

# Around-the-clock labor coverage associated with decrease in C-section

February 11 2013

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In a study to be presented on February 16 at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in San Francisco, researchers will report findings that suggest around-the-clock labor and delivery coverage decreased the odds of cesarean delivery.

The objective of the study was to determine if the implementation of "laborists" to provide around-the-clock coverage of labor and delivery would produce better outcomes. The study compared outcomes in hospitals with around-the-clock coverage versus hospitals whose coverage was based on need.

The study was a [retrospective cohort study](#) which covered live singleton births that were delivered in California between 2005-2006. There were certain variables that were taken into consideration to reduce the margin of error. Hospitals that had fewer than 1,200 deliveries were not considered for the study. The statistical analysis used included chi square and multivariable [logistic regression](#). Hospitals were broken into two categories; one having a labor and delivery clinician "around-the-clock" while the other category was "as-needed".

The sample size was very large as 740,019 [singleton births](#) met the study criteria, and the breakdown was as follows:

- Around-the-clock 274,106 births (37 percent of births)
- As-needed 465,913 births (63 percent of births)

Data showed that around-the-clock hospitals had lower numbers of overall [cesarean deliveries](#) as well as primary cesarean delivery in both first time mothers and women who have given birth before. In addition, women who previously had a [cesarean birth](#) were more likely to attempt to achieve vaginal delivery in around-the-clock hospitals.

While the results indicate around-the-clock hospitals do have lower cesarean deliveries and better chances of a vaginal birth after a prior cesarean delivery, the overall feeling is that more research needs to be done before the laborist model can be given full credit for the rates.

Provided by Society for Maternal-Fetal Medicine

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