

Increasing VBAC rates by implementing the CAesarean section REduction (CARE) Strategy

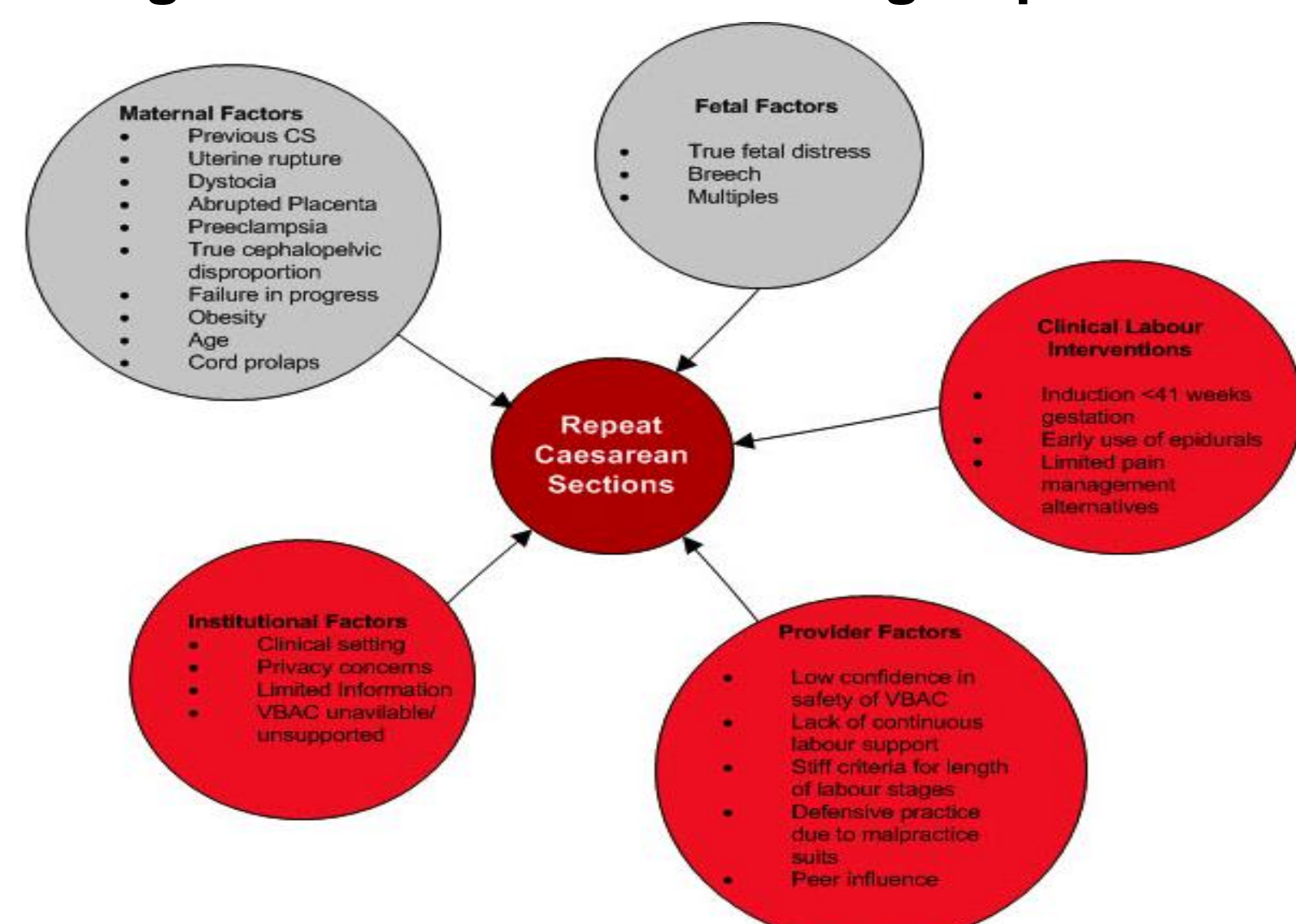
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INTRODUCTION

