Executive summary of completed research

Comparing rates of trial of labour attempts, VBAC success, and fetal and maternal complications among family physicians and obstetricians/gynecologists

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COMPARING RATES OF TRIAL OF LABOUR ATTEMPTS, VBAC SUCCESS, AND FETAL AND MATERNAL COMPLICATIONS AMONG FAMILY PHYSICIANS AND OBSTETRICIANS/GYNECOLOGISTS

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OBJECTIVE

To determine differences between family physicians and obstetricians/gynecologists in rates of trial of labor (TOL) attempts, vaginal birth after previous cesarean section (VBAC) successes, and maternal-fetal complications.

METHODS

Data base evaluation study in a Quebec secondary-care, urban hospital center serving a multiethnic population. Study subjects were pregnant women with at least one previous cesarean delivery, who delivered singletons at St. Mary’s Hospital Center between January 1995 and December 2003. Outcomes were rates of: TOL attempt, VBAC success and failure, and uterine rupture/dehiscence.

RESULTS

Of 32,500 singleton deliveries, 3,694 (11.4%) women met study criteria. Of these, 3,493 (94.6%) were patients of obstetricians/gynecologists and 201 (5.4%) were patients of family physicians. The TOL attempt rate was 50.6% (1768) and 81.1% (163) among obstetricians/gynecologists and family physicians, respectively (p<0.0001). For women attempting TOL, the VBAC success rate was 64.3% for obstetricians/gynecologists and 76.1% for family physicians (p=0.002). Rates of uterine rupture/dehiscence in the combined failed and successful VBAC groups were 2.9% for obstetricians/gynecologists and 4.3% for family physicians (p=0.33). Within delivery outcomes for successful and failed VBAC there were no differences in maternal characteristics and newborn outcomes by physician group.

CONCLUSION

More patients of family physicians attempted TOL and had successful VBAC deliveries compared to those of obstetricians/gynecologists. Although newborn outcomes were similar among the two groups, rates of overall uterine rupture/dehiscence were higher among family physicians. Given the similarity in patient profiles, the differences in delivery outcomes may be attributable to differences in physician practice styles.

REFERENCES


