

# Trial shows promise in addressing unnecessary cesarean sections

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Cesarean sections now account for more than 1 in 5 childbirths globally, with the numbers set to rise in the coming decade to one-third of all births, according to the World Health Organization (WHO).

When performed for medical reasons, cesarean sections can be lifesaving and are an essential component of good-quality medical care, but they can also carry inherent risks.

In a recent study [published](#) in *Nature Medicine*, researchers found implementing the WHO's Labor Care Guide (LCG) could help improve women's care during childbirth and reduce unnecessary cesarean sections, without causing harm.

The paper, "Effects of the WHO Labour Care Guide on cesarean section in India: a pragmatic, stepped-wedge, cluster-randomized pilot trial," is the world's first randomized trial of the WHO's LCG.

Researchers conducted the pilot trial in four hospitals in India to evaluate the implementation of the novel LCG strategy, compared with routine care.

Burnet Institute Co-Program Director of Maternal, Child and Adolescent Health and lead author of the paper, Professor Joshua Vogel, said the study showed it was possible to implement the LCG into routine clinical care, including in busy, limited-resource settings.

"The LCG was released by the WHO to improve clinical and supportive care for women giving birth worldwide. While it was developed to align with the best available evidence, until now we have not been sure of its effects on women and their babies," he said.

Professor Vogel said the LCG had the potential to reduce unnecessary cesarean sections, which carried [health risks](#) for mothers and their babies.

"In recent decades there has been a generalized trend in [health care providers](#) being more 'interventional' during birth—this is shown in [high](#)

[rates](#) of cesarean, augmenting labor with drugs and episiotomy we see in many countries," he said.

"When used at the right time, [cesarean sections](#) can improve [health outcomes](#), but they are often used without clear medical need. Our research showed that when the LCG was well-implemented, there were reductions in cesarean section rates, without added harms.

"A trial like this generates critical evidence that can reassure women, their families, health care workers and policymakers that using LCG in their setting will not cause unanticipated harms."

The [collaborative research](#) between Burnet, international hospitals, universities, and research groups in India and Argentina, is hoped to guide future trials and begin to reverse the worldwide trend of rising rates of cesarean section rates.

**More information:** Joshua P. Vogel et al, Effects of the WHO Labour Care Guide on cesarean section in India: a pragmatic, stepped-wedge, cluster-randomized pilot trial, *Nature Medicine* (2024). [DOI: 10.1038/s41591-023-02751-4](#)

Provided by Burnet Institute

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