

# Perinatal Nurse Strategies to Reduce the Incidence of C-section

Michele Ondeck, MEd, RN, LCCE

Magee-Womens Hospital of UPMC

Lamaze, Board of Directors

# Objectives

- Describe the research related to nursing care in reducing the cesarean rate
- List the maternal and infant factors that are impacted by the rising cesarean rate.
- Analyze nurse behaviors that have a potential to reduce the CS rate

# Declaration

I have no significant interests to disclose related to this presentation.

Do you believe  
that patient education &  
supportive nursing care  
can effect the  
C-section rate?

# Mantra of Fear

- ❖ WHO-when the CS rate is over 15% the dangers outweigh the lifesaving benefits
- ❖ Only 25% of first time mothers attend childbirth classes but 68% has watched a childbirth reality show

*Birth reflects the society, an individual women sees her cesarean section as being rescued from a dangerous situation.*

# Continuous Support for Women During Childbearing

**Continuous support in labor increased the chance of a spontaneous vaginal birth, had no harm, and women were more satisfied.**

Hodnett Gatos, Justus, Hofmeyr, Sakala & Weston. The Cochrane Library.16  
Feb 2011.

The Role of Support Person  
as a comforter and protector leads  
to better obstetric outcomes.

# Hodnett Study

- ❖ Randomized, controlled trial (RCT)
- ❖ Continuous labor support by nurses
- ❖ Multi-center study: 13 US & Canadian hospitals
- ❖ 6915 women

Hodnett. JAMA. 2002

# Hodnett Study Conclusion

In hospitals, characterized by high rates of routine intrapartum interventions, continuous labor support by nurses did not affect the likelihood of cesarean delivery or outcomes of labor and birth.

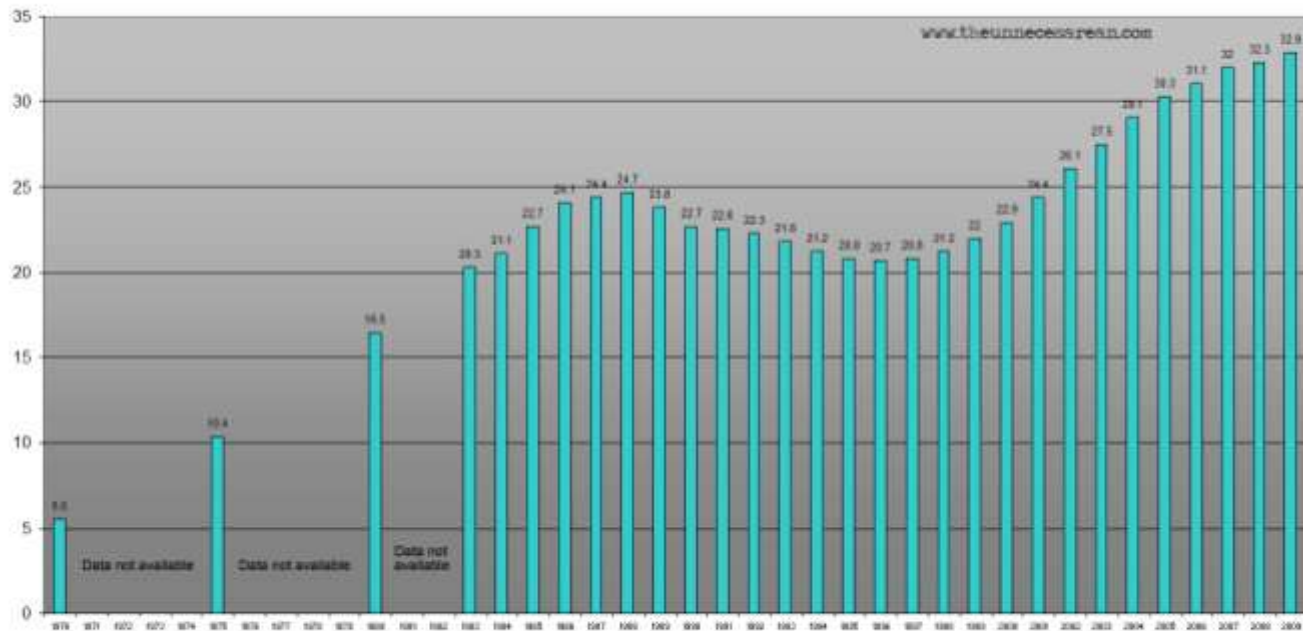
# Nurse's Impact on Cesarean Rates

- ❖ Rates varied from 4.9% to 19%
- ❖ Nurses with the lowest rates more likely to use a form to record psychosocial information.

