

FAQ Frequently Asked Questions

Q: Do I need to find another physician?

A: Your local physician can help you make the decision best for you and to develop a plan.

Q: What facilities are you partnering with?

A: We can work with nearly anyone a woman might choose. We are developing clinical coordination plans with Hiawatha Community Hospital, Mosaic Lifecare, Lincoln OB-Gyn, Bryan Health, OB Associates of Omaha, and various CHI groups.

Q: What if I am due after November 1 but deliver sooner?

A: We will still have full OB services, so a woman could choose to deliver here or elsewhere.

Q: What if I am due before November 1 but deliver after?

A: We will maintain full OB services until all mothers due before November 1 have delivered, even if it takes us past that date. We aren't going to abandon anyone.

Q: What if I don't have transportation or cannot afford to travel to an out-of-town delivery?

A: CMC will have a nurse navigator who can work with patients and doctors to find solutions.

Q: What if a woman has an OB emergency in town?

A: We have a fully functioning emergency department that can coordinate with physicians locally and out-of-town.

Q: What services can be obtained locally?

A: Prenatal care, ultrasounds, fetal non-stress testing, and lactation assistance, as well as pediatric services, including routine exams, wellness visits, home visits, therapy and testing.

Q: Why the 4-month transition? Why didn't you stop sooner?

A: We want to make sure mothers have plenty of time to coordinate care and we didn't want to disrupt care for those that are close to delivering. We know it can take time to develop a relationship with another practitioner.

Q: Any chance the hospital will reconsider?

A: We view this as a permanent change, though we regularly look at community needs and the best ways to meet them. If something changes, we can analyze and talk with our doctors.

Q: Why is the hospital doing this? Has there been a quality issue? Is it a financial decision?

A: We have had no quality issues, and we are doing well financially. There is no "smoking gun." Delivery numbers have been declining steadily, and we have struggled to train OB nurses as our experienced nurses retire. Maintaining C-section coverage also places extensive demands on our medical staff. Ultimately, we decided to act before any crisis might occur.

Q: How do the doctors feel about this?

A: I don't think anyone is happy to see the service ending, though they understand the reasons and are pleased that we will continue to offer obstetric-related services, rather than ceasing maternal services entirely. Our doctors are committed to what is best for their patients.