

New U of M project to limit C-sections is showing success

New project at the University of Minnesota aims to reduce the rate of C-section births among first-time moms.

By Allie Shah (<http://www.startribune.com/allie-shah/10645941/>) Star Tribune |

JULY 31, 2017 — 3:59PM

As Caitlin Singh prepared to have her first baby, she hoped to avoid delivering the way her mother and many of her friends did, via Caesarean section.

She feared the complications that can come from a C-section — longer recovery time, a higher risk of infection, even a greater risk of dying from childbirth.

Her wish for a vaginal birth came true with the help of new birthing tools at the Birthplace at University of Minnesota Masonic Children's Hospital, tools designed to reduce unnecessary C-sections by keeping mothers moving and upright during labor.

"It took the pressure off of my body as I went through contractions," said Singh, 33, of the birthing sling and exercise ball she used while in labor. "It was a way to brace yourself and still move when you had contractions."

The birthing tools that helped Singh are part of a pilot program that has put the U hospital at the forefront of a national effort to decrease Caesarean sections among first-time moms. The goal is to improve the safety of both mothers and babies during childbirth.

"When it all comes down to it, women are the caretakers of their families, and the health of their children and their families is really dependent on the health of the mother," said Carrie Neerland, a certified nurse midwife at the Masonic Children's Hospital and co-leader of the local project.

"If we prevent that first Caesarean, we are preventing a lot of potential future complications and giving that mother a good start and giving her family a good start."

A judgment call

So far, the drive to reduce C-sections is delivering significant results.

The proportion of first-baby C-sections at the U hospital — one of 18 hospitals nationwide involved in the Reducing Primary Cesareans project — dropped by 10 percent last year. This year, the researchers are aiming to slash C-section rates by another 10 percent among first-time moms.

While C-sections can be lifesaving, they're often done unnecessarily, Neerland said. In addition, they're believed to be contributing to rising maternal death rates in the United States, which has the worst rate of mothers dying from pregnancy-related complications among industrialized nations.

A landmark study led by University of Minnesota researcher Katy Kozhimannil revealed in 2014 that C-section rates vary widely from hospital to hospital. That suggests that where a woman gives birth can increase or decrease her likelihood of having a C-section.

Kozhimannil said that the rise in Caesarean delivery has been driven by Caesareans "that are either not clearly medically indicated or are clinically really difficult to clearly diagnose."

Prolonged labor, concerns that the baby is too big to deliver vaginally without complications, and worrisome fetal heart tones are some of the factors that health care providers take into account when considering a C-section.

But it's a judgment call, Kozhimannil said, and there's a lot of leeway.

Doctors at many hospitals are basing their decisions about C-sections on outdated information, said Becky Gams, advance practice nurse leader at the U hospital, who also is helping to lead the Reducing Primary Cesareans project.



38038984.jp

(http://stmedia.startribune.com/images/ows_1501533/)
ISTOCK

Close up of unrecognizable young mother with her newborn baby son in sling at home

In general, women today have higher body-mass-indexes (BMIs) than women from the 1940s — when much of the research on birth options was done. Higher BMIs typically lead to longer labor times, Gams said. In addition, epidural anesthesia is used more often now than in the past, and epidurals can slow down labor, she said.

Also, first-time mothers tend to be older today, and there is more risk of pregnancy complications with older moms.

Interestingly, a common misconception about the higher C-section rate is that women today are somehow “too posh to push,” choosing to deliver their babies via C-section instead of pushing them out vaginally.

In fact, less than 1 percent of all women giving birth in the United States ask for a C-section.

Longer labor times

At the Masonic Children’s Hospital, the birthing slings are soft cloths that hang from the ceiling of a delivery room.

The hospital is the first one in Minnesota to use them, Neerland said.

Fetal heart rates still are monitored, but instead of strapping a monitor around the expectant mother the whole time, handheld monitors are used intermittently to check the baby’s heart rate. This allows the mom to keep moving around, which supports the labor process, Neerland said.

The U hospital is trying something else new. Whenever a C-section is being considered because a woman’s labor is not progressing much, the entire team of health care providers gathers for a huddle.

“We can look together as a team and ask, ‘Have we safely looked at all the options for this particular woman, and does she meet the criteria?’” Neerland said.

Three months ago, Singh and her husband welcomed their first child, Ganeev Singh.

As she went into labor that day, the midwives at the U encouraged her to walk around and stay upright. Caitlin walked through the hospital hallways, gripping hand railings affixed to the walls whenever she had a contraction.

In the hospital room, she tried out the birthing sling while bouncing on an exercise ball to stay upright.

She was in labor for 20 hours, and her delivery concluded with what she considered a perfect ending. She had wanted to be there for her baby as soon as he arrived. Avoiding a C-section helped make that happen.

“Not even a second passed that he was not with me,” she said.

@allieshah