APPENDIX A. Exact Search Strings and Results

Table 1: PubMed search strategies

Search terms		Search results
#1	(cesarean section[mh:noexp] OR cesarean[tiab] OR caesarean[tiab] OR c-section[tiab]) AND pregnancy[mh]	38234
#2	randomized controlled trial[pt] OR controlled clinical trial[pt] OR random allocation[mh] OR double-blind method[mh] OR single-blind method[mh] OR clinical trial[pt] OR "clinical trial"[tiab] OR random[tiab] OR randomized[tiab] OR randomly[tiab] OR control[tiab] OR controlled[tiab] OR controls[tiab] OR interrupted time series[tiab] OR ecologic[tiab] OR delivery of health care[majr] OR health services research[majr]	3072065
#3	#1 AND #2 AND eng[la] AND humans[mh]	6966
#4	#3 AND newspaper article[pt]	7
#5	#3 AND letter[pt]	102
#6	#3 AND comment[pt]	92
#7	#3 AND case reports[pt]	340
#8	#3 AND review[pt]	552
#9	#3 AND practice guideline[pt]	11
#10	#3 AND clinical conference[pt]	3
#11	#3 AND editorial[pt]	36
#12	#3 AND historical article[pt]	10
#13	#3 AND meta-analysis[pt]	149
#14	#3 AND congresses[pt]	5
#15	#3 AND in vitro[pt]	50
#16	#3 AND retracted publication[pt]	1
#17	#3 NOT (#4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15 OR #16)	5822

Key: [mh] Medical Subject Heading; [mh:noexp] Medical Subject Heading not including narrower subject terms; [majr] Medical Subject Heading as main focus of article; [tiab] title/abstract word; [pt] publication type
*Note: numbers do not tally as some articles are excluded in more than one category.

Table 2: CINAHL search results

Search terms		Search results
#1	"cesarean" OR (MH "Cesarean Section") OR “caesarean” OR “c-section”	7755
#2	(MH "Pregnancy") OR "pregnancy"	80117
#3	#1 AND #2	6447
#4	(MH "Clinical Trials") OR "randomized controlled trial" OR (MH "Random Assignment") OR "random allocation" OR “random assignment” OR “clinical trial” OR random OR randomized OR randomly OR controlled OR control OR controls OR “interrupted time series” OR ecologic OR (MH "Health Care Delivery") OR (MH "Health Services Research")	494241
#5	#3 AND #4 AND English Language	1684
#6	#5 AND Publication Type: Letter	77
#7	#5 AND Publication Type: Commentary	145
#8	#5 AND Publication Type: Case study	67
#9	#5 AND Publication Type: Review	81
#10	#5 AND Publication Type: Practice Guidelines	11
#11	#5 AND Publication Type: Editorial	24
#12	#5 AND Publication Type: Historical Material	0
#13	#5 AND Publication Type: Anecdote	5
#14	#5 AND Publication Type: Interview	1
#15	#5 AND Publication Type: Proceedings	2
#16	#6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 OR #14 OR #15	337
#17	#5 NOT #16	1347
#18	#17 Exclude MEDLINE records	214

KEY: MH major heading

APPENDIX B. List of Excluded Studies

Reasons for exclusion:

X-1 = Ineligible study design
X-2 = Not original research
X-3 = Pregnant women not intending a vaginal birth
X-4 = Not relevant to strategies to reduce cesarean birth topic
X-5 = Does not state that intent was to improve/reduce cesarean rates
X-6 = Does not reflect US contemporary practice
X-7 = Not published in English
X-8 = Unable to obtain study
X-9 = Population was all cesarean

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Appendix C. Evidence Tables

Table 1. Strategies to Reduce Cesarean Birth evidence tables
Table 2. Strategies to Reduce Cesarean Birth systems intervention evidence table

