

Study finds intervention leads to reduction of C-sections and neonatal morbidities

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In a study to be presented on Feb. 6 in an oral plenary session at the Society for Maternal-Fetal Medicine's annual meeting, The Pregnancy Meeting, in New Orleans, researchers will report that Cesarean deliveries reviews and best practices implementation are effective to provide optimal care by an appropriate management of medical interventions, leading to a significant reduction of cesarean deliveries and neonatal morbidity.

The study, titled Quality of care, obstetrics risk management and mode of delivery in Quebec (QUARISMA): a cluster-randomized trial assessed the effect of a multifaceted [intervention](#) on the rate of [cesarean deliveries](#), and on maternal and fetal health outcomes due to the promotion of professional onsite training and audit and feedback.

Researchers conducted a three-and-a-half year trial, during which they analyzed 105,351 deliveries in 32 randomly-chosen hospitals in Quebec. The hospitals were randomly assigned to either an intervention or a control group. The intervention was implemented over an 18 month period and consisted of an initial professional training on evidence-based clinical practices and internal audits and feedback on cesarean reviews and best practices implementation.

Results found that of the deliveries in hospitals of the intervention group, the rate of cesarean was significantly reduced, particularly for low-risk pregnancies. Furthermore, the rate of labor induction and assisted vaginal delivery were also significantly reduced by the intervention while

the rate of the hormone oxytocin increased during labor in that group. The study's authors also observed a significant reduction in the risk of major and minor [neonatal morbidity](#) in the hospitals allocated to the intervention group, with the exclusion of all preterm births.

"The reason we began the study was that it was important to address the rise of numbers of C-sections in Canada," said Nils Chaillet, Ph.D., one of the study's authors. "We had evidence about intervention being able to address the problem, so we had to assess the evidence. We found that best practices and complex intervention were successful in reducing C-sections and neonatal morbidities."

"Our findings confirm that continuing professional education and structured internal audit can both reduce levels of obstetrical interventions and improve outcomes for mothers and babies. We feel that professional 'buy-in' is a key element in the success of the program," added William Fraser, M.D., another one of the researchers.

Provided by Society for Maternal-Fetal Medicine

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