPMC MBC prior to closure. From 2017-19, more than 60% of San Franciscans who delivered at MBC were residents from zip codes 94110 (Mission/Bernal Heights), 94112 (Ingleside-Excelsior/Crocker-Amazon), 94124 (Bayview-Hunters Point), 94134 (Visitacion Valley/Sunnydale), and 94131 (Twin Peaks-Glen Park).

Figure 1. CPMC MBC Births by Resident Zip Code, 2017-19



Data Source: California Department of Public Health (CDPH) Vital Record Business Information System (VRBIS). VRBIS data include one birth certificate record for each and every baby born in California. Data were analyzed by the San Francisco (SF) Department of Public Health Maternal Child & Adolescent Health Epidemiology Section.

MBC Labor and Delivery Patient Population – Access to Prenatal Care

According to CPMC, prenatal care has never been provided by the hospital at MBC, rather, prenatal care is provided by physicians at their practice locations throughout San Francisco, including at the Mission Bernal Women’s Clinic. However, data on access to prenatal care provides information about the patient population served by MBC. Prenatal care is an important component of a healthy and safe pregnancy and birth and is shown to be associated with reduced risk of pregnancy complications.ⁱⁱⁱ

Data from the three-year period prior to the closure of labor and delivery services (2017-19) shows that approximately 91 of every 100 deliveries at CPMC MBC were to birthing parents who received prenatal care beginning in the first trimester; a higher rate compared to San Francisco overall and to California. Based on utilization of prenatal care, approximately 89 per 100 births at MBC were to birthing parents who received either adequate or adequate plus prenatal care; meaning the patient received between 80 and over 100% of the recommended number of prenatal visits. The MBC prenatal care rate is higher than San Francisco overall and the state of California.

Regular prenatal care is a key component in preventing preterm births and low birthweight infants.^{iv} Therefore, birthweight data may be an indicator of maternal health and offer additional insight to the population served by MBC.^v Compared to all births in San Francisco and in California, CPMC MBC had a lower rate of very low birthweight and low birthweight births during the 2017-19 period,

Proposition Q – CPMC Closure of Labor and Delivery at Mission Bernal Campus

prior to the closure of MBC labor and delivery. This may further support that the population who delivered at CPMC MBC had access to prenatal care during their pregnancy.

Mission Bernal Campus Labor and Delivery – Quality of Care

Hospital quality of care indicators help illustrate the clinical performance of labor and delivery units at hospitals. The Agency for Healthcare Research and Quality (AHRQ) Quality Indicators are standardized, evidence-based measures that provide a perspective on the quality of care provided in hospitals. Related to hospital labor and delivery services, these measures include the hospital’s rate of cesarean deliveries⁴, of primary cesarean deliveries⁵, and the rate of vaginal births after cesarean deliveries (VBAC)⁶.

Table two (2) shows the AHRQ quality indicators for San Francisco hospitals and statewide from 2018 through 2020, the final year that Mission Bernal’s labor and delivery unit was operational. CPMC MBC’s cesarean delivery rate and primary cesarean delivery rate were lower than the statewide average and CPMC MBC had the second lowest rate of cesarean deliveries compared to San Francisco hospitals in 2018, 2019 and 2020. A lower cesarean delivery rate may represent better care as cesarean deliveries may be overused in some hospitals. MBC’s VBAC delivery rate was higher than the statewide average from 2018-2020. A high VBAC delivery rate indicates that the procedure may be accessible to patients and may indicate better care.^{vi}