Evidence Table 1: Strategies to Reduce Cesarean Birth

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Abdel-Aleem et al., 2005 **Country:** Egypt **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 04/2003 to 03/2004 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Transcervical amnioinfusion (1000 mL warmed saline) and 1 g amoxicillin IV **Groups:** **G1:** Amnioinfusion and conventional obstetric care **G2:** Conventional obstetric care only **N at enrollment:** **G1:** 219 **G2:** 219 **N at birth:** **G1:** 219 **G2:** 219 **Age:** NR **Race/ethnicity:** NR **Parous:** NR **Medicaid:** Not applicable	**Inclusion criteria:** • Single fetus • Vertex presentation • Gestational age > 37 weeks • Cervical dilation < 5 cm • Nonreassuring fetal heart rate trace indicating fetal distress **Exclusion criteria:** • Vaginal bleeding • Fetal anomalies • Uterine scars • Uterine anomalies • Malpresentation • Intrauterine growth retardation • Maternal temperature > 38º C • Grand multiparity (> 5) • Severe pre-eclampsia	**Cervical dilation at admission, mean cm ± SD:** **G1:** 3.9 ± 1.1 **G2:** 3.8 ± 1.3 **Cervical effacement at admission:** NR	**Labor progression:** NR **Labor augmented, n (%):** **G1:** 22 (10.1) **G2:** 23 (10.5) **AROM:** NR **Internal monitoring (method NR), n (%):** **G1:** 219 (100) **G2:** 219 (100) **Amnioinfusion, n (%):** **G1:** 214 (97.7) **G2:** 0 **Epidural:** NR **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth for fetal distress, n (%):** **G1:** 105 (47.9) **G2:** 149 (68) **G1/G2:** RR = 0.70 (95% CI: 0.60-0.83) **Vaginal, assisted:** NR **Vaginal, spontaneous:** NR **Maternal harms, n (%):** Maternal pyrexia (> 38ºC): **G1:** 16 (7.3) **G2:** 14 (6.4) G1/G2: RR = 1.14 (95% CI: 0.57-2.28) **Maternal mortality:** NR **<u>Infant outcomes</u>** **Neonatal mortality, n (%):** **G1:** 0 **G2:** 1 (< 1) **Apgar score < 7, n (%):** 1 minute: **G1:** 29 (13.2) **G2:** 77 (0.35) G1/G2: RR = 0.38 (95% CI: 0.26-0.55) 5 minutes: **G1:** 9 (4.1) **G2:** 29 (13.2) G1/G2: RR = 0.31 (95% CI: 0.15-0.64) **NICU admission, n (%):** **G1:** 14 (6.4) **G2:** 31 (14.2) G1/G2: RR = 0.45 (95% CI: 0.25-0.83)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Adamsons et al., 1999 **Country:** Puerto Rico **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 04/1998 to 10/1998 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Propranolol 2 mg IV given every 4 hours until delivery, started upon admission to labor room after an initial period of observation revealed no evidence of abnormal fetal heart rate patterns. **Groups:** **G1:** Propranolol **G2:** Usual care **N at enrollment:** **G1:** 34 **G2:** 23 **N at birth:** **G1:** 34 **G2:** 23 **Age:** NR **Race/ethnicity:** NR **Parous:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable	**Inclusion criteria:** • Nulliparity • No contraindication for vaginal delivery or use of propranolol (e.g., history of bronchial asthma) • Investigator available to be present through complete labor and delivery period **Exclusion criteria:** • See inclusion criteria	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, total time of labor, mean hours (range):** **G1:** 7.92 (2.25-11.0) **G2:** 6 (2.0-11.25) **G1/G2:** *P* = NS **Labor augmented:** NR **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 4 (11.7) **G2:** 4 (17.6) **G1/G2:** *P* = 0.367 **Vaginal, assisted:** NR **Vaginal, spontaneous:** NR **Maternal harms, n:** Anesthesia related morbidity: **G1:** 0 **G2:** 0 **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n:** **G1:** 0 **G2:** 0 **Apgar score:** NR **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Ajadi et al., 2006 **Country:** Nigeria **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Amniotomy in labor **Groups:** **G1:** Amniotomy **G2:** Control/no amniotomy **N at enrollment:** **G1:** 64 **G2:** 64 **N at birth:** **G1:** 64 **G2:** 64 **Age, mean ± yrs SD:** **G1:** 29.4 ± 5.7 **G2:** 28.6 ± 6.9 **Race/ethnicity:** NR **Parous:** NR **Medicaid:** Not applicable	**Inclusion criteria:** • Uncomplicated pregnancy presenting in labor • Spontaneous onset of labor at ≥ 37 weeks to < 42 weeks • Singleton fetus in cephalic presentation • Cervical dilatation ≥ 4 cm but < 6 cm • Intact membranes **Exclusion criteria:** • High-risk pregnancies, such as previous cesarean, hemo-globinopathies, hypertension in pregnancy, malpresentations and multiple pregnancies, antepartum hemorrhage, suspected intrauterine growth restriction, advanced labor (≥ 6 cm), ruptured membranes, and fetal distress	**Cervical dilation at randomization, mean ± SD:** **G1:** 4.60 ± 0.32 **G2:** 4.70 ± 0.30 **G1/G2:** *P* = NS **Cervical effacement at admission:** NR	**Labor progression, vaginal deliveries, mean minutes ± SD:** Duration randomization to delivery: **G1:** 208.27 ± 22.52 (n = 58) **G2:** 292.07 ± 23.41 (n = 59) **G1/G2:** *P* ≤ 0.05 **Labor augmented, n (%):** **G1:** 4 (6.25) **G2:** 6 (9.4) **G1/G2:** *P* = NS **AROM, n (%):** **G1:** 64 (100) **G2:** NR[1] **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 1 (1.6) **G2:** 1 (1.6) **G1/G2:** *P* = NS **Vaginal, assisted, n (%):** **G1:** 6 (9.3) **G2:** 5 (7.8) **G1/G2:** *P* = NS **Vaginal, spontaneous, n (%):** **G1:** 57 (89.1) **G2:** 58 (90.6) **G1/G2:** *P* = NS **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, 1 minute, n (%):** **G1:** 5 (7.8) **G2:** 4 (6.3) **NICU admission:** NR

