The efficacy of non clinical interventions to reduce the cesarean section rate

Silvia **Visentin**, Maria Chiara **Guerra** *, Tommaso **Vezzaro**, Marina **Bolzon**, Giulia **Garbin**, Elisabetta **Grandi**, Eleonora **Solano**, Eleonora **Targhetta**, Francesca **Frigo**

University Hospital of Padua, Padua, Italy.

DOI: 10.36129/jog.2022.S99

Objective. Cesarean delivery (CD) could be complicated by several morbidities such as higher risk of postpartum cardiac arrest, ematoma, hysterectomy, major puerperal infection, anesthetic complications, venous thromboembolism and hemorrhage requiring hysterectomy. Moreover, the risk of severe maternal morbidity is generally higher in women with an unplanned cesarean birth during labor than in those with a scheduled prelabor cesarean birth. We aimed to evaluate the effect of a composite non-clinical intervention to reduce the CD rate in our Clinic.

Materials and Methods. We retrospectively reviewed the delivery charts in our center from January 2021 to April 2022. We collected maternal and neonatal data until the delivery.

Results. During the pre-intervention period, the CD rate was 24%, and after the intervention started, it was 18% ($p < 0.05$). The cases with an Apgar score < 7 had a significantly lower birthweight than the controls (2090.48 ± 918.09 *vs* 3110.21 ± 372.69, $p < 0.05$). No severe adverse outcomes were observed after the implementation of the non-clinical interventions.

Conclusions. Non-clinical interventions can achieve a safe reduction of CD. However, greater effort should be made to more accurately identify prelabour high-risk fetuses such as small for gestational age fetuses to allow adequate labor management.