Radin. *Birth*. 1993

# History of C-section

United States Cesarean Rate, 1970 - 2009



SOURCES: [http://www.cdc.gov/nchs/presroom/data/NVSR\\_03.pdf](http://www.cdc.gov/nchs/presroom/data/NVSR_03.pdf)  
[http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54\\_04.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_04.pdf)  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1647257/?page=2>  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00036845.htm>

# Maternal Mortality

Mortality Rates	Trial of Labor Prior Cesarean Delivery	Elective Repeat Cesarean Prior Cesarean Delivery
prior cesarean at delivery per 100,00 live births	3.8	13.4

# Increased Infant Mortality with C-section

- 5.7 million births
- 12,000 infant deaths
- Even after controlling for socio-demographic and medical risk factors, infant mortality rates for babies born by cesarean more than double that of babies born vaginally

# Stalled Momentum?

Category	2009 Final	2010 Preliminary	% Change
C-section	32.9%	32.8%	- 0.1%
Total Fertility	2,100 per 1,000	1,932 per 1,000	- 3%
Teen Rate	39.1 per 1,000	34.3 per 1,000	- 9%
Preterm Birth Rate	12.8%	11.99%	- .19%

# Effects of C-section 2020

- ❖ If no change in momentum the rate will be 56.2%
- ❖ There will be an additional 6236 placenta previas, 4504 placenta accretas & 130 maternal deaths

Solhein, Esakoff, Little, Cheng, Sparks, & Caughey. J Matern Fetal Neonatal Med. 2011 Mar 7.

# Beliefs

- ❖ Pride in a Low Cesarean Section Rate
- ❖ A Philosophy of Birth as a Normal Physiological Process

# Values & Principles

- ❖ Are our values woman-centered or staff centered?
- ❖ Are are practices safe & evidence-base?
- ❖ Are they efficient without overuse & misuse?

MC Carter et. al. Women's Health Issues 20, S7-S17; 2010

# Adopt Evidence-Based Strategies to Improve Perinatal Care

❖ CenteringPregnancy®

❖ Welcoming Doulas

# Interventions for Primary Cesarean Prevention

- ❖ No elective inductions
- ❖ Prevent admissions for false labor
- ❖ Break the chain of unnecessary interventions
- ❖ Provide one-on-one nurse labor support

# AWHONN Position Paper

## Nursing Support of Laboring Women

- ❖ Critical component to improve labor outcomes
- ❖ Labor care and labor support are powerful nursing functions
- ❖ Provide environment that encourages the unique patient-nurse relationship

JOGNN,40,655-666; 2011

# Why Labor Support

The theory is that hospital birth is dis-empowering, raising stress levels that impede birth and the dynamic and subtle mechanisms of normal birth