[1] Patients could have amniotomy if progress was not satisfactory.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Asher et al., 2009 **Country:** US **Participant source:** Academic single site **Intervention setting:** Clinic **Enrollment period:** 02/2005 to 03/2007 **Funding:** American Academy of Family Physicians Foundation, American Academy of Family Physicians, UNC Dept. Family Medicine, NIH **Author industry relationship disclosure:** None **Design:** RCT	**Intervention:** Traditional Chinese Medicine (TCM) acupuncture, sham acupuncture, or usual care only group. Acupuncture point at LI4, SP6, BL32, and BL54 were needled bilaterally **Groups:** **G1:** TCM acupuncture **G2:** Sham acupuncture **G3:** No acupuncture **N at enrollment:** **G1:** 30 **G2:** 29 **G3:** 30 **N at birth:** **G1:** 30 **G2:** 29 **G3:** 30 **Age, mean yrs ± SD:** **G1:** 30.4 ± 3.9 **G2:** 29.6 ± 4.8 **G3:** 28.9 ± 5.7 **Race/ethnicity:** NR **Parous, n:** **G1:** 0 **G2:** 0 **G3:** 0 **Medicaid:** NR	**Inclusion criteria:** • Nulliparous • Between 38-41 weeks gestation • Able to communicate in English • ≥ 18 years old **Exclusion criteria:** • Uncertain dating • Transportation difficulties • Breech presentation • Previous inability to tolerate acupuncture	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression:** NR **Labor augmented:** NR **AROM, n (%):** **G1:** 16 (53) **G2:** 16 (55) **G3:** 17 (57) *P* = 0.99 **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor, n (%):** Chorioamnionitis: **G1:** 7 (23) **G2:** 6 (21) **G3:** 2 (7) *P* = 0.20	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 6 (20) **G2:** 2 (7) **G3:** 3 (10) *P* = 0.37 **Vaginal, assisted:** NR **Vaginal, spontaneous:** NR **Maternal harms:** Endometritis, n: **G1:** 0 **G2:** 0 **G3:** 0 *P* = 1.0 Postpartum hemorrhage and/or uterine atony), n (%): **G1:** 3 (10) **G2:** 2 (7) **G3:** 1 (3) *P* = 0.70 **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score, mean ± SD:** 1 minute: **G1:** 7.7 ± 1.8 **G2:** 7.9 ± 1.6 **G3:** 8.2 ± 1.4 *P* = 0.44 5 minutes: **G1:** 8.8 ± 0.8 **G2:** 8.9 ± 0.4 **G3:** 9.0 ± 0.2 *P* = 0.36

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Asher et al., 2009 (continued)					**NICU admission, n (%):** **G1:** 0 **G2:** 0 **G3:** 1 (3.3) *P* = 0.66

