University of Pittsburgh

When Should We Transfer for Arrest of Dilatation?

Evaluation of *Consensus Guidelines for Safe Prevention of the Primary Cesarean Delivery* in Birth Centers

AABC Birth Institute

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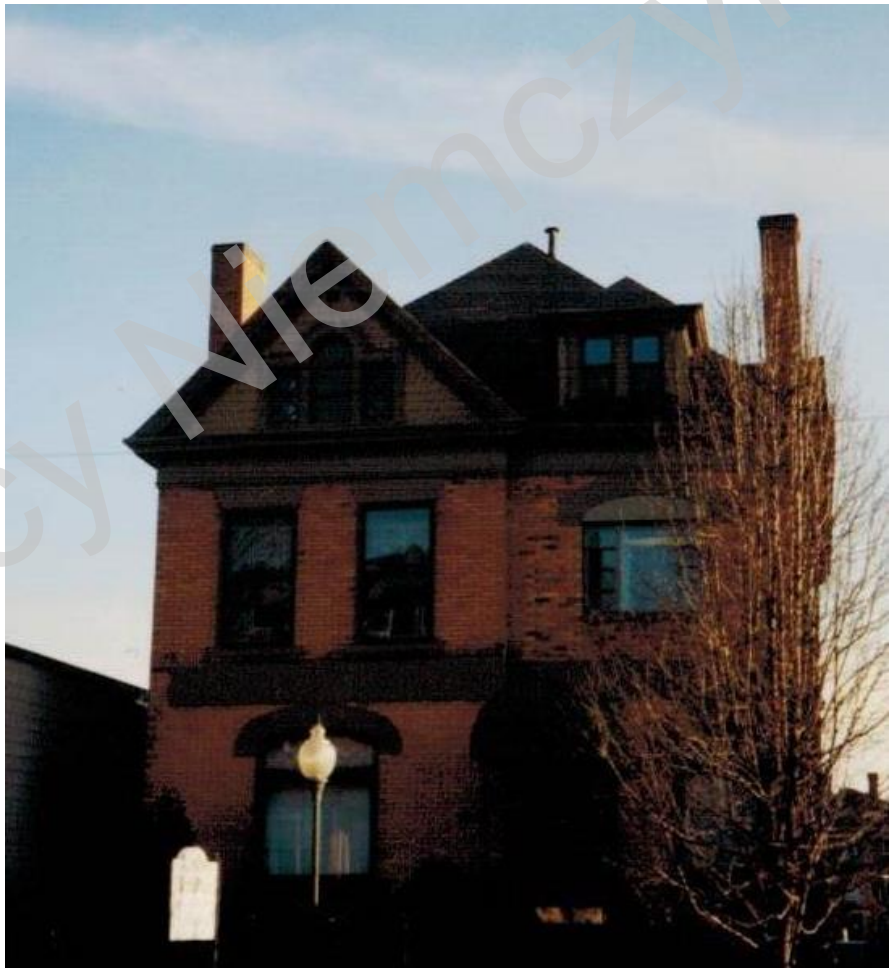
CABC

Birth center policy and procedure manuals should:

> *include guidelines for management of prolonged first and second stage labor that are consistent with best-available evidence.*

BirthPlace 1995



Six is the new four (2014)

The American College of Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Society for Maternal-Fetal Medicine

OBSTETRIC CARE CONSENSUS

Number 1 • March 2014
(Reaffirmed 2016)

