Qualitative Interviews to Understand Team Decision Making Around Primary Non-Urgent Cesarean Deliveries

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ACOG Districts I & V Annual District Meeting

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INTRODUCTION

In the literature on cesarean delivery rates, organizational structure remains an understudied topic. This qualitative study aimed to identify **how teams decide to perform non-urgent cesarean deliveries** for arrest of descent and arrest of dilation.

AIM

Identify how the decision to perform non-urgent cesarean deliveries is determined by:

- Interactions between different health care providers
- An interconnected network of institutional goals
- Interpersonal decision making

METHOD

Interviews occurred between September 1, 2022 and June 30, 2023:

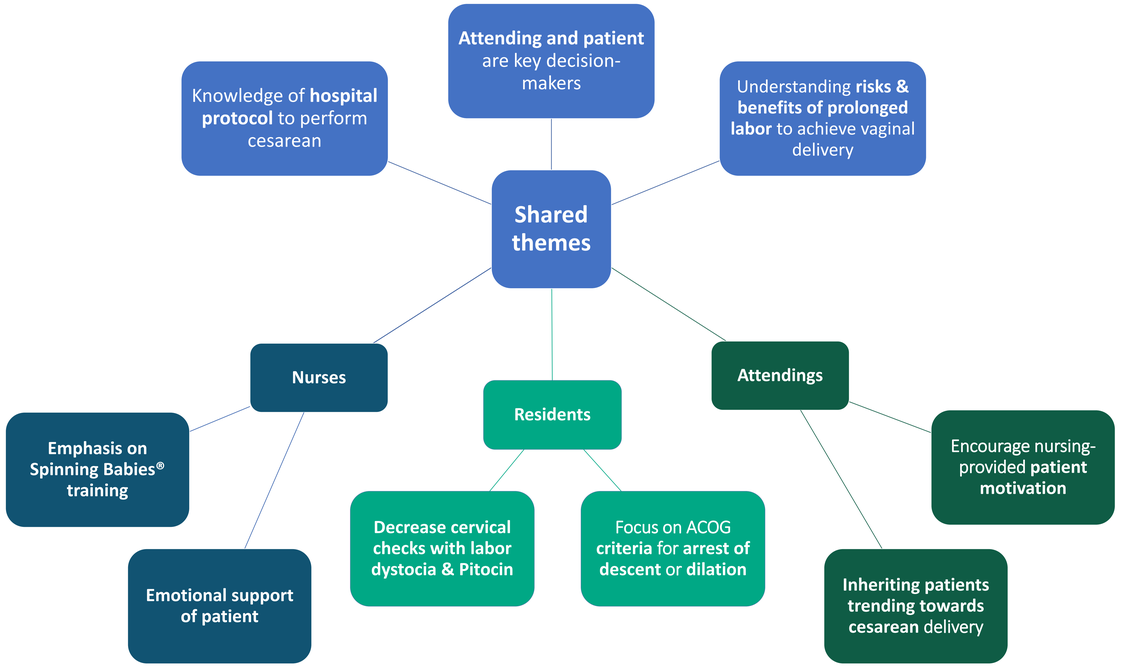
- Obstetrical staff at a Hartford, CT hospital invited to participate
- Participants interviewed about labor dystocia in nulliparous, term, singleton, vertex (NTSV) patients
- Two transcript readers identified themes among staff
- Interview transcripts analyzed according to codebook of themes

Interview questions:
Demographics (roles and responsibilities)
Describe a scenario from past 3 mos. (labor arrested, c-section required)
How often does this scenario occur?
Who was involved in the decision to perform the c-section?
What are the most important factors to consider in this decision?
Who is the first to know a c-section is going to happen?
When do you know, who tells you, and who do you tell?
How does care change once a c-section is considered?
When does the patient know a c-section is happening?
What are the ways this hospital wants you to reduce primary c-section rates after arrest of descent or dilation?
If you don't want the patient to have a c-section, what do you do?
How successful are you at preventing c-sections?

RESULTS

Demographics

Current role	Nurses (n=2)	Residents (n=4)	Attendings (n=3)
Years in role	2-7 years	2-3.5 years	1.5-30 years
Previous roles	• Assistant manager • Per diem nurse • Student nurse	• Medical student • No prior roles	• Resident • Generalist • No prior roles
Self-described Responsibilities	• Support, protect, and care for patient through labor • Monitor fetus • Work with other providers • Advocate for patient's intended birth plan if safe • Advocate for a healthy birth • Provide medical and emotional support to patient	• Manage laboring and/or induced patients • Triage patients • Perform cesarean deliveries • Facilitate labor progression • Senior residents oversee admissions	• Teach residents • Coordinate care with nurses and specialists • Help with resident outpatient clinic • See patients in clinic



CONCLUSIONS

- Non-urgent primary cesareans represent a gray area where clinical decision making is influenced by more than purely medical criteria.
- Obstetrical staff have shared values and knowledge about achieving vaginal deliveries but do not share a unified protocol to prevent primary, non-urgent cesareans for NTSV patients.
- As labor stalls, labor and delivery staff use a variety of intervention combinations and invest varying degrees of effort to encourage vaginal delivery.
- Our results can help to direct Saint Francis Hospital policies to reduce primary non-urgent cesarean deliveries in NTSV patients.
- Further research with larger samples has the potential to guide professional society recommendations.

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