Table 2. AHRQ Quality Indicators – Labor and Delivery

	2018	2019	2020
Cesarean Delivery Rate, Uncomplicated (rate per 100 deliveries)			
CPMC St. Luke’s/MBC ¹	18.2	19.6	21.4
CPMC VNC	-- ²	23.3	24.4
Kaiser SF	22.8	21	22.2
UCSF	21.5	23	23.6
ZSFG	16.4	16.3	15.7
Statewide	26.5	26.1	26.1
Primary Cesarean Delivery Rate, Uncomplicated (rate per 100 deliveries)			
CPMC St. Luke’s/MBC ¹	12.8	12.9	11.7
CPMC VNC	-- ²	15.2	16.3
Kaiser SF	16.3	13.9	15.1
UCSF	16.5	16.6	17
ZSFG	8.5	10.3	9.3
Statewide	14	13.9	14.2
Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated (rate per 100 deliveries)			
CPMC St. Luke’s/MBC ¹	25	35.7	25
CPMC VNC	-- ²	16.4	20.4

⁴ **Cesarean Delivery Rate, Uncomplicated:** Number of Cesarean Section Deliveries per 100 deliveries. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestation diagnoses, and breech procedure). Cesarean delivery may be overused in some facilities, so lower rates may represent better care.

⁵ **Primary Cesarean Delivery Rate, Uncomplicated:** First-time Cesarean Deliveries per 100 deliveries. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestation diagnoses, and breech procedure). Cesarean delivery may be overused in some facilities, so lower rates may represent better care.

⁶ **Vaginal Birth After Cesarean (VBAC) Delivery Rate, Uncomplicated:** Number of vaginal births per 100 women with previous Cesarean deliveries. Excludes deliveries with complications (abnormal presentation, preterm delivery, fetal death, multiple gestation diagnoses, and breech procedures). VBAC may be underused in some facilities, so higher rates may represent better care.

Proposition Q – CPMC Closure of Labor and Delivery at Mission Bernal Campus

Kaiser SF	29.9	26.3	27
UCSF	33.3	25.1	27.7
ZSFG	39.3	38.9	35.3
Statewide	14.8	15.4	16

Source: California Department of Health Care Access and Information (HCAI). Utilization Rates for Selected Medical Procedures in California Hospitals.

¹ In August of 2018, CPMC Mission Bernal opened, and St. Luke’s hospital closed.

² CPMC VNC opened in the spring of 2019.

³ Source dataset did not provide data for CPMC’s California Campus, which was open in 2018.

Hospital-initiated breastfeeding is another indicator of labor and delivery unit care (Table 3). breastfeeding is considered an essential component to infant development and early initiation (in-hospital, post-delivery) may have a positive impact on the duration of breastfeeding.^{vii, viii} Data from the California Newborn Screening Program between 2017-19 shows that almost 98 per 100 births at CPMC MBC initiate breastfeeding (human milk and formula) in the hospital. CPMC MBC’s rate of any breastfeeding initiation is higher than San Francisco overall and the state average. CPMC MBC’s rate of exclusive breastfeeding initiation is higher than California’s average.

Table 3. Breastfeeding (Hospital Initiation), Rate per 100 Births, 2017-19

	CPMC MBC	San Francisco	California
<i>Any Breastfeeding</i> ²	97.9	97.4	93.8
<i>Exclusive Breastfeeding</i> ³	81.0	82.0	69.9

Data Source: California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2017-19

¹ California in-hospital infant feeding practices are monitored using data collected by the Newborn Screening (NBS) Program.

² The numerator for “Any Breastfeeding” includes records marked “Only Human Milk” or “Human Milk & Formula”.

³ The numerator “Exclusive Breastfeeding” includes records marked “Only Human Milk”.

Overall, the quality indicators and breastfeeding data illustrate that the quality of care provided at CPMC MBC’s labor and delivery unit was of high quality. The demographic data, prenatal care indicators, and birthweight data is illustrative of the population who received labor and delivery services at CPMC MBC prior to closure. According to CPMC, MBC primarily served patients with low-risk pregnancies and without risk of complications. Patients with high-risk pregnancies or risk for birth complications have been served at CPMC VNC since its opening, and formerly at California campus.

