Interview with Dr. Hilger: 9/6/12 10:00A.M

Chicago Maternity Center (CMC) 1963 spent a year working as a third year resident OB/GYN overseeing home-birth practice teaching medical students from Northwestern University and other area schools. Was a complete OB service providing prenatal care and well baby follow-up. Teams consisted of a midwife and medical student that went out to local area homes for deliveries had to go to areas that were so dangerous even the police would not go there. If there were any complications or problems, then Dr. Hilger would become involved and guide the care. Transfer reason most popular was failure to progress (CPD) and premature labor, no fetal distress as there was no monitoring at this time. Very little post-partum hemorrhage transfers.There was a lot more patience with labor and great reluctance on part of area hospitals to accept patients from home and advocated for letting the patients labor a little longer at home. Beginning of fetal monitoring, was a difficult transition and a lot of panic and unnecessary cesarean sections. At home, did not have to worry about monitoring and outcomes seemed to be overall good. Outcomes were better at home with CMC than Cook County hospital. Mothers in this area, largely poor and marginalized preferred to deliver at home in her own surroundings, could protect valuables and domain, as areas were ghetto. CMC supported these women with good prenatal care and supportive home deliveries. Remembers in home birth environments, the families had a lot of natural cooking abilities and teams often enjoyed home cooked delicious food, Chicago BBQ.Last 6 months was only Junior resident and basically lived at CMC . Life changing experience

Maternity center care and today's model of care is that today we are making a bigger deal of pregnancy and labor. Healthy mom and healthy baby desired outcome and it seems that model of care seemed to accomplish that just fine. People CMC cared for were more salt of the earth people. Though, Yuba-Sutter area may have some confounding factors like drugs and smoking and other risk factors that may make it not as ideal for this population today.

Medicine is taking care of people that really need medical care whether or not they can care for themselves. Taking care of welfare people or not on welfare both equally important.

Bruce Hilger originally from Bay Area. Majored in Chemistry in Oregon and then went to Northwestern Medical School in Chicago, where his dad went to school to get his training as a psychiatrist. Decided first wanted to be an obstetrician in first year of medical school but his interest was first piqued by observing chickens laying eggs/hatching he raised as a young boy age 9. Also did Fellowship in Endocrinology and Infertility at Michael Reece Hospital after Obstetrical training. Was in Army for three years in Germany-Lanstuhl hospital serving wives of servicemen.

In Yuba-Sutter area since 1975-Improvements in clinical care/OB-We listen to the patient-responding to patient desires and patient needs generates a lot of good ideas. Anesthesia, blood management, antibiotics, Medical complications managed so much better so obstetrical outcomes are not as serious and pregnancy can be managed with diabetes, HTN until end of pregnancy. When he was in training 20-30% of babies died before delivery and so early delivery at 34-36 wks was practiced to save the babies. But diabetes management has changed for the better with glucose monitoring and insulin-potentially sick patients are better managed so they turn out not to be and have much better outcomes.

Communication is a big plus in obstetrics-perinatal team in Sacramento for especially high risk patients for patients with extremely complicated pregnancies which improves outcomes .

Limiting factor in medicine to deal with-is patient themselves. Can try to control when they come in, testing etc. but can't always control. Satisfying aspect :patients are more informed from media and come into office knowlegable which allows OB to work on level of patient where you can work together. Patient can help and participate in their own care. But accepting patients who don't comply, come to visits, do not have the motivation, can lead to less than optimal outcomes but will probably be good mothers. Patients are part of humanity some more amenable to participating in their care and others not, just part of human condition.

Need more imagination and creativity today in obstetrics, ie: forceps.

Economic reasons for not coming in for mammograms, paps, wellness visits influencing healthcare.

VBAC topic: changing times. Was highly trained in use of forceps/vacuum has taken over. Has seen ruptured uteri/complications from VBAC. His choice VBACS should be more of an option. Medicine changes and this is a reflection of loss of VBAC's. Forcep training not an option in medical training anymore. Desire to prevent c-sections not a big deal anymore and is more accepted by lay-public. Maternal death is most dreaded in this profession and is leaving without having this happen. In training, study of 1000 c-sections in a row, no maternal deaths. C-section is 4 x higher rate of maternal death. However, sees C-section rate not changing and may go up. Training OB residents had in past was geared toward vaginal delivery and now is not stressed as much. Pitocin and forcep use helped promote vaginal delivery. Previous C-section rate between 4-7% in early days and recently with retirement close to 30%. VBAC issue ongoing as c-sections will continue to stay or even rise and women will want option to VBAC.

Around 1990, insurance companies (malpractice insurers and hospital liability insurers) reviewed cases and advised not to do VBAC's because losses were so great if case went bad. Everybody loses when things go bad: patient, insurance company has to shell out dollars.
2 children:boy and girl 42 & 44 years old. Wess is in urogynecologist-surgical subspecialty. Children born in Evanston Hospital in Illinois. When his wife was in labor he did not know where hospital was and had to direct him while in labor.

Birth center model of care-home deliveries are fine for low risk women. Birth center would have closer proximity and connection to hospital for c-section capability. Hospital you have to "deal with so much", at home can just deal with stuff. Sees homebirth for healthy, low risk women as norm. Are very few real emergencies, on whole can practice model of obstetrics that is middle of the road and have good outcomes for moms and babies.

Home birth in Yuba Sutter area-does not see 60% of Medi-Cal patients who deliver at hospital interested or needing/wanting home birth services. Perhaps a small segment of community would be interested. Successful home birth generates a little more experience and other people can feed off of that. Could imagine a scenario of good prenatal care, weed out problems, GBS culture, early pregnancy testing, if everything works out fine have baby at home with whoever is going to help you. If there are problems with placenta or bleeding, put them in an ambulance and send them to hospital. Does not talk to partners about training and experience with homebirth practice.

Retirement: Up at 4:30 A.M busy all day .Does not want to get trapped in doing too much work. Sees retirement as a transition to something else. Feels very much a part of Sutter North group-connected to and has gotten a lot out of being connected/a lot of positive stuff/wants to help and still be connected to. Medicine is draining, need a breather. Need to share experiences with others and get reassurance about work/complex field/uncertainty added to already uncertainty of life. Pregnancy special unto itself/sacredness/practice in this kind of field important and comforting to talk and review cases with others in group/very necessary. Still available for colleagues but does does not want to still practice medicine as is officially retired but still wants to keep connection.

Thinking of forming a group with other retired Ob docs in area to BS with each other. Talking with others generates ideas. A lot of creativity early on in obstetrics, ways to get babies delivered naturally early on, people who had practiced different methods, training with forceps was one of the advantages to optimizing vaginal birth. To be creative and innovative in medicine need to try different and new approaches and not be afraid. Medicine is missing this now. Being rigid, patient becomes less of a person. Patient satisfaction, treat patient as a person and make them feel comfortable

Obstacles to recruitment: community itself, YC is on isolated side and people don't think of it as a metropolitan area, can be an interesting area with things to do and keep your mind going but people from larger cities may not see as interesting or value in it. Will continue to assist in surgeries at hospital for OB/GYN and help with Lamaze class.