LOW-RISK CESAREAN DELIVERIES



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Cesarean delivery can be a life-saving procedure for certain medical indications.

However, for most low-risk pregnancies, cesarean delivery poses avoidable maternal risks of morbidity and mortality, including hemorrhage, infection, and blood clots—risks that compound with subsequent cesarean deliveries.



In the absence of maternal or fetal indications for cesarean delivery, a plan for vaginal delivery is safe and appropriate and should be recommended.



Much of the temporal increase in cesarean delivery (over 50% in the past decade), and wide variation across states, hospitals, and practitioners, can be attributed to firstbirth cesareans. Moreover, cesarean delivery in low-risk first births may be most amenable to intervention through quality improvement efforts.





FEDERAL OBJECTIVES

To reduce the percent of cesarean deliveries among low-risk women with no prior cesarean.



SIGNIFICANCE

The low-risk cesarean measure, also known as nulliparous term singleton vertex (NTSV) cesarean, is endorsed by the American College of Obstetrician's and Gynecologists, The Joint Commission, National Quality Forum, Center for Medicaid and Medicare Services -CHIPRA Child Core Set of Maternity Measures, and the American Medical Association-Physician Consortium for Patient Improvement.