III. Labor and Delivery Services in San Francisco and California

In 2019, CPMC MBC represented approximately seven percent of all deliveries that took place across San Francisco hospitals. That same year, births at CPMC hospitals represented approximately 40% of all births across San Francisco hospitals that offer labor and delivery. There are currently four facilities in San Francisco that provide labor and delivery services.

To contextualize the closure of MBC labor and delivery, the following section explores trends in labor and delivery services in hospitals across San Francisco and California.

Birth Trends in San Francisco

CPMC stated that decision not to reopen labor and delivery at MBC was based on a comprehensive review of its patient needs across the city and its facilities, going beyond the lens of any single facility. Over the last ten years, CPMC’s two hospitals that provide labor and delivery services saw a decline in delivery volume. According to CPMC, this decline occurred despite its ongoing

Proposition Q – CPMC Closure of Labor and Delivery at Mission Bernal Campus

marketing initiatives, maintenance of the MBWC, and building a new labor and delivery unit to attract new patients.

CPMC’s decline in the volume of births across its hospitals follows similar birth trends across San Francisco. The table below provides the number of live births by hospital and San Francisco overall for the last ten years (2013 through 2022). Over the last ten years, San Francisco has seen a decline in annual births of approximately 17%, and a decline of 16% over the last five years. There are, however, differences between hospitals. Over the last ten years, UCSF saw a nearly 32% increase in the number of births at its hospital, which may in part be due to the 2015 opening of UCSF Mission Bay birth center, which moved labor and delivery services from UCSF Medical Center and expanded the hospital’s birth capacity. More recently, however, over the last five years, UCSF, like other hospitals has seen a 15% decrease in births. Zuckerberg San Francisco General Hospital (ZSFG) is the only hospital in San Francisco that has seen an increase in the number of births over the last five years. Year over year, ZSFG has averaged approximately 1,000 deliveries each year. CPMC hospitals, which in 2013, delivered more than half of the babies born in San Francisco, most recently delivered approximately 37% of San Francisco births.

Table 4. Live Births in San Francisco by Hospital, 2013-22

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
CPMC St. Luke’s/ MBC	954	954	900	882	749	727 ¹	816	142		
CPMC VNC							3,197	4,064	3,894	3,638
CPMC California ²	5,160	4,973	4,608	4,558	4,172	3,917	609			
ZSFG	1,087	1,197	-- ³	1,107	1,237	1,074	1,054	993	1,042	1,180
Kaiser SF	2,701	2,956	2,840	2,974	3,010	2,968	2,936	2,771	2,654	2,451
UCSF	2,022	2,287	2,663 ⁴	3,109	3,234	3,134	3,001	2,910	2,781	2,664
<i>Total Live Births – SF</i>	<i>11,924</i>	<i>12,367</i>	<i>11,011</i>	<i>12,630</i>	<i>12,402</i>	<i>11,820</i>	<i>11,613</i>	<i>10,880</i>	<i>10,371</i>	<i>9,933</i>
Total Births at CPMC Hospitals	6,114	5,927	5,508	5,440	4,921	4,644	4,622	4,206	3,894	3,638
% of SF Births at CPMC Hospitals	51%	48%	50%	43%	40%	39%	40%	39%	38%	37%

Data Source: Department of Health Care Access and Information, (HCAI) Hospital Annual Utilization Reports, 2013-22

¹ In 2018, there were 424 births at St. Luke’s and 303 births at Mission Bernal.

² CPMC California Campus closed in 2019.

³ 2015 data is missing for ZSFG.

⁴ In 2015, there were 184 births at UCSF Medical Center and 2,479 births at UCSF Mission Bay.

