Anal Sphincter Lacerations Underreported in Hospitals

BY JANE SALODOF MACNEIL
Southwest Bureau

SCOTTSDALE, ARIZ. — Anal sphincter laceration during childbirth is not accurately coded in many hospital discharge records and may be underestimated as a result.

The Pelvic Floor Disorders Network found mistakes in a about one-quarter of 392 hospital discharge records from nine institutions participating in one of its trials, according to a poster presented at the annual meeting of the Central Association of Obstetricians and Gynecologists.

Dr. Linda Brubaker reported an average coding error rate of 24% across the nine centers. Just one institution was free of mistakes. The three highest error rates were 62%, 48.6%, and 27.2%.

Only two patients had codes listed for anal sphincter lacerations that did not occur, said Dr. Brubaker, director of female pelvic medicine and reconstructive surgery at Loyola University Medical Center in Maywood, Ill. All the other mistakes were omissions of coding for anal sphincter lacerations that had been recorded in clinical records as occurring during delivery.

Dr. Brubaker reported that the coding error rates were not related to the number of deliveries at each institution or to the number of hospital discharge codes for each patient. Women with anal sphincter lacerations tended to have more codes, however, with a range of 2.9-7.8 vs. 2.5-7.2 for women without these injuries.

The network warned that the result of this type of coding error could be a substantial underassessment of delivery-associated anal sphincter laceration as a maternal morbidity. It recommended against using hospital discharge coding as a source of data.

An institution with a coding problem may seem to have 'better' quality than one with an identical rate and better coding.

DR. BRUBAKER

The discrepancies could have significant implications for quality assurance and research initiatives. Dr. Brubaker told this newspaper subsequently that both the Joint Commission on Accreditation of Health Care Organizations and the Annual Public Health Report will be using the incidence of obstetric third- and fourth-degree lacerations as indicators of care quality.

"So if an institution has a coding problem, they may seem to have 'better' quality than an institution with an identical rate and truly better coding," she said.

"More importantly, researchers commonly use large databases that use discharge codes for estimating the number of 'events'," she added. "If our data can be reproduced, it suggests that research using discharge coding may not be wise."

The bottom line, Dr. Brubaker concluded, is that these lacerations have not received the attention they deserve. "Improved coding [and the use of these events as quality indicators] may provide an opportunity to improve patient care and identify women who may benefit from postdelivery pelvic floor assessment," she said.

Sponsored by the National Institutes of Health, the network has opened a Web site at www.pfdn.org. The anal sphincter laceration study was a subanalysis of data from the network's childbirth and pelvic symptoms trial, which is supported by the National Institute of Child Health and Human Development.

The trial is comparing women with anal sphincter lacerations at vaginal delivery with women who had cesarean delivery without labor and women who delivered vaginally without anal sphincter laceration in the trial. The two women with codes for anal sphincter lacerations that did not occur came from the control groups. ■

Early-Onset Group B Strep Down 31% in 2004

BY MIRIAM E. TUCKER
Senior Writer

The incidence of early-onset neonatal group B streptococcal disease in the United States has dropped by a third since guidelines for universal screening of pregnant women were issued, the Centers for Disease Control and Prevention reported.

The guidelines, which call for routine screening of pregnant women for rectovaginal group B streptococcal (GBS) colonization at 35-37 weeks' gestation and administration of intrapartum antimicrobial prophylaxis to carriers, were jointly issued in 2002 by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, and the CDC (MMWR Recomm. Rep. 2002;51[RR-11]:1-22).

In 2004, the incidence of GBS disease in newborns aged 0-6 days (early-onset disease) had decreased by 31% from the period of 2000-2001, immediately before universal screening was implemented, the CDC said (MMWR 2005;54:1205-8).

Late-onset GBS disease—occurring in infants aged 7-89 days—did not change during 1996-2004, the period for which data were analyzed from the CDC's Active Bacterial Core surveillance (ABCs) system. The ABCs areas represented approximately 337,000 live births in 1996 and 427,000 live births in 2004. A total of 308 cases of neonatal GBS disease were reported in 2004, 47% early-onset and 53% late-onset. Overall, 55% with neonatal GBS disease were white, 42% black, and 3% other races; 51% were female.