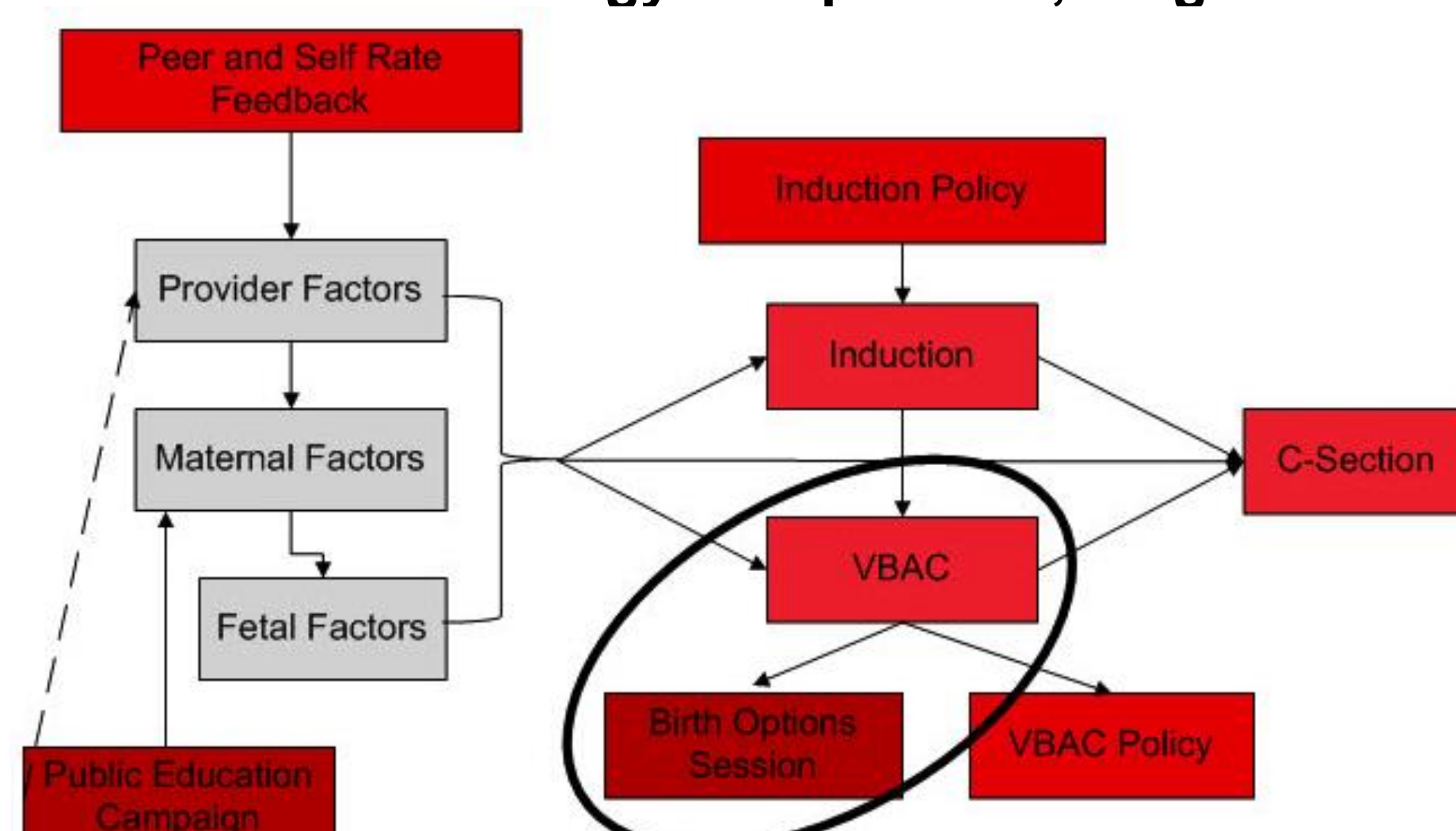
- ❖ A cesarean section (CS) is a major surgery performed on a childbearing woman's abdomen to deliver a baby (MedlinePlus)
- ❖ Women are more likely to require a CS for delivery if:
 - Above the age of 35
 - Obese
 - Have high blood pressure
 - Diabetes
 - First birth delivery
 - Multiple babies
 - Complications (breech, placenta previa etc.)