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Barakat et al., 2009 **Country:** Spain **Participant source:** Academic single site **Intervention setting:** Other **Enrollment period:** 01/2000 to 03/2002 **Funding:** Spanish Ministry of Education **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Light-intensity resistance exercise training performed during 2nd and 3rd trimesters (three sessions per week for approximately 26 weeks) **Groups:** **G1:** Exercise sessions **G2:** Control **N at enrollment:** **G1:** 80 **G2:** 80 **N at birth:** **G1:** 72 **G2:** 70 **Age, mean yrs ± SD:** **G1:** 30.4 ± 2.9 **G2:** 29.5 ± 3.7 **Race/ethnicity:** NR **Parous, n (%):** 0: **G1:** 52 (72.2) **G2:** 40 (57.1) 1: **G1:** 16 (22.2) **G2:** 25 (35.7) 2: **G1:** 4 (5.6) **G2:** 5 (7.1) **Medicaid:** Not applicable	**Inclusion criteria:** • 25-35 years old • Sedentary (not exercising > 20 minutes on > 3 days per week) • Singleton • Uncomplicated gestation **Exclusion criteria:** • High risk for preterm birth (more than one previous PTB)	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, mean minutes ± SD:** Dilation time: **G1:** 426 ± 20 **G2:** 378 ± 13 **G1/G2:** *P* > 0.1 **Labor augmented:** NR **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 50 (69.4) **G2:** 48 (68.6) **G1/G2:** *P* > 0.1 **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 11 (15.3) **G2:** 11 (15.7) **Vaginal, assisted, n (%):** **G1:** 10 (13.9) **G2:** 9 (12.9) **Vaginal, spontaneous, n (%):** **G1:** 51 (70.8) **G2:** 50 (71.4) **G1/G2:** *P* > 0.1 **Maternal harms, n (%):** Exercise related injuries: **G1:** 0 **G2:** 0 Preterm deliveries: **G1:** 2 (2.8) **G2:** 3 (4.3) **Maternal mortality:** NR Neonatal outcomes Neonatal mortality: NR **Apgar score, mean ± SD:** 1 minute: **G1:** 8.9 ± 1.1 **G2:** 8.8 ± 1.2 5 minutes: **G1:** 9.9 ± 0.2 **G2:** 9.9 ± 0.3 **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Bidgood and Steer, 1994 **Country:** UK **Participant source:** Academic single site **Intervention setting:** Antenatal clinic Labor and delivery suite **Enrollment period:** NR **Funding:** Action Research for the Crippled Child **Author industry relationship disclosure:** NR **Design:** RCT	**Interventions:** • **G1:** Oxytocin deferred for 8 hours then given at treating physician's discretion • **G2:** If uterine activity < 700 kPas/15 min, oxytocin at 2 mU/min and increased by 2 mU/min every 15 minutes until uterine activity stable or > 1500 kPas/15 min, then infusion rate halved to maintenance level 2mU/min • **G3:** Oxytocin at 7 mU/min and increased by 7 mU/min every 15 minutes, limited by a frequency of 7 contractions in 15 minutes or by abnormality in the fetal heart rate (FHR) trace. **Groups:** **G1:** No oxytocin for 8 hours **G2:** Automatic infusion/low-dose oxytocin **G3:** High-dose oxytocin **N at enrollment:** **G1:** 20 **G2:** 21 **G3:** 19 **N at birth:** **G1:** 20 **G2:** 21 **G3:** 19	**Inclusion criteria:** • First spontaneous labor • Vertex presentation • Within 3 weeks of term • Slow progress of labor **Exclusion criteria:** • See inclusion criteria	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, mean hours ± SD:** **G1:** 27 ± 8.1 **G2:** 25 ± 6.7 **G3:** 23 ± 7.8 **Labor augmented, n (%):** Oxytocin stimulation: **G1:** 5 (25.0) **G2:** 13 (61.9) **G3:** 19 (100.0) **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n:** **Total:** 58/60 **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 9 (45) **G2:** 7 (33.3) **G3:** 5 (26.3) **Vaginal, assisted, n (%):** Kielland forceps and low forceps: **G1:** 8 (40) **G2:** 9 (42.8) **G3:** 8 (41) **Vaginal, spontaneous, n (%):** **G1:** 3 (15) **G2:** 5 (23.8) **G3:** 6 (31.5) **Maternal harms, n:** Hyperstimulation: **G1:** 0 **G2:** 0 **G3:** 7 **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, 5 minutes, n:** **G1:** 1 **G2:** 1 **G3:** NR **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Bidgood and Steer, 1994 (continued)	**Age:** NR **Race/ethnicity:** NR **Parous:** NR **Medicaid:** Not applicable				