Among early-onset cases with complete data, the proportion born at less than 37 weeks' gestation increased significantly, from 20% (40 of 204) in 2000 to 29% (41 of 141) in 2004. Among late-onset cases with complete data in 2004, 55% (81 of 147) were born preterm. Case-fatality ratios were consistently higher among preterm infants, both in the early- and late-disease groups. Nine of the 40 preterm infants with early-onset disease died (23%) vs. none of the 66 term infants with late-onset GBS.

The rate of late-onset disease surpassed that of early-onset disease for the first time in 2003, a trend that continued in 2004. Racial disparities in the incidence of both early- and late-onset GBS disease persisted: In 2004, rates of early-onset disease were 0.73 per 1,000 live births for black infants vs. 0.26 per 1,000 for white infants. For late-onset disease, those rates were 0.83 per 1,000 live births for black infants vs. 0.28 per 1,000 for whites. ■

Imported Congenital Rubella Syndrome Case Seen in N.H.

Consider congenital rubella syndrome in infants with compatible signs, particularly immigrants from countries without rubella control programs, the Centers for Disease Control and Prevention advised.

In 2004, a 10-week-old infant born to a mother who had emigrated from the Côte d'Ivoire was brought to an emergency department in New Hampshire with fever, vomiting, irritability, and poor feeding.

While she was in the hospital, the infant—who had been born with a cataract in her left eye—was diagnosed with microcephaly, patent ductus arteriosus, bilateral hearing impairment, and hepatosplenomegaly, as well as failure to thrive (MMWR 2005;54:1160-1).

Congenital rubella syndrome was suspected and confirmed by positive rubella IgM and positive urine and nasopharyngeal cultures. The genetic sequence was found to be that of a wild-type rubella virus similar to one found in Uganda in 2001, the CDC said.

Soon after conception, the mother had come into contact with refugees from one of four transit centers in Cote d'Ivoire where there had been a rubella outbreak during February-April 2004.

She had reported no history of symptoms of acute rubella infection such as rash, fever, lymphadenopathy, or arthralgia.

However, subclinical infections are estimated to occur in up to 50% of rubella cases.

—Miriam E. Tucker

CDC Reports a Small Increase in Number of Abortions in 2002

BY MARY ELLEN SCHNEIDER
Senior Writer

There was a slight uptick in the number of abortions reported in 2002, according to figures published by the Centers for Disease Control and Prevention.

The number of abortions increased by 637 to 854,122 between 2001 and 2002. But the abortion rate—16 per 1,000 women—has remained constant since 2000. The figures are based on data reported from 47 states, the District of Columbia, and New York City. The analysis does not include information from Alaska, California, and New Hampshire.

The 0.1% increase follows 5 years of decline in the number of abortions from 1997 through 2001, researchers reported in the CDC's Morbidity and Mortality Weekly Report (MMWR Surveillance Summaries 2005;54[SS07]:1-31).

The CDC findings conflict with an analysis released in May 2005 by the Guttmacher Institute that showed that the number of abortions performed in the United States fell from 2001 to 2002. Their analysis showed that the number of abortions had declined from 1.30 million in 2001 to 1.29 million in 2002. The discrepancy may be due to differences in methodology. The Guttmacher Institute analysis used CDC data and figures collected for state health departments to project changes from a 2000 survey of all known abortion providers.

Regardless of the precise figures, there is still a lot of work to be done, said Rachel Jones, senior research associate with the Guttmacher Institute. Women need increased access to contraception and better information about pregnancy prevention, she said.

Most of the abortions (87%) reported to the CDC were performed at less than 13 weeks' gestation. Only 4% of abortions occurred between 16 and 20 weeks, and 1.4% of abortions were reported to have occurred after 21 weeks.

The CDC also reported a jump in the number of medical abortions between 2001 and 2002. Medical abortions accounted for about 5% of all procedures in 2002, with 36,297 medical abortion procedures reported. This is approximately a 77% increase from 2001 in the 31 areas that reported medical abortion information in both years. About 94% of medical abortions were performed at 8 weeks' gestation or earlier. ■