San Francisco is not alone in this trend; the State of California has also experienced a decline in births. Specifically, the number of births in California has declined by 14% between 2013 and 2022. In 2014, the fertility rate in the State of California was 62.4 births per 1,000 women ages 15–44, and in 2022 that rate has fallen to 52.8 births per 1,000 women ages 15-44. California has the 11th lowest fertility rate in the United States.^{ix}

Hospital Volume and Maternal and Fetal Outcomes

CPMC provided that one of the reasons to permanently close MBC's labor and delivery unit was the anticipated volume of patients and patient safety, should the unit re-open. According to CPMC, if MBC labor and delivery were to re-open, there would be an anticipated volume of approximately 400 patients annually. This estimate was based on the number of births from patients of the MBWC. Additionally, CPMC offered that centralizing labor and delivery to the VNC which handles more than 3,000 births annually and has a higher level of support for complex births, will best serve patients.

According to the American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine, research shows that outcomes are better for birthing parents with certain conditions, like placenta previa, if the condition is managed in a hospital with high delivery volume. However, its reported that the research should not be interpreted to indicate that hospitals with low delivery volumes are not safe for patients.^x Recent data further explored obstetric volume and severe maternal morbidity and found no significant association between birth volume among hospitals in urban counties and severe maternal morbidity for low-risk or higher-risk obstetric patients.^{xi} As stated earlier, according to CPMC, MBC primarily served patients with low-risk pregnancies and without risk of complications. Patients with high-risk pregnancies or risk for birth complications have been served at CPMC VNC since its opening, and formerly at California campus.

Labor and Delivery Closures

Closures of labor and delivery units is an accelerating trend across California affecting both rural and urban communities. According to a report by CalMatters, at least 46 California hospitals have shut down or indefinitely suspended labor and delivery since 2012, and these closures have disproportionately impacted low-income and Latine/x populations. Reasons for the closures cited by hospital administrators include high costs, low reimbursement, labor shortages and declining birth rates, which was briefly discussed earlier in this report. Regarding high costs, according to CalMatters, labor and delivery units are often one of the most expensive departments to run and often unprofitable to operate. Additionally, many of the labor and delivery units across the State that closed had served low-income and Medi-Cal populations. Medi-Cal, which pays for approximately 40% of births in California and represented nearly half of all births at CPMC MBC, reimburses significantly less than private insurance for labor and delivery. Private insurance may provide about five times the reimbursement for an uncomplicated vaginal delivery that Medi-Cal provides. Impacts of hospitals closures across California include increased wait times or delays for scheduled induction services and longer travel times to labor and delivery units; impacts which disproportionately burden Medi-Cal patients.^{xii}

IV. Closure of CPMC Mission Bernal Campus Labor and Delivery

As the last patient left CPMC Mission Bernal's labor and delivery unit in March 2020, the following section offers data to show the impact that the closure has had on patients, staff, and the surrounding community, including other San Francisco hospitals that offer labor and delivery services.

Patient Impact

Due to the overall decline in births across San Francisco, it is impossible to directly measure the impact of MBC's closure. However, following the closure of MBC, several hospitals showed shifts in patient volumes and demographics, which could indicate where patients who would have delivered at MBC have received labor and delivery services since the closure. This sections below highlight shifts in hospital patient populations by race and ethnicity, by language, by insurance/payor status and by resident zip code. This section also assesses hospital quality of care and describes how CPMC is providing continuity of care for patients impacted by the closure.

Changes in Patient Demographics Since the Closure of MBC Labor and Delivery

Patient Race and Ethnicity

Prior to the closure, as discussed earlier in this report, of the San Francisco resident population who delivered at CPMC MBC, a greater proportion of MBC patients identified as Black/African American, Latine/x, and Multiethnic compared to the average across all San Francisco hospitals. Following the closure, both CPMC VNC and ZSFG saw an increase in the proportion of Latine/x patients at its hospitals. Similarly, a greater proportion of all Latine/x births in San Francisco were delivered at CPMC VNC and ZSFG in 2020-22 compared to 2017-19. This suggests the Latine/x population who may have delivered at MBC received their care at VNC and at ZSFG. Following the closure, CPMC VNC was the only hospital that saw an increase in the number of labor and delivery patients who identified as multiethnic. In San Francisco, ZSFG and UCSF labor and delivery units have consistently served a greater number of Black/African American birthing people compared to other San Francisco hospitals. Since the closure, neither ZSFG, UCSF nor other San Francisco hospitals saw a significant change in the proportion of hospital deliveries to Black/African American birthing people.

