ABSTRACT

The NTVS rate was examined at VMC by practice type, race, and insurance before and after interventions. The rate of cesarean deliveries increased in all groups from 2019 (21.6%) to 2021 (27.6%). However, the difference was not found to be statistically significant (p>0.05). In both years examined: academic, POC and those with Medicaid were less likely to have a primary cesarean section. Future research should explore if a laborist was utilized.

INTRODUCTION

Efforts have been made by Obestetricians Gynecologists (OB/GYNs) to decrease the number of NTVS cesarean sections. Studies have shown that compared to a vaginal delivery, cesarean sections have an increased risk of maternal hemorrhage requiring a hysterectomy/blood transfusion, uterine rupture, cardiac arrest, acute renal failure, assisted ventilation, and infection among others. A 2017 Consumer Reports study from the United States (US) showed that at least 30 states had cesarean section rates at or above the target goal of 23.9%. Across the US, Black patients are more likely to receive a cesarean section than whites. Previous studies have postulated this could be attributed to implicit biases/systematic racism amongst other causes. We wanted to examine the NTVS rate at our tertiary care hospital by race, insurance and provider type, before and after interventions were made to reduce this rate.

MATERIALS & METHODS

The delivery log at a tertiary medical center was reviewed with private practices and required electronic fetal heart monitoring (EFM) courses to all providers.

RESULTS

The NTVS rate was examined at VMC by practice type, race, and insurance before and after interventions. The rate of cesarean deliveries increased in all groups from 2019 (21.6%) to 2021 (27.6%). However, the difference was not found to be statistically significant (p>0.05). In both years examined: academic, POC and those with Medicaid were less likely to have a primary cesarean section. The interventions above did not decrease the number of cesarean deliveries.

DISCUSSION

Our research is interesting because of the notable finding that POC were less likely to receive a NTVS cesarean section than white patients. NTVS cesarean deliveries went up at our tertiary care center, but the difference between academic and private practice decreased from ~9% (2019) to 1% (2021) which could indicate that the monthly feedback standardized management across practices. Future research should explore the rate of cesarean sections amongst the private groups if a dedicated laborist is utilized. An important caveat in our research is the impact of COVID-19 on the provision of medical care.

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REFERENCES