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Bloom et al., 2006 **Country:** US **Participant source:** Academic multi site **Intervention setting:** Labor and delivery suite **Enrollment period:** 05/2002 to 02/2005 **Funding:** NIH **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Knowledge of intrapartum fetal oxygen saturation through a display to the clinician on a fetal pulse oximeter **Groups:** **G1:** Open, fetal oxygen saturation displayed **G2:** Masked, fetal oxygen saturation not displayed **N at enrollment:** **G1:** 2,629 **G2:** 2,712 **N at birth:** **G1:** 2,629 **G2:** 2,712 **Age, mean yrs ± SD:** **G1:** 23.5 ± 5.5 **G2:** 23.5 ± 5.5 **Race/ethnicity, n (%):** White: **G1:** 1,348 (51.3) **G2:** 1,414 (52.1) Black: **G1:** 817 (31.1) **G2:** 838 (30.9) Asian: **G1:** 39 (1.5) **G2:** 34 (1.3) Other: **G1:** 425 (16.2) **G2:** 426 (15.7) Hispanic or Latino: **G1:** 641 (24.4) **G2:** 668 (24.6) Not Hispanic or Latino: **G1:** 1,988 (75.6) **G2:** 2,044 (75.4) **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** NR	**Inclusion criteria:** • Nulliparous • Singleton, cephalic, living fetus • ≥ 36 weeks of gestation • Cervical dilatation 2-6 cm **Exclusion criteria:** • Planned cesarean delivery • Maternal fever (≥ 38°C) • Known HIV or hepatitis virus infection • Heart or renal disease • Diabetes mellitus	**Cervical dilation at admission, mean cm ± SD:** **G1:** 4.7 ± 1.0 **G2:** 4.7 ± 1.0 **Cervical effacement at admission:** NR	**Labor progression:** NR **Labor augmented, n (%):** Oxytocin: **G1:** 1,859 (70.7) **G2:** 1,913 (70.5) **AROM:** NR **Internal monitoring, n (%):** Electronic fetal monitoring: **G1:** 2,629 (100) **G2:** 2,712 (100) **Amnioinfusion:** NR **Epidural:** NR **Regional analgesia, n (%):** **G1:** 2266 (86.2) **G2:** 2362 (87.1) **Maternal infection in labor, n (%):** Chorioamnionitis: **G1:** 282 (10.7) **G2:** 291 (10.7) **G1/G2:** *P* = 1.00	**<u>Maternal Outcomes</u>** **Cesarean birth, n (%):** **G1:** 692 (26.3) **G2:** 747 (27.5) **G1/G2:** RR = 0.96 (95% CI: 0.87-1.04), *P* = 0.31 **Vaginal, assisted, n (%):** **G1:** 380 (14.5) **G2:** 400 (14.7) **G1/G2:** RR = 0.98 (95% CI: 0.86-1.12), *P* = 0.76 **Vaginal, spontaneous, n (%):** **G1:** 1557 (59.2) **G2:** 1565 (57.7) **G1/G2:** RR = 1.03 (95% CI: 0.98-1.07), *P* = 0.26 **Maternal harms, n (%):** Postpartum endometritis: **G1:** 114 (4.3) **G2:** 120 (4.4) **G1/G2:** *P* = 0.87 Wound complications: **G1:** 4 (0.2) **G2:** 3 (0.1) **G1/G2:** *P* = 0.72 **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):** **G1:** 0 **G2:** 1 (< 0.1) **G1/G2:** *P* = 1.00 **Apgar score < 4, 5 minutes, n (%):** **G1:** 6 (0.2) **G2:** 3 (0.1) **G1/G2:** *P* = 0.34

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Bloom et al., 2006 (continued)					**NICU admission, n (%):** **G1:** 126 (4.8) **G2:** 147 (5.4) **G1/G2:** *P* = 0.30

