

The effect of expanded midwifery on cesarean delivery

2 February 2015

In a study to be presented on Feb. 5 in an oral plenary session at 8 a.m. PST, at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in San Diego, researchers will report that changes to the labor and delivery care system can reduce cesarean delivery rates.

Primary and repeat cesarean delivery rates are very high in the U.S. with nearly one-third of women delivering by cesarean compared to 21 percent in 1995. Cesarean delivery is associated with a higher risk of maternal complications, longer length of stay and longer postpartum recovery but it has been difficult to lower the rates.

The study, titled The Effect of Expanded Midwifery and Hospitalist Services on Primary Cesarean Delivery Rates looked at all singleton term deliveries at a community hospital between January 2005 and April 2014. Demographic, clinical and outcome data were collected at the time of delivery. In this community hospital with a diverse patient population, there were two changes made in April 2011 that were associated with lower cesarean delivery rates. Midwives became available to all laboring women and obstetrician staffing practices were changed to allow doctors to focus solely on their laboring patients instead of having to juggle their surgical and office responsibilities.

Before the change was instituted, women cared for under the traditional, private practice obstetrician model had high cesarean delivery rates that had been increasing every year, which was the same trend taking place nationally. After the changes were made, cesarean delivery rates not only dropped but they continued to decrease more each year.

"Both primary and repeat cesarean delivery rates

have been at an all time high in recent years and it has been difficult to identify what can be done to reverse the trend," stated Melissa Rosenstein, M.D., one of the researchers on the study who is with the University of California, San Francisco, Division of Maternal-Fetal Medicine. "This research demonstrates that changing from the traditional model of obstetric care to one that expands access to midwives and to OB/GYN doctors whose schedule is structured to allow them dedicated time spent delivering babies, without having to come in from the office or from home, is an intervention that can successfully lower cesarean delivery rates and make childbirth safer."

Provided by Society for Maternal-Fetal Medicine

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