Patient Preferred Language

As discussed earlier, while the majority of MBC's patients preferred language was English, approximately 25% preferred Spanish (approximately 200 patients each year). Since the closure of MBC's labor and delivery unit, VNC has seen an increase in patients whose preferred language is Spanish. Prior to the closure fewer than 50 patients at VNC identified Spanish as their preferred language, and since the closure approximately 130 patients annually identified Spanish as their preferred language.

Patients with Public Insurance

Between 2017-19, approximately 47% of patients who delivered at CPMC MBC had public insurance, including Medi-Cal. During that same period, approximately 23% of labor and delivery patients across all San Francisco hospitals had public insurance. At ZSFG, the city's public hospital, approximately 95% of its labor and delivery patients had public health insurance.

Since the closure of MBC, CPMC VNC saw a slight increase from 24 to 26 of every 100 births to San Francisco residents with public insurance. ZSFG also saw an increase from 48 to 55 of every 100 births to San Francisco residents with public insurance. However, births to San Francisco residents with public insurance declined by approximately 16% from 2017-19 to 2020-22, while births to San Francisco residents with private insurance declined by only 12% and births to San Francisco residents overall declined by 13% from 2017-19 to 2020-22. Therefore, the data indicates that not only has there been fewer births among publicly insured San Francisco residents, but that among

Proposition Q – CPMC Closure of Labor and Delivery at Mission Bernal Campus

residents with public insurance, who would have received labor and delivery services at MBC, these patients may have been accommodated at ZSFG and VNC.

Patient Zip Code Residency

In the five zip codes with the greatest number of MBC patients (94110, 94112, 94124, 94134 and 94131), births have declined at a greater rate compared to the citywide rate. Comparing births between 2014-16 and 2020-22 show an 18% decline in births citywide and a 21% decline in the five zip codes with the greatest number of MBC patients. While there has been a decline in the number of births among San Francisco residents in the zip codes with the greatest number of MBC patients, three of the five zip codes, 94110, 94112 and 94124, continue to be the zip codes with the greatest number of births to San Francisco residents. Since the closure of labor and delivery at MBC, VNC saw a 16% increase in the number of births to residents from zip codes 94110, 94112, and 94124. In one zip code, 94110, which accounts for nearly 10% of births citywide, CPMC VNC saw nearly a 50% increase in patients since the closure of MBC. This may indicate that CPMC VNC has accommodated many of the births that would have taken place at CPMC MBC.

With the closure of labor and delivery at MBC, and as evidenced by the data, patients who would have received labor and delivery at MBC may have to travel further or outside of the community they are familiar with, for example, VNC is located approximately three miles north of MBC.

Labor and Delivery Quality of Care Since the Closure

As mentioned earlier, quality of care data showed that CPMC MBC's labor and delivery unit had a low cesarean and primary cesarean delivery rate, and a high rate of VBAC deliveries, all of which may indicate high quality care. Between 2021-22, all hospitals in San Francisco performed better than the statewide average in terms of the uncomplicated cesarean delivery rate and the VBAC delivery rate. Between 2021-22, all San Francisco hospitals other than ZSFG had a higher rate of uncomplicated primary cesarean deliveries compared to the statewide average. Additionally, data for 2021 and 2022 showed that hospital initiation of breastfeeding (human milk and formula) was initiated for greater than 95 per 100 births across San Francisco hospitals. Specifically regarding VNC, patients receiving L&D services at VNC since the closure of MBC are likely to continue to receive high quality of care given that quality metrics are comparable to other City hospitals.

