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

- According to Annals of Family Medicine, “The percentage of babies born by cesarean section increased in the United States from 4.7% in 1960 to 26.5% 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 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

Findings

What are the reasons for elective c-section?
- Fear of the pain of childbirth
- Fear of loss of 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

How to Reduce Elective Cesarean Section?

- Continuous Labor and Delivery Support
- Pregnancy and childbirth education
- Birthing dyads need to examine women’s childbirth beliefs and decisions within the broader sociological context

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 overused and clinical interventions are needed to avoid further complications.

- 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 a greater reduction in the rate of primary cesarean delivery.

- Infertility and placental complications in future pregnancies
- 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.

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 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 childbirth process, and examine the woman’s 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 to encourage policy changes that safely lower the rate of elective cesarean deliveries.

Acknowledgements/Contacts

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