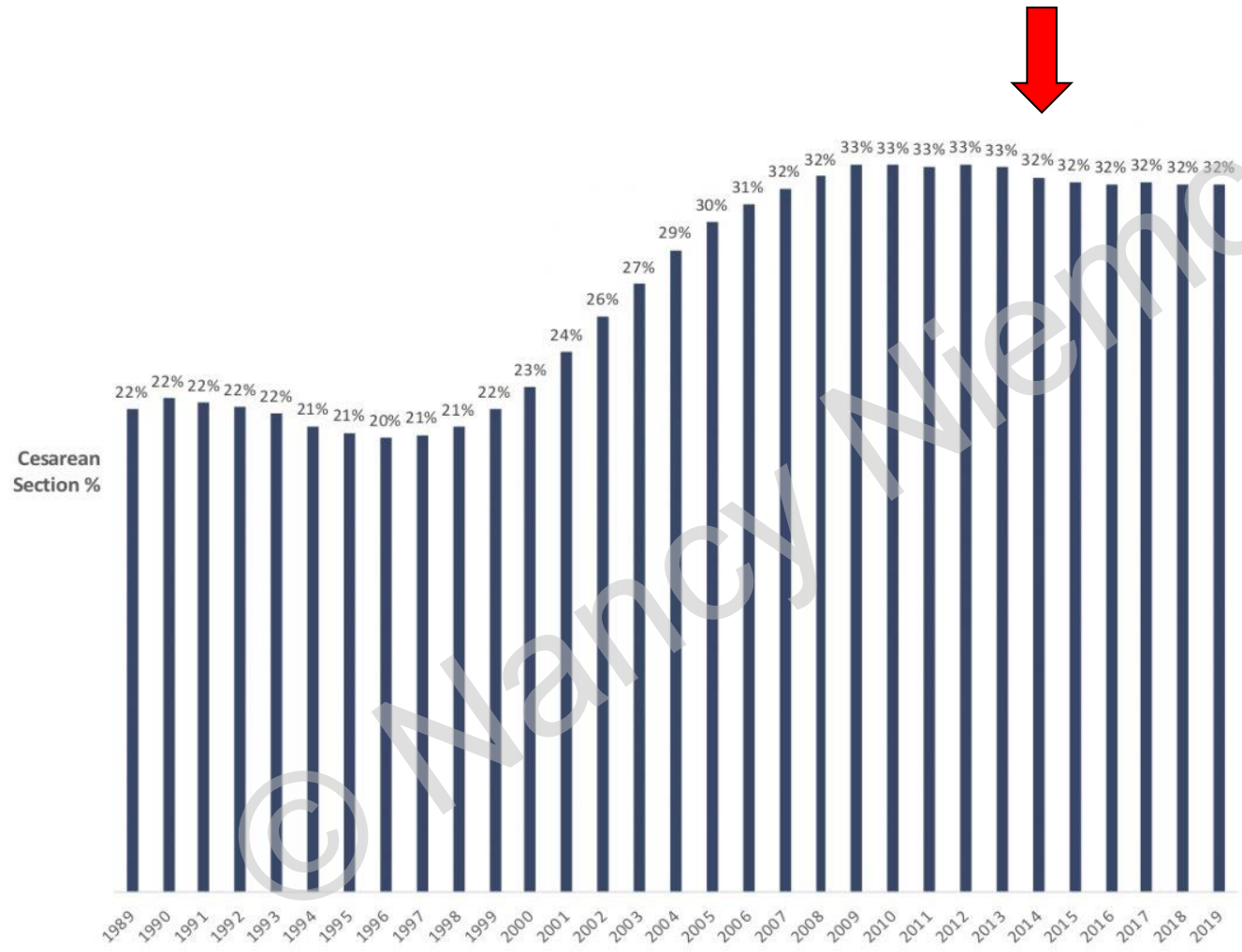
Safe Prevention of the Primary Cesarean Delivery

"Six is the new four!"

www.birtharts.com

When it comes to determining the start of Active Labor, remember 6 cm is the new 4 cm. It can take up to 20 hours for a 1st time mom to get to 6 cm. Have patience! (reference: ACOG 2014)

- Deena Blumenfeld ERYT, RPYT, LCCE
Shining Light Prenatal Education



Cesarean Rate by Year, U.S., Through 2019

What can we learn from this graph?

After a steady decline in the early 1990s, cesarean rates increased rapidly from 1996 to 2009. Since 2009, the rate has plateaued.

BIRTH by the NUMBERS

Data Source: US DHHS, CDC, NCHS, Division of Vital Statistics, Natality public-use data 2016-17, on CDC WONDER Online Database 2018-2019

As applied in hospitals:

	Country	Pre	Post
Bernitz 2019	Norway	5.9%	6.8%
Thuillier 2018	France	9.4%	6.4%
Rosenbloom 2017	US	15.8%	17.7%

Goals:

- Assess how birth centers throughout the country have changed their clinical practice guidelines in response to the Consensus statement.
- For birth centers that changed their clinical practice guidelines determine the association between changes in clinical practice guidelines and length of time spent in labor at the center and rates of cesarean birth, intrapartum transfer, and maternal and newborn complications.

Methods

- Assess how many birth centers changed CPGs in response to 2014 Consensus Guidelines.
- Before/after analysis of outcomes in centers that changed guidelines.

Results

66 birth centers approached

29 responses

9 changed practice guidelines

Baseline

	Pre (n=1332)	Post (n=2467)	P value
Age	29.6 (4.7)	29.9 (4.7)	0.04
White race	1133 (85%)	2078 (84.2%)	0.07
Parous	793 (59.5%)	1458 (59.3%)	0.88

Mean (SD) or number (%)
P values for continuous data from 2 sample t test
P values for categorical data from chi square test

Results

	Pre (n=1332)	Post (n=2467)	P value
BC birth	1138 (85.5%)	2104 (85.3%)	0.10
Cesarean	64 (4.8%)	100 (4.1%)	0.38
Augmentation	257 (22.5%)	407 (18.8%)	0.01

Mean (SD) or number (%)
P values for categorical data from chi square test

Conclusions

- No evidence that redefining active labor or waiting longer to transfer for arrest of dilatation improves outcomes.
- Childbearing people consistently prefer shorter labors.
- Longer waiting times may spend birth center resources without increasing birth center births or preventing cesareans.

Next Steps

- Collect data from 37 birth centers that did not respond.
- Confirm years changes made.
- More sophisticated data analysis.

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