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

Chrystal Curran, Brianna Tan, Kimberley Kelsey, Sara Shea, Heather Holland, Sasha Riley, Mary Uy, Crystal Hunter, Tenzin Tsomo, Fasha Ruys-Solorzano and Dolma Tso

Introduction

- According to Annals of Family Medicine, “The percentage of babies born by cesarean section increased in the United States from 4.5% in 1965 to 26.1% in 2002. Nearly 40% of cesarean sections are repeat.”
- According to Maternal Health Study Group of the Canadian Perinatal Surveillance System, “The overall severe maternal morbidity rate was 27.3 per 1000 deliveries, or 17.9 among those in the planned vaginal 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=266). Data from 70 women demonstrated that fear of childbirth was the most common reason for the request.
- 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

<table>
<thead>
<tr>
<th>Database</th>
<th>Sample Size</th>
<th>Design</th>
<th>Setting</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>CINAHL</td>
<td>20,095</td>
<td>Study</td>
<td>Individual</td>
<td>To evaluate the effectiveness of various interventions in reducing elective cesarean sections.</td>
</tr>
<tr>
<td>ScienceDirect</td>
<td>30,000</td>
<td>Intervention</td>
<td>Group</td>
<td>To establish interventions that will help reduce requests of elective cesarean sections.</td>
</tr>
<tr>
<td>PubMed</td>
<td>50,000</td>
<td>Randomized Control Trial</td>
<td>Hospital</td>
<td>To determine the impact of interventions in reducing elective cesarean sections.</td>
</tr>
</tbody>
</table>

Search Strategy

- The databases we used to search for the articles were CINAHL, ScienceDirect, and PubMed.
- The search terms used were: "elective cesarean section", "reasons for elective cesarean section", "interventions to reduce elective cesarean section", "complications of cesarean section".
- The search results were evaluated for relevance and quality.

Findings

WHAT ARE THE REASONS FOR ELECTIVE C-SECTION?
- Fear of the pain of childbirth
- Fear of losing control or safety
- Fear of body being less attractive after childbirth
- Believes that a cesarean section is the safer, more responsible choice

Cesarean Section Risks

- Maternal and infant morbidity and mortality
- Longer hospital stay
- Higher healthcare costs
- Potential for surgical complications

How to Reduce Elective Cesarean Section?

- Get educated on childbirth education
- Choose a provider and birth setting with low cesarean rates.
- Hire a doula for labor start on their own.
- Let labor start on its own.
- Avoid "routine" interventions.
- Question a cesarean if you and your baby are in immediate danger.
- Evaluate your options for vaginal birth after cesarean.
- Out of 20,095 participants

Summary/Implications for Practice

Summary

- 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 overused and clinical intervention are needed to avoid further complications.

Implications

- Education/Risks 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.
- Prenatal care 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 (National/Regional)

- 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. There needs 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 child birthing process, and examine the factors that influence childbirth beliefs and decisions within a broader sociological context.

Further Research

- We also recommend a study of neonatal mortality and morbidity associated with very low birth weight for women with previous cesarean sections that accounts for precipitous or unplanned VBAC deliveries.
- Organizations and governing bodies should work to ensure that research is conducted to provide knowledge and encourage policy changes that safely lower the rate of elective cesarean deliveries.

Acknowledgements/Contacts

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