When the leaders of Robert F. Kennedy Medical Center (RFK), Hawthorne, CA, decided to bring back its maternity services unit after a 25-year hiatus, they set conservative goals for the program's first year of operation. Even so, the unit delivered 40 babies within eight days of its September 1999 opening. The program currently averages about 100 births a month, more than twice the number projected. Why is it so successful? Could other hospitals launch similar programs?

When RFK opened in 1926—as Hawthorne Community Hospital—it was primarily a maternity home serving the surrounding communities of west Los Angeles. Over the years, the hospital evolved into a full-service facility; in 1984 it was renamed to honor the late senator. In the 1970s, RFK, like a number of other U.S. hospitals, closed its maternity department; RFK did so because its community's population was aging. That decision left Hawthorne without obstetrical services, although two hospitals a few miles away maintained active maternity units.

When RFK became part of Catholic Healthcare West (CHW), San Francisco, in 1996, its new leaders began talking about reopening the obstetrics unit. In the past 20 years, the hospital's community had become younger and more ethnically diverse. CHW’s leaders believed that RFK must offer childbirth services in order to fully serve its community.

**TARGETING AN AUDIENCE**

In early 1999, after determining that an obstetrics program was viable, RFK’s leaders began to comprehensively research its target audience: physicians, their office staffs, and women of childbearing age. They conducted dozens of focus groups and individual interviews to:

- Determine whether the proposed obstetrics unit was likely to be used
- Glean ideas that might contribute to the unit’s development

The research also identified strengths and weaknesses in other hospitals' childbirth services, pinpointed those RFK features likely to attract patients and physicians, and recruited people to serve on the committees and advisory groups that would help develop and implement a new obstetrical service.

"The research was not a one-time effort," said Carla Singleton-Turner, RFK's director of marketing and public relations. "We continued the dialogue through each phase of the unit's development so that doctors, their office staffs, and women in the community would feel that they had a stake in the outcome. These people guided our every decision—from the number of birthing rooms and how they were decorated, on one hand, to family involvement in the birthing process and the range of parenting classes offered, on the other."

**PROMOTING THE SERVICE AGGRESSIVELY**

After deciding to open the obstetrical unit, RFK’s leaders promoted it aggressively. "Since competition for childbirth services is strong in our market, and since opening a unit of our own would be expensive, some people were skeptical about developing the service from the ground up," says Singleton-Turner. "It took not only a major financial investment but also a commitment to making it work. But when everyone finally realized that adding a new childbirth program would both help ensure the long-term viability of the hospital and perform a critical community service, they gave us support we needed."

Among the many challenges, the most important were:

- Persuading physicians to bring their patients to RFK
- Persuading parents-to-be that the hospital would provide a safe and comfortable environment in which to deliver their baby

RFK employed a number of communications vehicles in building and strengthening relationships with physicians. Two obstetricians attached to RFK's emergency department helped lead the
The consultants came up with “Babies First” as the name for the new unit.

And physicians’ office staffs could download information from the site and use it as patient handouts.

Let Physicians Help Define Web Services

The site team should also employ staff physicians as a sounding board for new ideas for its Web strategy. For example, doctors could help evaluate proposals for using the Web to improve information sharing among consumers, hospitals, and physicians’ offices. Allowing patients to register for services or schedule an appointment online might be one idea. Another—sure to be popular with office staffs—would be creating a site area where patients could request referrals and get answers to commonly asked health care questions.

Most Catholic health care organizations have already committed themselves to using the Web to extend their healing mission deeper into the community. Most have invested many resources in creating a site to support their goals. If, in the end, these organizations are successful in making their Web sites the local online source of health information, physicians will very likely turn out to have been their most important allies.

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