

Increasing staffing levels could reduce cesarean delivery use

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Increasing staffing levels could reduce cesarean delivery use Credit: pxhere, CC0

High staffing levels for obstetricians and midwives at hospital maternal units are associated with lower cesarean rates, according to a study published November 28 in the open-access journal *PLOS ONE* by Saad

Zbiri of Versailles Saint Quentin University, Carine Milcent of the Paris School of Economics (PSE) and the French National Center for Scientific Research (CNRS), and colleagues.

Cesarean delivery rates have risen steadily in recent decades, but cesareans may lead to significant adverse consequences for maternal and child health. The authors of the present study tested whether the increase in cesarean delivery rates over recent decades might be attributable in part to reductions in maternity unit staffing levels for healthcare professionals. The study covered 102,236 deliveries from 2008 to 2014 at 11 hospitals in France.

The authors found that a higher number of obstetricians and midwives was associated with lower rates of cesarean delivery. A 10 percent increase in [obstetrician](#) staff levels was associated with a decrease in rates of intrapartum cesarean delivery (cesarean after the onset of labor) from 13.1 percent to 10.6 percent—a decrease of 2.5 percent. Meanwhile, a 10 percent increase in midwives staff levels was associated with decrease in the likelihood of elective cesarean delivery from 10.3 percent to 6.9 percent—a decrease of 3.4 percent.

As noted by the authors, more research is needed to evaluate the possible impact of changing staff configuration on perinatal outcomes. Nonetheless, this study indicates an initial association between high staffing levels for obstetricians and midwives and lower cesarean rates.

Zbiri states, "Increasing staffing levels for obstetricians and midwives could reduce cesarean [delivery](#) use."

More information: Zbiri S, Rozenberg P, Goffinet F, Milcent C (2018) Cesarean delivery rate and staffing levels of the maternity unit. *PLoS ONE* 13(11): e0207379. doi.org/10.1371/journal.pone.0207379

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