

# Is bigger really better when it comes to size of labor wards?

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those handling 3,000 to 3,999 deliveries annually—have better overall approval rates compared to small, intermediate or very large obstetric units. The study, appearing in *Acta Obstetrica et Gynecologica Scandinavica*, a journal published by Wiley on behalf of the Nordic Federation of Societies of Obstetrics and Gynecology, suggests that greater access to in-house obstetricians and auxiliary specialists contributes to the lower obstetric injury claims from patients at large labor wards in Denmark.

Nearly one million children were born in Denmark over a 15-year period, with a noted downward trend from 69,000 births in 1995 to 63,440 in 2009. While obstetric injuries are rare, they can be severe or fatal when they do occur. During the same time period, the Danish Patient Insurance Association (DPIA) provided compensation of nearly 300 million Danish kroner (40 million €; \$53 million U.S.) for approved obstetric injury cases.

For the present study, researchers reviewed DPIA obstetric claims with 1,326 included in the analysis. Financial compensation from DPIA is granted if one or more of the following conditions are met:

1. If an experienced specialist in the field in question would have acted differently during examination or treatment thereby avoiding the injury—the "specialist rule,"
2. if the injury is caused by defects in, or malfunction of the technical equipment used in association with investigations or

- treatment,
3. if the injury might have been avoided using another available treatment, and this was considered to be equally safe and potentially to offer the same benefits,
  4. if the injury encountered is serious and more extensive than the patient should be expected to endure.

The claims were categorized based on size of the labor unit with small units performing less than 1,000; intermediate at 1,000 to 2,999; large at 3,000 to 3,999; and very large wards with greater than 4,000 deliveries per year.

Analysis shows that the overall approval rate for submitted obstetric claims was nearly 40%. The lowest claim rates came from large labor wards at 34%, compared to very large units, intermediate and small units at 39%, 42%, and 50%, respectively. Researchers found that the majority of approved compensation claims were based on the "specialist rule," with this type of claim cited more often in small and intermediate labor wards than in large and very large units.

"Our findings suggest that large labor units are living up to the best practice principle compared to other size wards," concludes lead study author, Dr. Maria Milland with the Department of Obstetrics at Rigshospitalet, Copenhagen University Hospital in Denmark. "Greater availability of in-house obstetricians and better access to auxiliary services may contribute to lower medical claims in the large delivery wards."

**More information:** "The Size of the Labor Wards: Is Bigger Better When it Comes to Patient Safety?" Maria Milland, Jens Krogh Christoffersen and Morten Hedegaard. *Acta Obstetrica et Gynecologica Scandinavica*; Published online: September 9, 2013 [DOI: 10.1111/aogs.12229](https://doi.org/10.1111/aogs.12229)

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