Effective Interventions to Reduce the Increase In Elective Cesarean Sections In Low Risk Women

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What are effective interventions to reduce the increase in elective cesarean section in low risk women

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Introduction

- According to Anne of Family Medicine, “The percentage of babies born by cesarean section increased in the United States from 4.5% in 1960 to 26.3% in 2002. Nearly 40% of cesarean sections are repeats.”

- According to Maternal Health Study Group of the Canadian Perinatal Surveillance System, “The overall severe maternal morbidity rate was 27.3 per 1000 deliveries (i.e., 27.3) for women in the planned cesarean delivery group; versus 9.0 among those in the planned vaginal delivery group.”

- A research study (Wiklund et al., 2007) surveyed Swedish primiparous women who requested a cesarean section (n=91) or experienced a vaginal birth (n=286). Data from 70 women demonstrated that fear of childbirth was the most common reason for the repeat.

- The research question will address the problem of complications related to elective c-section and establish interventions that will help reduce requests of c-sections without medical justifications through educational modalities.

Study Design/Sample

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<tr>
<td>The databases we used to search for the articles were CINAHL, ScienceDirect, and PubMed.</td>
<td>Yes</td>
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Findings

![Reasons for Cesarean Sections](image)

- WHAT ARE THE REASONS FOR ELECTIVE C-SECTION?
  - Fear of the pain of childbirth
  - Fear of loss of control or safety
  - Fear of having a baby less attractive after childbirth
  - believes that a cesarean section is the safer, more responsible choice

Cesarean Section Risks

- Infertility and placental complications in future pregnancies
- Complications from anesthesia
- Bleed clot
- Many organs
- Parturient wound infections
- Obstetric complications
- Need for recurrence
- Severe maternal morbidity
- Need for repeat surgery
- Breathing difficulties
- Infection
- Blood loss
- Need for cesarean delivery
- Need for hemorrhage

How to Reduce Elective Cesarean Section?

1. Get educated on childbirth education
2. Choose a provider and birth setting with low cesarean rates.
3. Give a deal that labor start on its own.
4. Avoid “routine” interventions
5. Question a cesarean section or your baby placed in immediate danger.

Summary/Implications for Practice

- In 2011, one in three women who gave birth in the United States by cesarean delivery. Rapid decrease in cesarean birth rates from 1996 to 2011 without clear evidence of concomitant increase in maternal or neonatal morbidity or mortality raises significant concern that cesarean delivery is overwhelming and clinical intervention are needed to avoid further complications.

- Implications:
  - Education/Risk and benefits: For certain clinical conditions cesarean delivery is firmly established as the safest route of delivery. However, for most pregnancies cesarean delivery appears to pose greater risk of maternal morbidity and mortality than vaginal delivery.
  - Pre- and postpartum educational programs to address concerns
  - Information to be tailored to their individual clinical needs.
  - Assist women to articulate their concerns and develop strategies to promote confidence and competence in childbirth.
  - Multidisciplinary research needs to examine women’s childbirth beliefs and decisions within the broader sociological context.

Health Policy Changes:

- Individuals, Organizations, and governing bodies should work to ensure that research is conducted to provide a better knowledge base to encourage policy changes that safely lower the rate of primary cesarean delivery.

- Continuous Labor and Delivery Support
  - Increasing women’s access to non-medical interventions during labor, such as continuous labor and delivery support to reduce cesarean birth rates.
  - One-on-one support during labor and delivery was associated with improved patient satisfaction and a statistically significant reduction in the rate of cesarean delivery.

- Health care providers should address women’s psychological needs during pregnancy and give continuous support during childbirth.

Conclusion/Further Study

Based on the research we have found effective interventions to reduce the increase in elective cesarean sections for low risk women. For most pregnancies cesarean sections pose a much greater risk for maternal morbidity and mortality than vaginal delivery.

The interventions that we have found, address maternal fears and preconceived thoughts about cesarean sections. These need to be a greater push for prenatal educational programs that address maternal fears of childbirth, pain, safety, and loss of control.

Continuous labor and delivery support has been associated with a reduction in cesarean deliveries and improved patient satisfaction. Organizations and governing bodies need to ensure research is conducted to provide knowledge and promote policy changes. As an interdisciplinary team we need to encourage women to articulate their concerns, develop strategies to promote confidence in the childbirth process, and examine the woman’s childbirth beliefs and decisions within a broader sociological context.

Further Research:

- We also recommend a study of maternal mortality and morbidity associated with very low birth weight for women with previous cesarean sections that accounts for preterm or unexplained VBAC deliveries.

- Organizations and governing bodies should work to ensure that research is conducted to provide knowledge to encourage policy changes that safely lower the rate of elective cesarean deliveries.

Acknowledgements/Contacts

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