

Higher odds of trial of labor with night float call system

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(HealthDay)—Physicians working on a night float call system are more

likely to have patients with a prior cesarean delivery undergo trial of labor and achieve vaginal birth, according to a study published in the January issue of the *American Journal of Obstetrics & Gynecology*.

Lynn M. Yee, M.D., M.P.H., from the Northwestern University Feinberg School of Medicine in Chicago, and colleagues examined the correlation between obstetricians' call schedule and obstetric outcomes in a [retrospective cohort study](#) involving women eligible for a trial of labor after cesarean. The authors classified attending obstetrician call schedules as traditional or night float call, which was defined as a schedule in which the provider had clinical responsibilities only for a day or [night shift](#), with no additional responsibilities before or after their period of responsibility.

The researchers found that 37 percent of the 1,502 eligible patients were delivered by physicians in a night float call system. Women cared for by physicians with a night float call schedule were significantly more likely to undergo a trial of labor after cesarean (33.1 versus 16.5 percent) and to achieve a vaginal birth after cesarean (18.7 versus 9.3 percent). After adjustment for confounding variables, these correlations persisted (adjusted odds ratios, 2.64 and 2.17, respectively).

"Using a night float call schedule may be an effective measure to promote a trial of [labor](#) after cesarean and [vaginal birth](#) after cesarean," the authors write.

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