Figure 1. Factors Influencing Repeat C-Sections



- ❖ In 2005-2006 the average age of Canadian women acquiring a C-section was 30.4 in contrast to 28.7 for those who delivered vaginally.
- ❖ Rural hospital closures have led to the increase in C-section births since rural women have to travel long distances to get to the nearest hospital thus prefer to schedule an elective C-section (SOGC, 2008).
- ❖ Ontario's CS rate is presently 28.3%, which is beyond the WHO 15% guideline.
- ❖ **WHY** do we want to decrease the rate?
 - Economically impractical
 - May be harmful to mother
 - May be harmful to infant
- ❖ In a study conducted in Washington state, excess risk of infants delivered by cesarean section versus vaginal delivery demonstrated that infants of mothers who had undergone a repeat C-section were more likely to have a lower Apgar score than those delivered vaginally (Burt et al., 1988).
- ❖ **HOW** do we want to decrease the rate?
 - The goal of the CARE strategy is to reduce CS rate at a level 2 hospitals in Ontario by 5%, and this is to be achieved by increasing the rate of successful VBAC and decreasing the rate of induction prior to 41 weeks gestation.
 - Eligible pregnant women (who have undergone previous CS) will be targeted for VBAC and will be provided with information sessions, information booklets, prenatal classes, and posters location in the maternity unit (to increase awareness of alternative options).
 - Health care practitioners will be targeted by reporting VBAC, CS and induction rates will be encouraged to use natural methods since fetal monitoring is associated with an increased chance of CS.

Figure 2. Intervention Strategy Components, Targets and Outcomes



METHODS

Data Collection

- ❖ Pre and Post Birth Options **surveys** to assess satisfaction among eligible patients with Birth Options After Caesarean information sessions.
- ❖ **Qualitative interviews** (with nurses, midwives, obstetricians, family physicians) will address implementation and sustainability of the initiative and feasibility of establishing the initiative to other community hospitals in the region.

Analysis

- ❖ Qualitative content analysis → Audio analysis of qualitative interviews by transcription.
- ❖ Quantitative analysis → Descriptive statistics (SPSS)