Continuity of Care for Impacted Patients

According to CPMC, since the closure of MBC's labor and delivery unit in 2020, all patients of the MBWC who would have delivered at MBC have delivered at VNC. To ensure continuity of care for patients who will now deliver at CPMC VNC, CPMC provides a detailed brochure to all patients that includes a 24-hour on-call midwife phone number for urgent needs. The pregnancy brochure also contains information on promoting a healthy pregnancy, recognizing pregnancy danger signs and symptoms, available prenatal care options, genetic testing, pregnancy schedules and checklists, common discomforts, and additional resources. CPMC's website also provides virtual tours of the birthing center, and all expected patients are offered opportunities to tour the facility. As provided by CPMC, patient education and information is shared during prenatal visits, through group classes, and through the Community Health Worker, who supports and facilitates access to resources for those in need.

Proposition Q – CPMC Closure of Labor and Delivery at Mission Bernal Campus

For the patients who are now seen at VNC, CPMC stated that while it has not received any requests for transportation support from MBC to VNC, if asked, CPMC will provide taxi/ride share vouchers. Additionally, CPMC ensured that their providers, health care workers and other staff members are aware of transportation options and may provide taxi vouchers to patients for transport to VNC. CPMC also offers a shuttle service which operates Monday through Friday which is used by our employees, doctors and patients, free of charge. For patients who arrive at the MBC emergency department who are in labor, they are transferred to VNC via ambulance, as is protocol for other conditions that require a service not available at MBC (including heart attack and stroke). Since the closure of MBC, from 2021 through 2023 there was an average of 11 patients annually who presented to the MBC ED and required ambulance transfer to VNC for labor and delivery. CPMC also noted that patients who were impacted by the closure of labor and delivery at MBC have expressed that the more frequent visits (prenatal care visits) that take place at the MBWC continue to be conveniently located.

CPMC also provided that centralizing all labor and delivery care at the Van Ness Campus will best serve patients, as the campus includes CPMC's Neonatal Intensive Care Unit (NICU), a regional level 3 NICU and high risk Maternal Fetal specialists, which is a higher level of support for new parents and their families.

Staff Impact

According to CPMC, all staff impacted by the closure of labor and delivery at MBC were accommodated with jobs at CPMC. CPMC noted that of the 68 employees at MBC in March of 2020, just prior to the closure, 35% (approximately 23 employees) were per-diem employees. Of the remaining 45 employees, approximately 53% are still employed. This decline accounts for an attrition rate of approximately 15% annually, which, according to CPMC, is similar to CPMC's overall attrition rate. In 2023, the average rate of staff turnover across hospitals in the United States was 20.7%.^{xiii} Additionally, CPMC, as with other hospitals, staff their labor and delivery units based on volume, ratios, and community standards.

As stated earlier, CPMC plans to convert the closed labor and delivery unit at MBC to general medical-surgical (med-surg) beds and an intensive care unit (ICU) for adults. To accommodate the new unit, CPMC anticipates hiring an additional 60-80 staff members at MBC.

Staff Language Capacity

CPMC provided that it does not have data on staff language capacity as employees provide language capacity on a voluntary basis. However, CPMC specified that bilingual Spanish to English provider capacity (obstetricians and midwives) has remained the same from MBC to VNC. Seven of the nine midwives and two of the five obstetricians are bilingual in Spanish and English, and these staff members delivered at MBC prior to closure and deliver at VNC currently. CPMC also stated that it has in-person, phone, and video interpreter services available for all patients who may need these services.

