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Labor Dystocia: Review of New ACOG Cesarean Guidelines

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Labor Dystocia: Review of New ACOG Cesarean Guidelines

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Abstract

In light of the rising cesarean rates ACOG introduced new guidelines in 2014 based on Zhang's Landmark paper to decrease the rate. This changed the foundation on which these guidelines had been based on which was Friedman's paper from the 1950's.

Background

In a 2011, labor dystocia was the most common indication for primary cesarean delivery, accounting for 34% of cesareans, closely followed by no reassuring fetal tracing (23%), and malpresentation (17%). To understand this rise in cesarean sections, it is important to address the defined clinical indications for cesarean sections. Dystocia, a prolonged or slowly progressing labor, is one of the primary indications for and main contributors to the rise in primary cesarean rates

Purpose

To explore the new ACOG's (American College of Obstetricians and Gynecologists) Obstetric Care Consensus Series and its effectiveness in its aim of reducing the prevalence of medically unnecessary cesareans.

Method

Cross sectional study design with a hospital population before the implementation of ACOG guidelines and after the implementation of ACOG guidelines.

Whittemore & Knafl's steps of data reduction, display, and comparison to organize and synthesize the data.

Theoretical Framework

Findings

One of the studies based at the Hospital of Peking University found that in the control group (pre-new guidelines), 33.53% (753 out of 2246 attempted vaginal births) had a cesarean where as the only 19.29% (401 out of 2079 attempted vaginal births) of the study group (post-new guidelines) had a cesarean. Another study at Poissy-Saint Germain Hospital, a referral hospital demonstrated a decrease in cesareans from 9.4% to 6.9% upon the application of the new ACOG guidelines. One study at an urban academic institution found that only 21% (123 of 591 cesareans) of the cesarean deliveries were adherent to the new ACOG guidelines. They also found that the ACOG guidelines were more effective at lowering the rate of cesarean which further suggested that physicians at the institution needed to be further educated on the importance of applying the new ACOG guidelines. One of the articles had done a comparative study between NICE guidelines implemented in the UK along with ACOG and Friedman guidelines in the USA. The article concluded that the NICE guidelines was overall the most effective at reducing the rate of cesareans in nulliparous women. This was evident in the following statistics: Cesarean delivery rates: 13.8%, 16.9%, and 13.4% among nulliparous women admitted before active labor per Friedman, NICE, and ACOG/SMFM guidelines, respectively, and 7.0%, 6.7%, and 9.7% for women admitted in active labor per these guidelines

Summary

There has been a fair amount of contention regarding the new ACOG guidelines that came out in the Obstetric Census for Care in 2014. Friedman has since then published multiple commentaries scrutinizing the legitimacy of the Zhang's landmark paper and the misguided motivation for ACOG to adopt them to quickly there has been an overall decrease in cesareans performed at the sites that have implemented the protocols. It is yet to be determined whether the prolongation of the arrest stage was the primary cause of the increase in cesareans or merely a symptom of a much larger issue.

Implications

There are many factors that may lengthen a labor such as heavy sedation, birth for the first time, advanced maternal age, dehydration, being confined to a bed, obesity, epidural, etc.

These are all hazards that need to be taken into account, learnt from and need to have a flexible guideline that is able to be customized for these situations. If these underlying factors are not addressed, these new guidelines may allow for an abnormal progression to progress much further than it should and cause unnecessary harm to the baby.

It can be said that neither 4 nor 6 cm should be considered as the cut off point for a cesarean. Other factors need to be considered in the arrest of the labor that incorporates the underlying cause for the prolongation of the labor. Further studies need to be done to investigate these factors.