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Bloom et al., 1997 **Country:** US **Participant source:** Non-academic single site Community **Intervention setting:** Labor and delivery suite **Enrollment period:** 09/1996 to 10/1997 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Walking as desired during 1st stage of labor, as compared with supine, lateral or sitting position in labor bed (usual care) **Groups:** **G1:** Walking group **G2:** Usual care group **Ga:** Women who actually walked **Gb:** Women who did not walk **N at enrollment:** (1st stage of labor) **G1:** 536 **G1a:** 380 **G1b:** 156 **G2:** 531 **N at birth:** **G1:** 536 **G2:** 531 **Age, mean years ± SD:** **G1:** 22.4 ± 5 **G2:** 22.5 ± 5 **Race/ethnicity, n (%):** White: **G1:** 24 (4) **G2:** 26 (5) Black: **G1:** 67 (12) **G2:** 74 (14) Hispanic: **G1:** 440 (82) **G2:** 425 (80) Other: **G1:** 5 (1) **G2:** 6 (1) **Parous, n (%):** **G1:** 264 (49) **G2:** 259 (49) **Medicaid:** NR	**Inclusion criteria:** • Regular uterine contractions • Cervical dilatation of 3-5 cm • Cephalic presentation • 36-41 weeks gestation **Exclusion criteria:** • Any known complications of pregnancy, including breech presentation	**Cervical dilation at admission, mean cm ± SD:** **G1:** 4.0 ± 0.9 **G2:** 4.0 ± 0.8 **G1/G2:** *P* = 0.74 **Cervical effacement at admission:** NR	**Labor progression:** Length of 1st stage, mean hours ± SD: **G1:** 6.1 ± 3.6 **G1a:** 6.2 ± 3.5 **G1b:** 5.5 ± 3.6 **G2:** 6.1 ± 3.5 **G1a/G1b:** *P* = 0.05 **G1a/G2:** *P* = 0.36 Duration of labor 1st stage, nulli-parous women, mean hours ± SD: **G1:** 7.6 ± 3.9 **G2:** 7.3 ± 3.9 **G1/G2:** *P* = 0.47 Duration of labor 1st stage, parous women, mean hours ± SD: **G1:** 4.6 ± 2.4 **G2:** 4.7 ± 2.4 **G1/G2:** *P* = 0.60 Duration of labor 2nd stage, mean hours ± SD: **G1:** 0.6 ± 3.6 **G2:** 0.6 ± 0.7 **G1/G2:** *P* = NS Duration of labor 2nd stage, nulli-parous women, mean hours ± SD: **G1:** 1.0 ± 0.9 **G2:** 0.9 ± 0.8 **G1/G2:** *P* = 0.46 Duration of labor 2nd stage, parous women, mean hours ± SD: **G1:** 0.2 ± 0.3 **G2:** 0.2 ± 0.3 **G1/G2:** *P* = 0.42 **Labor augmented, n (%):** Oxytocin: **G1:** 122 (23) **G1a:** 85 (22) **G2:** 137 (26) **G1a/G2:** *P* = 0.23	**Maternal outcomes** **Cesarean birth, n (%):** Cesarean birth: **G1:** 23 (4) **G2:** 31 (6) **G1/G2:** *P* = 0.25 Cesarean birth, nulliarous women: **G1:** 19 (7) **G2:** 21 (8) **G1/G2:** *P* = 0.74 Cesarean birth, parous women: **G1:** 4 (2) **G2:** 10 (4) **G1/G2:** *P* = 0.10 **Vaginal, assisted, n (%):** Forceps: **G1:** 23 (4) **G2:** 17 (3) **G1/G2:** *P* = 0.35 Forceps, nulli-parous women: **G1:** 21 (8) **G2:** 15 (6) **G1/G2:** *P* = 0.30 Forceps, parous women: **G1:** 2 (1) **G2:** 2 (1) **G1/G2:** *P* = 0.99 **Vaginal, spontaneous, n (%):** **G1:** 490 (91) **G2:** 483 (91) **G1/G2:** *P* = 0.39 **Maternal harms:** NR **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality, n:** **G1:** 0 **G2:** 0

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Bloom et al., 1997 (continued)				Oxytocin, nulli-parous women: **G1:** 95 (35) **G2:** 99 (36) **G1/G2:** *P* = 0.72 Oxytocin, parous women: **G1:** 27 (10) **G2:** 38 (15) **G1/G2:** *P* = 0.12 **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural only, n (%):** **G1:** 29 (5) **G2:** 31 (6) **Epidural and IV analgesia, n (%):** **G1:** 138 (26) **G2:** 153 (29) **Maternal infection in labor, n (%):** Chorioamnionitis: **G1:** 43 (8) **G2:** 42 (8)	**Apgar score < 3, 5 minutes, n:** **G1:** 0 **G2:** 0 **NICU admission:** NR