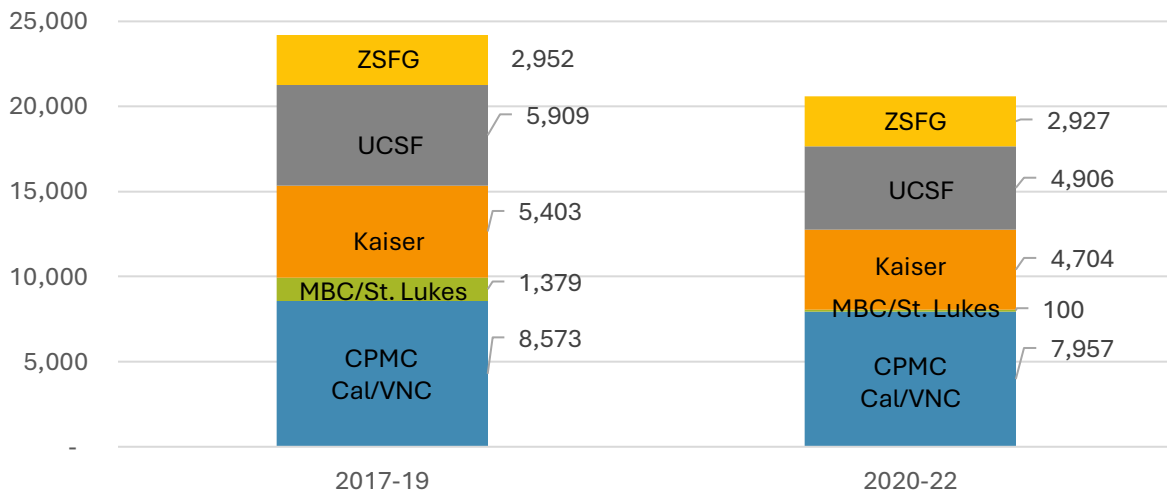
Impact to the Community and Labor & Delivery Hospitals in San Francisco

With the closure of labor and delivery at MBC, there are currently four hospitals, including CPMC VNC, that provide labor and delivery services in San Francisco. Prior to the closure, during the period 2017-19, MBC represented approximately 5 of every 100 births to San Francisco residents

Proposition Q – CPMC Closure of Labor and Delivery at Mission Bernal Campus

(1,379 births over three years). Data for births to San Francisco residents shows that CPMC VNC has seen a slight increase in the share of births to San Francisco residents at its hospital relative to other San Francisco hospitals. Between 2017-19, approximately 33 of every 100 births to San Francisco residents were delivered at CPMC VNC. After the closure, approximately 36 of every 100 births to San Francisco residents were delivered at CPMC VNC. ZSFG also saw a slight increase in the births at its hospital. Between 2017-19 approximately 11 of every 100 births to San Francisco residents were delivered at ZSFG, and between 2020-22 ZSFG delivered approximately 13 of every 100 births to San Francisco residents. Other San Francisco area hospitals that offer labor and delivery did not see a meaningful increase in the relative share of births to San Francisco residents. It is important to note, however, that while both CPMC VNC and ZSFG have seen a relative increase in the share of births to San Francisco residents at these hospitals, overall births across the city continue to decline. Other than ZSFG, all labor and delivery units in San Francisco, including VNC, experienced decreases in the number of births from 2020 to 2022. The figure below shows births to San Francisco residents by hospital for the three years prior to the closure of MBC and the three years after the closure of MBC.

Figure 2. Births to San Francisco Residents, by Hospital.



Data Source: California Department of Public Health (CDPH) Vital Record Business Information System (VRBIS). VRBIS data include one birth certificate record for each and every baby born in California. Data were analyzed by the San Francisco (SF) Department of Public Health Maternal Child & Adolescent Health Epidemiology Section.

CPMC stated that VNC has more than enough capacity, up to 5,000 births annually, to accommodate the volume of births from MBC. Since the closure of MBC, between 2020 and 2022, VNC has averaged approximately 3,800 births, below its annual volume capacity.

