Title:
First Births: A Review of the United States Primary Cesarean Section Rate

Dorothy Emeline Allen, BSN, BA
School of Nursing, Providence, RI, USA

Session Title:
Rising Stars of Research and Scholarship Invited Student Poster Session 1

Keywords:
ceasarean section, labor dystocia and normal birth

References:

Abstract Summary:
Learn about the exponential increase in cesarean sections worldwide over the past twenty years. It is the most common major surgery in the United States. Cesarean is associated with increased morbidity and mortality for mothers and newborns. It is critical to reduce unnecessary cesarean sections, and nurses can play a vital role.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>The learner will be able to describe labor dystocia as a key factor in the elevated cesarean section delivery rate in the United States.</td>
<td>A complex range of factors are at play in the elevated cesarean rate. Cesarean is done for high risk indications but these do not play a role in the overall upward trend over the past twenty years. Instead, the most common indication cited for cesarean section among low risk women is labor dystocia. The dystocia diagnosis is based on the decades-old Friedman Curve and must be updated to reflect evidence-based practice for adequate labor duration.</td>
</tr>
<tr>
<td>The learner will be able to discuss ways nurses can support normal birth and prevent unnecessary cesarean section.</td>
<td>The nurse should support normal physiologic birth to reduce incidence of unnecessary cesarean section. The Care Practices published by WHO and Lamaze International may be used as a guide for promoting normal birth. Nurses should consistently advocate for decreased use of routine intervention during birth to mitigate the intervention cascade that may lead to cesarean section.</td>
</tr>
</tbody>
</table>
Abstract Text:

The cesarean section rate has increased exponentially worldwide over the past twenty years, and today it is the “most common major surgical procedure in the United States” (Boyle et al., 2013). In 1985, the World Health Organization declared that a cesarean section rate of 10-15% is optimal, and any rates higher than 15% are not medically indicated. This claim was reinvestigated in 2014 by researchers who found that rates exceeding 10% were not accompanied by decreased infant mortality rates, and after 15% did not impact maternal mortality rates (Ye, Betran, Guerrero, Souza, & Zhang, 2014).

The United States total cesarean section rate is 32.2% (Martin, Hamilton, & Osterman, 2015), more than double the WHO recommendation but comparable to other Western countries. The total primary cesarean rate, or the rate of women having their first cesarean delivery, was 22.3% in 2014 (Martin, Hamilton, & Osterman, 2015). The primary cesarean rate is critical because once a woman has a cesarean delivery, it is very likely that all of her subsequent deliveries will also be cesarean. Though there is a growing movement supporting VBACs (vaginal birth after cesarean), in 2014 the national VBAC rate was only 11.3% (Martin, Hamilton, & Osterman, 2015) compared to 28.3% in 1996 (Menacker, 2005). Thus, the majority of primiparous women having a cesarean section with their first birth may never give birth vaginally.

Cesarean sections do save lives, but utilizing cesarean delivery for healthy, low-risk births does not improve outcomes and has a host of negative consequences for mothers. Women who have cesarean deliveries experience more infections and blood clots, longer hospital stays and longer recovery periods, more hospital readmissions, and more chronic pelvic pain than women who have vaginal birth. Complications for infants include respiratory distress syndrome, pulmonary hypertension, and decreased breastfeeding rates. Cesarean sections are also associated with an increased maternal mortality rate and neonatal mortality rate. Lowering the national primary cesarean section rate in low-risk women has become a national health concern (American College of Obstetricians and Gynecologists, 2014).

This paper explores factors contributing to the elevated CS rate, and specifically examines the diagnosis of labor dystocia. The nurse’s role in promoting normal birth and preventing CS is also outlined. Lastly, emerging programs intended to address the elevated CS rate are discussed and evaluated.