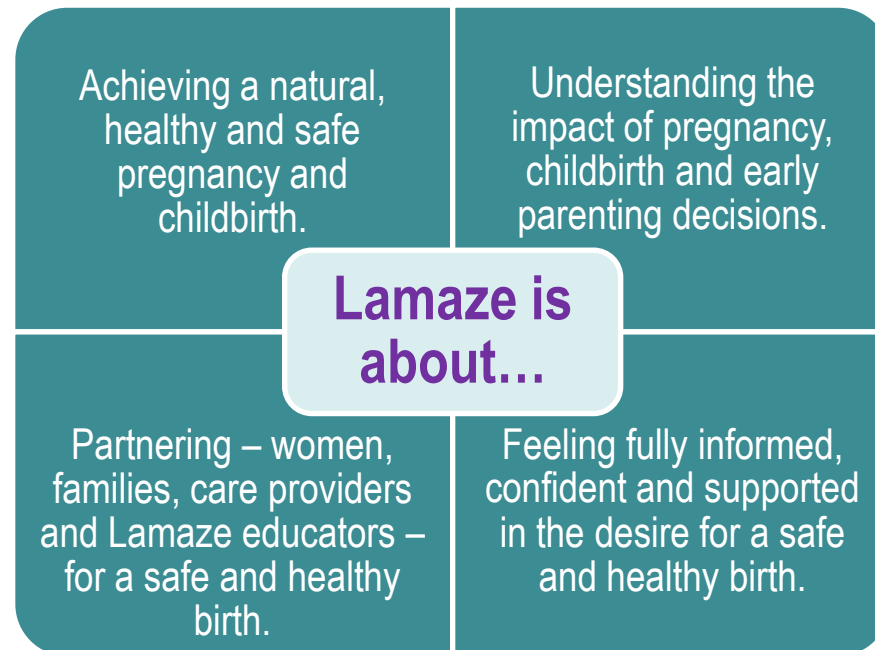


# Pride

- ❖ Drive to be the best at your institutions
- ❖ Establish strong working teams
- ❖ Use an evidence-based approach to care

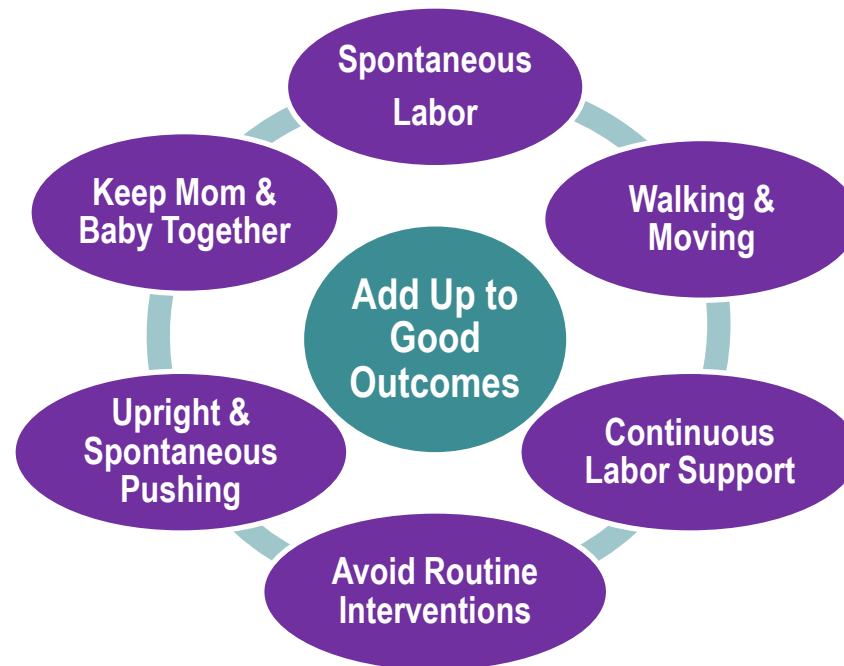
# Lamaze International – 50-Year Respected Authority

- **Mission:** To promote, support and protect natural, safe and healthy birth through education and advocacy



# Lamaze International

**Six Lamaze Healthy Birth Practices –**  
grounded in evidence and in language that  
resonates with consumers



# Lamaze International Specialty Workshop

Evidence Based Nursing Care: Labor Support Skills

One-day workshop designed for labor nurses, nurse managers, midwives and other health care providers who care for laboring women

# Lamaze International Specialty Workshop

## Evidence Based Nursing Care: Labor Support Skills

### Workshop Outcomes:

- ❖ Include increased confidence that care provided during labor and birth is supported by the best evidence
- ❖ Increased expertise in labor support skills, and
  - ❖ Increased job satisfaction.

# Lamaze International

## Evidence Based Nursing Care: Labor Support Skills

Potential Outcomes include improved performance  
on the

Joint Commission Perinatal Quality Measures

- ❖ Elective Delivery
- ❖ Cesarean Section
- ❖ Exclusive Breastfeeding

# Find the Evidence

Our challenge

Together we need to  
find the evidence  
that nursing care  
improves outcomes.