Among the 380 women in G1 who actually walked, 278 (73%) were asked if they would choose to walk again during a future labor, and 274 (99%) said yes.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Campbell et al., 2006 **Country:** US **Participant source:** Academic single site **Intervention setting:** Ambulatory care center, diner, homes, various locations **Enrollment period:** 1998 to 2002 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Lay doulas (personally chosen, additional support people who received training from a certified doula) **Groups:** **G1:** Doulas support in labor **G2:** Control/ standard care **N at enrollment:** **G1:** 298 **G2:** 300 **N at birth:** **G1:** 291 **G2:** 295 **Age, mean yrs:** **G1:** 22.2 **G2:** 22.6 **Race/ethnicity, %:** White: **G1:** 56 **G2:** 56 Black: **G1:** 36 **G2:** 29 Indian: **G1:** 0.4 **G2:** 0.6 Chinese: **G1:** 0.7 **G2:** 0.2 Filipino: **G1:** 0.4 **G2:** 0.6 Other: **G1:** 6 **G2:** 12 Hispanic: **G1:** 18 **G2:** 21 Non-Hispanic: **G1:** 78 **G2:** 72 Other: **G1:** 4 **G2:** 7	**Inclusion criteria:** • Nulliparous • Singleton pregnancy • Low-risk pregnancy at the time of enrollment in the study • Able to identify a female friend or family member willing to act as a lay doula **Exclusion criteria:** • Contraindication to labor (e.g., placenta previa, planned cesarean)	**Cervical dilation at admission, mean cm ± SD:** **G1:** 4.3 ± 1.3 **G2:** 3.9 ± 1.2 **G1/G2:** *P* = 0.007 **Cervical effacement at admission:** NR	**Length of labor, vaginal births, mean hours ± SD:** **G1:** 10.4 ± 4.3 **G2:** 11.7 ± 4.8 **G1/G2:** *P* = 0.004 Labor augmented, %: Pitocin: **G1:** 46 **G2:** 49 **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, %:** **G1:** 85 **G2:** 88 **G1/G2:** *P* = 0.4 **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, %:** **G1:** 18.9 **G2:** 17.9 **G1/G2:** *P* = 0.7 **Vaginal, assisted:** NR **Vaginal, spontaneous:** NR **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score > 6, %:** 1 minute: **G1:** 95 **G2:** 90 **G1/G2:** *P* = 0.04 5 minutes: **G1:** 99.7 **G2:** 97.0 **G1/G2:** *P* = 0.006 **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Campbell et al., 2006 (continued)	**Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** NR **Low income, %:** **G1:** 100 **G2:** 100				

