

Safely Reducing Cesarean Births

Support Healthy Deliveries. Commit to Excellence.

Intention	Support normal vaginal birth for low risk mothers
Goal	Safely reduce the Society for Maternal Fetal Medicine (SMFM) cesarean delivery rate to align with national average of 12.7 percent. (Dignity Health reduced its rate from 14.5 percent to 12.6 percent in one year resulting in \$2.5M savings!)
Methodology	Utilize risk-adjusted low-risk cesarean birth rate from the SMFM which excludes women with prior cesarean delivery and high risk diagnoses. ¹

Key Strategies

- ✓ Educate patients on risk of cesarean and support for vaginal birth
- ✓ Identify OB Physician Champion
- ✓ Limit or eliminate elective deliveries with an unfavorable cervix
- ✓ Participate in California Maternal Quality Care Collaborative²
- ✓ Educate staff on methods of labor support
- ✓ Report monthly unblinded provider rates
- ✓ Report and monitor “balancing measures”
- ✓ Support early labor at home when no contraindications

The American Congress of Obstetricians and Gynecologists (ACOG) Position: Cesarean deliveries can be lifesaving. However, the rapid increase in the rate of cesarean births without evidence of concomitant decreases in maternal or neonatal morbidity or mortality raises significant concerns that cesarean delivery is overused. It is important for health care providers to understand the short-term and long-term trade-offs between cesarean and vaginal delivery, as well as the safe and appropriate opportunities to prevent overuse of cesarean delivery, particularly primary cesarean delivery.³

“Balancing Measures”: These include unexpected newborn complication rate, birth, and maternal trauma.

Resources

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References

1. American Journal of Obstetrics and Gynecology, February 2016
2. Toolkit to support vaginal birth and reduce primary cesareans by CMQCC, Stanford University
3. Safe Prevention of Primary Cesarean Delivery, ACOG, 2014