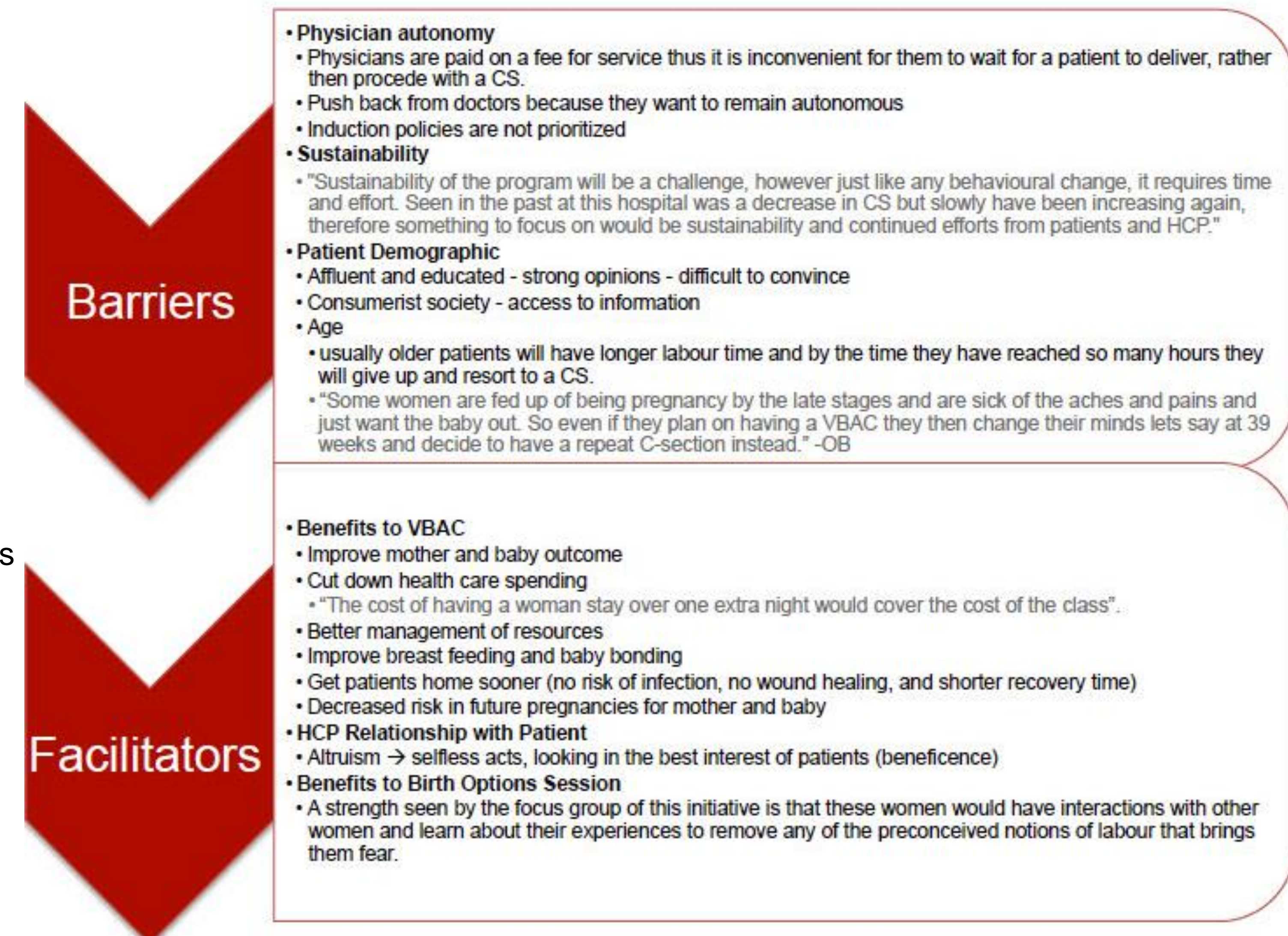
RESULTS

Quantitative Results

- ❖ Sample population size = 39 eligible women
- ❖ Average age of participants = 33
- ❖ 24 out of 39 (62%) women stated their mind was influenced by the Birth Option Session.
- ❖ 4 out of 39 (10%) women stated that their mind had changed after the Birth Option Session
- ❖ 100% of the participants said they would refer others to the program.
- ❖ 61% were unsure if they wanted to undergo a repeat CS, while only 10% were sure they wanted a repeat CS.

Qualitative Results

- ❖ Themes found in audio transcripts
 - Barriers to the CARE Strategy
 - Facilitators to the CARE strategy



DISCUSSION

Our findings illustrate:

- ❖ There is some pushback from physicians due to their fee for service and desire to remain autonomous, however some physicians still have an altruistic approach and believe that the initiative would be a good way to try to reduce overall CS rates.
- ❖ Also, although the participant demographic is older and more knowledgeable, the majority (62%) were influenced by the Birth Options Session and 10% changed their mind.
- ❖ While age is correlated with longer labour, the Birth Options Session permits educating women about the benefits of VBAC and the session facilitates interaction with other women about their experiences.
- ❖ **Future directions:**
 - ❖ A greater sample size would be needed to have a more significant association between the overall CARE Strategy and VBAC, induction and CS rate.
 - ❖ Quantitative interpretation of changes in rates for CS, VBAC and induction attempts at both level 2 hospitals.

REFERENCES

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