

# Maternity program results in fewer cesarean sections, shorter hospital stays for mothers

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A program delivering collaborative maternity care resulted in fewer cesarean deliveries, shorter average hospital stays and higher breast-feeding rates for mothers, according to a study in *CMAJ (Canadian Medical Association Journal)*.

The South Community Birth Program was established in Vancouver, British Columbia, to deliver comprehensive care from a collaboration of family doctors, midwives, public health nurses and doulas to an ethnically diverse, low-income population. Researchers compared perinatal outcomes for 1238 women in the South Community Birth Program receiving collaborative care with 1238 women of similar risk status receiving standard care through [family doctors](#), obstetricians or midwives.

Women in the birth program were 25% less likely to have a cesarean delivery than those in the standard care group. They were more likely to have births delivered by a midwife compared with the other group (42% v. 7%) instead of an obstetrician (36% v. 70%). Length of hospital stay was significantly shorter for mothers (51 v. 73 hours) and babies (48 v. 71 hours) in the program group. Other obstetric interventions, such as induction and use of epidural, differed as well.

"Women who received collaborative, multidisciplinary, community-based care in the South Community Birth Program were less likely to have a cesarean delivery, had shorter hospital stays on average and were more likely to breast-feed exclusively than women who received

standard care," writes Dr. Patricia Janssen, School of Population and Public Health, University of British Columbia, and the Child and Family Research Institute, Vancouver, BC, with coauthors.

At the beginning of the study, which included all births at the BC Women's Hospital and Health Centre from Apr. 1, 2004 to Oct. 31, 2010, 27% of women at the hospital had [cesarean deliveries](#).

Rates for cesarean deliveries have increased in Canada, from 17% in the 1990s to 28% in 2009. Surgical deliveries place extra burden on the health care system because of longer hospital stays and associated complications with surgery. As well, over the last 20 years, the number of doctors providing maternity care has declined significantly. This trend will continue as many obstetricians and family physicians will retire in the next 10 years. The introduction of regulated midwives will help, although currently they attend less than 10% of births.

"Although our study design did not permit us to discern which components of the birth program were responsible for the observed differences, clinicians working in the program believe that their close working relationship, including their ability to discuss patient care facilitated by immediate and remote access to electronic medical records, fosters an environment in which they can continually support and learn from each other," the authors write.

"These findings have important implications given the decreasing numbers of [maternity care](#) providers in Canada," conclude the authors. "[They] should encourage the implementation and evaluation of this interdisciplinary approach in other settings."

**More information:** [www.cmaj.ca/lookup/doi/10.1503/cmaj.111753](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.111753)

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