

Low-risk mothers in labor have fewer interventions and less caesarean deliveries when receiving care from midwives in hospital compared to obstetricians

Regarding Publication:

Comparison of Midwifery and Obstetric Care in Low-Risk Hospital Births

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Obstetrics & Gynecology, vol. 134, No.5, November 2019*

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Low-risk laboring mothers cared for in hospital by a midwife had fewer interventions and lower rates of cesarean delivery than women having care in labor with obstetricians, according to new research published today in *Obstetrics & Gynecology*.

This observational study was co-authored by an interdisciplinary team of obstetricians, certified nurse-midwives, and epidemiologists from Washington State, Oregon and Vancouver, Canada who compared midwife and obstetrician labor practices and birth outcomes in women with low-risk pregnancies giving birth in a hospital. The study is one of the few contemporary studies assessing this topic in hospitals in the United States.

Researchers looked at medical record data for more than 20,000 women with no known medical or obstetric complications from 11 hospitals in the Northwest United States. All hospitals were part of the Obstetrical Care Outcomes Assessment Program [OB COAP], a multicenter quality improvement collaborative of the Foundation for Health Care Quality, an independent non-profit organization based in Seattle, WA.

The women in the study were having one baby, delivering at term, had not had a previous caesarean birth, and were healthy prior to and during pregnancy. Researchers also excluded women who were over 45, had a very high body mass index, reported any substance use in pregnancy or had their labor induced for a medical complication.

Findings show that first time mothers having care in labor by midwives had an approximately 30% decrease in the risk of caesarean birth when compared to those who had care in labor from obstetricians. For mothers who had previously given birth, the midwife group had a 40% decrease in the risk of caesarean compared to the obstetrician

group. Mothers with midwifery care during labor also experienced lower rates of interventions including epidural, augmentation of spontaneous labor with medication (oxytocin), operative vaginal birth, and episiotomy.

For mothers with prior deliveries only, researchers found an increase in the rate of shoulder dystocia for midwife births (5.1%) compared to obstetrician births (3.1%). No change in shoulder dystocia was seen for first-time mothers. A larger study is needed to find out if there is a difference in the rate of other complications for low risk mothers and their babies.

Reasons behind the findings are unclear. It's possible that midwives and their patients are more committed to low-intervention labor and vaginal birth. Additionally, while the study was restricted to a very low risk group of women, it is possible there were other risk factors for caesarean birth that were not detected in the women who were cared for by obstetricians. The findings do, however, raise the question of whether a lower intervention approach to labor management in low risk pregnancies may be associated with lower caesarean birth rates in the U.S.

Currently in the United States only about 10% of hospital births are attended by a midwife. Conversely, midwives attend over half of all births in the U.K, allowing obstetricians to focus on high-risk care. The study authors note these findings are important for planning of maternity services in the U.S., which is facing a work-force crisis with fewer physicians practicing obstetrics and limited access in many rural areas.