V. Conclusion

Labor and delivery services were temporarily closed at CPMC MBC in March of 2020 due to COVID-19 surge planning. In April 2024 CPMC provided public notice of their intent to permanently close labor and delivery services at MBC, with plans to convert the unit to general medical-surgical (med-surg) beds and an intensive care unit (ICU) for adults. The labor and delivery unit at CPMC MBC was an important part of San Francisco’s system of hospital and health care services, an asset to the

Proposition Q – CPMC Closure of Labor and Delivery at Mission Bernal Campus

neighborhoods surrounding the hospital campus, and provided high quality of care to the patients it served.

In the five years prior to the closure of MBC labor and delivery services, about 7% of all births across San Francisco hospitals took place at CPMC MBC's labor and delivery unit, approximately 800 births annually. While accounting for smaller proportion of births in San Francisco compared to other hospitals, CPMC MBC's labor and delivery unit served a unique population compared to other San Francisco hospitals that provide labor and delivery services. Compared to an average across San Francisco hospitals, a greater proportion of patients who delivered at CPMC MBC between 2017 and 2019, were under age 25, identified as Latine/x, Black/African American or multiethnic, and were publicly insured. San Francisco residents with public insurance, including Medi-Cal, represented almost half of all births at CPMC MBC. And according to CPMC, MBC also primarily served patients with low-risk pregnancies and without risk of complications. Patients with high-risk pregnancies or risk for birth complications have been served at CPMC VNC since its opening, and formerly at California campus.

Since the closure of MBC's labor and delivery unit, population data indicates that patients who may have delivered at MBC have likely been accommodated at other San Francisco hospitals, largely at CPMC's VNC and ZSFG. Since the closure of MBC:

- both VNC and ZSFG saw an increase in the population of Latine/x births;
- CPMC VNC and ZSFG saw an increase in the proportion of births to San Francisco residents with public insurance.
- CPMC VNC saw an increase in the number of births to San Francisco residents living in zip codes 94110, 94112, and 94124; the zip codes that represented most births at MBC.

In the two years since the closure, VNC has averaged approximately 3,700 births annually; below its labor and delivery capacity of up to 5,000 births annually. Lastly, patients receiving L&D services at VNC are likely to continue to receive high quality of care given that quality metrics are comparable to other City hospitals, and the hospital provides a regional level 3 NICU and high risk Maternal Fetal specialists, which is a higher level of support for new parents and their families.

Over the last ten years, San Francisco has seen a decline in annual births of approximately 17%, and a decline of 16% over the last five years. San Francisco has also seen a decline in births among the patient population primarily served by CPMC MBC. In the five zip codes with the greatest number of MBC patients (94110, 94112, 94124, 94134 and 94131), births have declined at a greater rate compared to the citywide rate. Also, births to San Francisco residents with public insurance declined by 16%, while births to San Francisco residents with private insurance declined by 12% from 2017-19 to 2020-22.

Based on the findings, the Department recommends that CPMC take the following actions to ensure access to services following the permanent closure of CPMC MBC labor and delivery:

- CPMC MBC played a critical role in the City's safety net system. CPMC VNC should continue filling this role by providing access to care for the City's Medi-Cal population.
- Maintain or expand services at the Mission Bernal Women's Clinic, which continues to be a critical health care asset at MBC and for the neighboring communities. CPMC has

Proposition Q – CPMC Closure of Labor and Delivery at Mission Bernal Campus

indicated they plan to expand women’s care services - opportunities for patient and community input should be provided to inform this service expansion.

- Continue to clearly communicate transportation options to patients of the Mission Bernal Women’s Clinic who will now deliver at CPMC VNC.
- Directly assess patient satisfaction among patients of the Mission Bernal Women’s Clinic who will receive labor and delivery services at VNC.

Provided that CPMC continue to serve the population once served by MBC and provided that CPMC accept the Department’s recommendations, the Department recommends that the Health Commission finds that the permanent closure of labor and delivery at CPMC MBC will not have a detrimental impact on health care services in San Francisco.

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