**National Partnership for Maternal Safety**

*Consensus Bundle on the Safe Reduction of Primary Cesarean Births*  
Recommendations for Providers (March 2018)

- Promote spontaneous onset and progress of labor.
- Promote continuous labor support.
- Delay admission to L & D until the onset of active labor at about 6 cm.
- Encourage free movement as a pain management strategy.
- Offer intermittent auscultation. If continuous monitoring is required for a medical reason, provide telemetry.
- If epidural analgesia is used, preserve as much motor function as is possible, encourage frequent changing of position, and allow passive descent when there is no urge to push.
- Adopt the “6 is the new 4” recommendation and allow more time for both stage I and stage II labor, based on Zhang’s work.
- Promote the addition of in-house maternity care providers and the development of collaborative care models [CNMs & certified midwives].
- Promote external cephalic version for breech babies.
- Promote vaginal delivery for twin births when the first twin is vertex.
- Increase instrumental births [when appropriate].

**Rebecca Dekker Podcast**

*ARRIVE Study (Feb. 5, 2018)*

Cited Studies Which Successfully Reduced Cesarean Rates  
(Shared with permission of Rebecca Dekker)

- **Javernick**. (2017). A quality improvement project, one NTSV study group, reduced primary c/sec rate from 28.9% to 12.3% in 12 months by
  - Increasing reporting of c/sec rates to providers,
  - Reducing elective inductions prior to 41 weeks,
  - Increasing number of women admitted to labor at 4 or more cm dilation,
  - Increasing the use of intermittent auscultation.

- **Bell**. (2017). Another quality improvement project, three NTSV study groups, reduced primary c/sec rate from 27.9% to 19.7% by
  - Physicians following new ACOG guidelines (Zhang) on diagnosing arrest in labor (allowing more time),
  - Training nurses in labor support strategies including movement and positioning and the use of round birth balls and peanut balls.

- **Gimovsky**. (2016). Small RCT comparing cesarean rates of nulliparous women with epidural analgesia who were given 3 hours to push versus women who were given 4 hours to push. C/sec rate in usual (3 hour) pushing group was more than twice (43.2%) that of extended pushing (4 hour) group (19.5%).

- **Ghasemi**. (2013). Per Dr. Dekker (article in Persian). RCT comparing 100 women birthing in water to 100 women birthing on land. C/sec rate 5% in water group compared to 16% in land group.

- **Regaya**. (2010). Per Dr. Dekker (article in French). RCT of 200 women with 100 women authorized to ambulate until 6 cm and 100 women confined to bed in dorsal or lateral recumbent position. C/sec rate in ambulation group 5% versus 16% in group confined to bed.

- **McGrath & Kennell**. (2008). RCT comparing c/sec rates of nulliparous, middle class women with a labor partner who were provided a doula at the hospital with a similar group of women who did not have a doula. Doula group had a c/sec rate of 13.4% versus 25% in the group who did not have doula support.

**MUCH Better Ways to Reduce the Primary Cesarean Rate Than Routine Induction at 39 Weeks**

With the publication of the abstract for the ARRIVE Trial in February 2018, some news reports are touting the idea that inducing all pregnant woman at 39 weeks may be a beneficial strategy to reduce the rate of primary cesareans. According to the ARRIVE trial, routine induction at 39 weeks does not improve a composite score of perineal and neonatal outcomes, and is associated with only a small (3.6%) decrease in cesarean rates.

See the charts below for current evidence-based recommendations of particular importance for childbirth educators for reducing the primary cesarcan rate.
References


For Additional Reports of Success Stories in Reducing Cesarean Rates, see


www.thefamilyway.com
Email: info@thefamilyway.com
Phone: (713) 528-0277 Central Time

*Chart created by Debby Amis for The Family Way Publications. May be reprinted in full with attribution.*