PREVENTING THE FIRST CESAREAN SECTION

Robert K. Silverman, M.D.
Professor and Chair
Department of Obstetrics and Gynecology
SUNY-Upstate Medical University
Syracuse, New York 13210
I HAVE NO CONFLICTS OF INTEREST TO REPORT
THE SCOPE OF THE PROBLEM

MOST STATES HAVE C-SECTION RATES THAT ARE TOO HIGH

32 states and the District of Columbia have C-section rates for first-time mothers with low-risk deliveries that are above the national target of 23.9 percent or lower.

Source: Consumer Reports analysis of data from The Leapfrog Group and the California Maternal Quality Care Collaborative.
No Vermont hospital reported data.

© 2016 Consumer Reports. All rights reserved.
WHY THE RISE IN CESAREAN BIRTHS?

- Technology
  - Ultrasound and fetal monitors
- Defensive Medicine
- Elective cesarean sections
  - Control over birth process
- Statistics don’t reflect reality
  - Surgical expertise
  - Specialized centers
Recommended Practices to safely reduce the cesarean section rate

A. Labor Induction

- Under 41 weeks……medical indications only
- Prepare the cervix if unfavorable
- If ROM, pitocin for 12-18 hours
- Unsuccessful labor indication only if > 24 hours without reaching 6 cm.
Recommended practices to safely reduce the cesarean section rate

B. Labor before 2nd stage

- There is no fixed upper limit if there is progress
- Prolonged latent phase
- If 6cm dilated (active phase) C/S reserved for the following:
  - ROM and > 4 hours with no progress
  - Pitocin for > 6 hours with no progress
C. Labor during 2\textsuperscript{nd} stage

There is no fixed upper limit

Nulliparas at least 3 hours, multiparas at least 2 hours

More time if progress

Operative delivery as a safe alternative.
CESAREAN PREVENTION RECOMMENDATIONS

ACOG  SMFM MARCH 2014

• Recommended practices to safely reduce the cesarean section rate
  • D. Other
    • Continuous labor support
    • LGA fetus only if 4500grams DM, 5000 grams everyone else
    • External cephalic version
    • Twins if baby “A” is cephalic
    • History of HSV, use acyclovir suppression
    • Avoid excessive weight gain
CESAREAN PREVENTION RECOMMENDATIONS

ACOG SMFM MARCH 2014

- Recommended practices to safely reduce the cesarean section rate

  - E. Research suggests
    - Having a baby in a setting with relatively low cesarean section rates
    - Delay admission until labor is well underway
    - Intermittent auscultation in labor
    - Remain upright and moving in labor
HIDDEN COSTS OF CESAREAN SECTIONS

1. “Defensive” approach to delivery
2. Psychological costs
3. Physiological costs
   - Hemorrhage and infection
   - Abnormal placentation
4. Economic costs
QUALITY IMPROVEMENT STRATEGIES
EFFORTS TO RESTORE THE BALANCE

• Implement practice guidelines
• Audit and feedback
  • Education and strong peer review
  • Local benchmarking and transparency
• Change the culture
• QI projects
  • Reduce admissions in early labo
  • Reduce elective inductions
  • Improve diagnostic and treatment approaches for labor complications
• Encourage VBAC
• Education of the public and clinicians’
WE CAN DO BETTER!