

Reducing the Primary Cesarean Birth Rate in a Community-Based Hospital Setting

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Background

- Throughout the country, efforts have been made to support safe prevention of primary cesarean births through implementation of collaborative multidisciplinary interventions and policies (2,3).
- Compared to vaginal births, cesarean births are associated with increased maternal and neonatal morbidity, increased financial cost, and increased length of hospital stay.
- Between 2017-2019, the rate of primary cesarean births at Las Palmas Medical Center was 39%, well above the national average of 21.7% (1).**
- The aim of this project was to **reduce our hospital's primary cesarean birth rate to less than 25%** through the creation of a third-party auditing system, provision of feedback to physicians, and requirement of fetal heart rate tracing certification.

Objective

- To reduce to the primary cesarean birth rate from 39% to less than 25%.

Methods

Data Collected:

- Total monthly deliveries
- Total monthly primary cesarean births
- All patient identifiers removed

Third Party Audit:

- OB Quality Team reviews primary cesarean births using ACOG/CMQCC guidelines
 - Meet Criteria
 - Do not meet

Monthly Review:

- Fall outs identified
- Rate discussed at monthly OB council
- Barriers identified

Education:

- All physicians required to obtain credentialing in fetal heart rate monitoring

Results

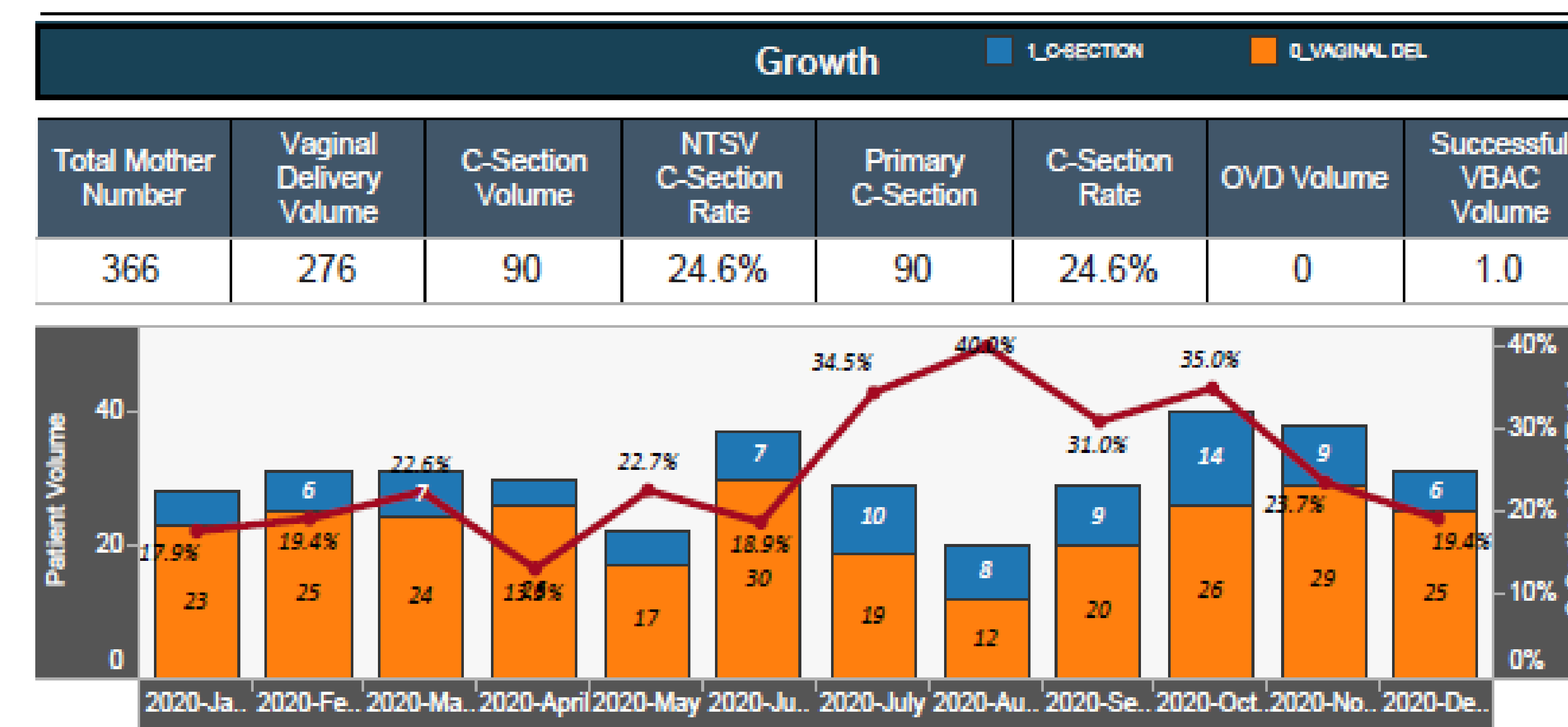


Figure 1 – NTSV rates by month in 2020

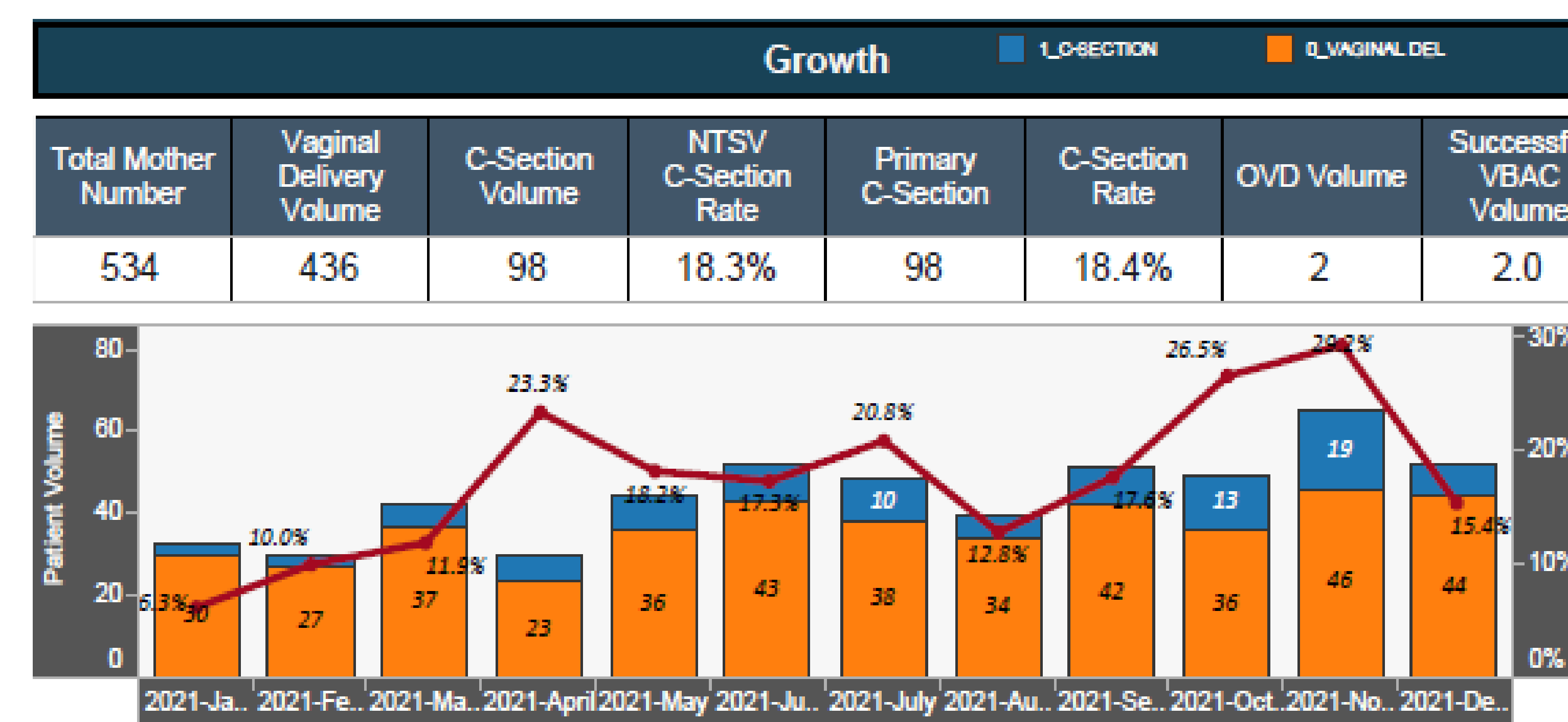


Figure 2 – NTSV rates by month in 2021

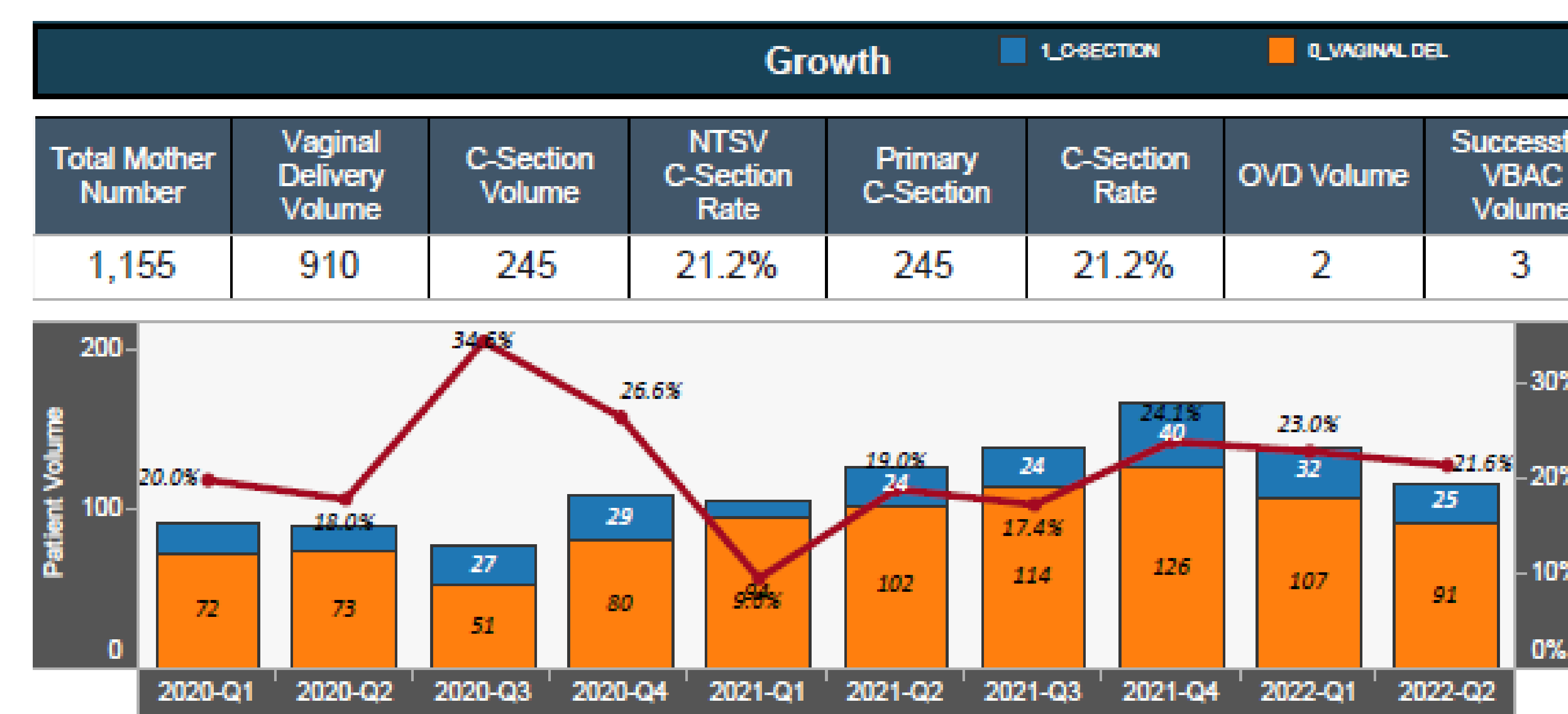


Figure 3 – NTSV rate trends from 2020 - 2022

Discussion

- Las Palmas Medical Center experienced a significant reduction in the rate of primary cesarean births from 39% to less than 25% after the adoption of these guidelines and policies.**
- Using ACOG/sMFM guidelines and definitions of labor dystocia, arrest of descent, failed induction, category II fetal heart rate tracings, monthly audits were performed to ensure that indications for cesarean birth were appropriately met.
- These policies were implemented to enhance evidence-based clinical decision-making, thus reducing maternal morbidity through safe prevention of primary cesarean births.
- In the future, if there is plateau or our institution is above the goal of <25% primary cesarean birth rate, we could create a policy that requires all elective inductions with unfavorable bishop scores to undergo cervical ripening prior to Pitocin administration.

Conclusion

- Strategies such as the ones entailed in our project can be adopted by other institutions to aid in the prevention of unnecessary cesarean births and their future maternal health implications.

References

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