

Decline in early elective deliveries across the United States

Research has long shown that elective, medically unnecessary deliveries before 39 weeks gestation are associated with a higher incidence of complications for babies, including respiratory problems and admission to neonatal intensive care units. It is currently advised against by the American Congress of Obstetricians and Gynecologists.

Despite this, figures from 2010 indicate that 17% of babies in the United States were delivered before 39 weeks. However, by 2013 that percentage had plummeted to 4.6%, according to The Leapfrog Group, a nonprofit health care watchdog organization.

That decline can be attributed to a combination of public reporting — such as Leapfrog’s efforts — advocacy by professional societies and new hospital policies guiding early deliveries, says Dr. Glenn Markenson, chief of maternal–fetal medicine at the Baystate Medical Center in Springfield, Massachusetts.

When Leapfrog released its 2010 hospital-specific numbers, institutions began creating policies guiding early deliveries, says Markenson.

Baystate was one of the first hospitals in Massachusetts to ban early elective deliveries without a medical indication. Markenson says institutional policies play an important role in changing practice and ensuring that national standards are met. “You have to change the culture and say this is really not acceptable. ... It was a team effort, a big ground swell.”

Changing attitudes toward deliveries may also be a factor in the decline of elective deliveries. Another report from the US Centers for Disease Control and Prevention indicates that the number of home births over the past four decades in the US has been increasing.



fuse/Thinkstock

Elective, medically unnecessary deliveries before 39 weeks gestation are associated with a higher incidence of complications for babies, including respiratory problems and admission to neonatal intensive care units.

In Canada, the average rate of elective deliveries before 39 weeks from 2003–2010 was 4.7%, according to data in a September 2013 article in the *American Journal of Obstetrics & Gynecology*. Unfortunately, this information is not routinely released to the public, although the Public Health Agency of Canada and some provinces do periodically report numbers.

Public reporting is important, says Ann Sprague, scientific manager of BORN (Better Outcomes Registry & Network) Ontario, a provincial network that collects perinatal data and reports it to the public. “People are much more aware than they were before. That’s the whole purpose of collecting data, to increase awareness.”

The Society of Obstetricians and Gynaecologists of Canada (SOGC) has not issued a statement specifically against

deliveries before 39 weeks, partly because of low national rates and ongoing public reporting efforts.

“The evidence was that in Canada it has not been a big problem,” says Dr. Ward Murdock, SOGC president. “In the States it was still a big problem, which is why they had to issue a specific policy statement.”

In fact, the SOGC’s current guidelines are stricter than those south of the border. They recommend waiting until 41 weeks, when possible, before inducing labour.

Similar to the US, one of the challenges in Canada is ensuring that individual hospitals adhere to guidelines, says Murdock. “A lot of hospitals will follow our guidelines ... but we would never know that as a national society.”

— Wilson Kwong, *CMAJ*

CMAJ 2014. DOI:10.1503/cmaj.109-4766