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Choudhary et al., 2010 **Country:** India **Participant source:** Academic single site **Intervention setting:** Hospital, labor and delivery suite **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosure:** None **Design:** RCT	**Intervention:** Transcervial amnioinfusion during labor complicated by meconium-stained amniotic fluid in a setting with limited peripartum facilities **Groups:** **G1:** Amnioinfusion **G2:** Standard labor manage-ment without amnioinfusion **N at enrollment:** **G1:** 146 **G2:** 146 **N at birth:** **G1:** 146 **G2:** 146 **Age, mean yrs ± SD:** **G1:** 24.0 ± 3.8 **G2:** 25.3 ± 4.7 **Race/ethnicity:** NR **Parous, %:** Multigravida: **G1:** 56.2 **G2:** 56.5 **Medicaid:** Not applicable	**Inclusion criteria:** • Term pregnancy > 37 weeks • Singleton pregnancy • Cephalic presentation • Moderate or thick meconium • Adequate pelvis **Exclusion criteria:** • Indications for immediate delivery such as cord prolapsed • Persistent fetal bradycardia • Chorioamnionitis • Antepartum hemorrhage • Fetal malpresentation • Fetal congenital anomaly • Polyhydramnios • Maternal cardiac or pulmonary disease • Multiple gestation	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR **When meconium detected, cm ± SD:** **G1:** 3.8 ± 1.0 **G2:** 3.5 ± 1.4	**Labor progression, time from meconium detection to delivery, minutes, mean ± SD:** **G1:** 178.3 ± 101.8 **G2:** 130.5 ± 70.4 **G1/G2:** *P* = 0.000 **Labor augmented:** NR **AROM:** NR **Internal monitoring:** NR **Amnioinfusion, n (%):** **G1:** 146 (100) **G2:** 0 **Epidural:** NR **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 43 (29.5) **G2:** 93 (63.7) **Vaginal, assisted, n (%):** **G1:** 0 **G2:** 7 (4.8) **Vaginal, spontaneous, n (%):** **G1:** 103 (70.5) **G2:** 46 (31.5) **Maternal harms, n (%):** Pyrexia: **G1:** 4 (3) **G2:** 8 (5) **G1/G2:** *P* = 0.238 Incoordinate uterine activity: **G1:** 0 **G2:** 3 (2.1) Cord prolapse during amnio-infusion: **G1:** 0 **G2:** 0 **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):** **G1:** 2 (1.4) **G2:** 16 (11) **G1/G2:** *P* = 0.01 **Apgar score < 7, n (%):** 1 minute: **G1:** 15 (10) **G2:** 45 (31) **G1/G2:** *P* < 0.001 5 minutes: **G1:** 1 (0.7) **G2:** 12 (8.2) **G1/G2:** *P* = 0.000 **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Cohen et al., 1987 **Country:** US **Participant source:** Community practice **Intervention setting:** Labor and delivery suite **Enrollment period:** 09/1985 to 06/1986 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Early aggressive management consisted of amniotomy if required, insertion of a fetal electrode, an intrauterine pressure cannula and oxytocin infusion within 30 minutes of presentation to the labor suite. **Groups:** **G1:** Early aggressive management group **G2:** Control group **N at enrollment:** **G1:** 75 **G2:** 75 **N at birth:** **G1:** 75 **G2:** 75 **Age, mean yrs (SEM):** **G1:** 19.5 (0.4) **G2:** 20.6 (0.4) **G1/G2:** *P* = NS **Race/ethnicity, %:** White: **G1:** 54.7 **G2:** 66.7 Black: **G1:** 37.4 **G2:** 21.3 Hispanic: **G1:** 8.0 **G2:** 10.7 **G1/G2:** *P* = NS **Parous, n (%):** Primagravid: **G1:** 75 (100) **G2:** 75 (100) **Medicaid:** NR	**Inclusion criteria:** • Low risk • Primigravid • 37 to 42 weeks • Met standard criteria for admission to labor suite (uterine contractions accompanied by cervical dilation of 3 cm or ruptured membranes) • Demonstrated an inadequate pattern (frequency of < 3 contractions lasting 40 seconds each in a 10 minute time period). **Exclusion criteria:** • See inclusion criteria	**Cervical dilation at admission, mean cm ± SD:** **G1:** 2.6 ± 0.1 **G2:** 3.0 ± 0.1 **G1/G2:** *P* = 0.03 **Cervical effacement at admission, mean (SEM):** **G1:** 82.3 (2.3) **G2:** 85.3 (2.5) **G1/G2:** *P* = NS	**Labor progression, subjects achieving vaginal delivery, mean hours (SEM):** Duration of labor, latent period: **G1:** 1.42 (0.33) **G2:** 2.15 (0.29) **G1/G2:** *P* = NS Duration of labor, active phase: **G1:** 4.38 (0.36) **G2:** 4.14 (0.36) **G1/G2:** *P* = NS Duration of labor, deceleration phase: **G1:** 0.27 (0.07) **G2:** 0.27 (0.06) **G1/G2:** *P* = NS **Labor augmented, n (%):** **G1:** 75 (100)* **G2:** 28 (37)* **AROM:** NR **Internal monitoring, n (%):** Fetal electrode: **G1:** 75 (100) **G2:** NR **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 10 (13) **G2:** 11 (15) **G1/G2:** *P* = NS **Vaginal, assisted, n (%):** **G1:** 6 (8) **G2:** 3 (4) **G1/G2:** *P* = NS **Vaginal, spontaneous, n (%):** **G1:** 59 (79) **G2:** 61 (81) **G1/G2:** *P* = NS **Maternal harms:** NR **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score, 5 minutes, mean (SEM):** **G1:** 8.97 (0.06) **G2:** 8.95 (0.06) **G1/G2:** *P* = NS **Cord pH, mean ± SD:** **G1:** 7.31 (0.01) **G2:** 7.31 (0.01) **G1/G2:** *P* = NS **NICU admission:** NR

* Calculated by reviewer.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Cox et al., 1999 **Country:** UK **Participant source:** Non-academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 05/1996 to 01/1998 **Funding:** Nycomed UK **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Inflatable obstetric belt; synchronized to apply uniform fundal pressure during contraction, used for the 2nd stage of labor **Groups:** **G1:** Inflatable obstetric belt during 2nd stage of labor **G2:** Standard care with 1 hour of passive 2nd stage and 1 hour active pushing; instru-mental delivery if not imminent **N at enrollment:** **G1:** 260 **G2:** 240 **N at birth:** **G1:** 260 **G2:** 240 **Age, mean yrs ± SD:** **G1:** 30.3 ± 4.1 **G2:** 30.1 ± 4.5 Race/ethnicity, n (%): White: **G1:** 224 (93.3) **G2:** 204 (85) Other: **G1:** 36 (13.8) **G2:** 36 (15) **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable	**Inclusion criteria:** • Nulliparous • Singleton • Cephalic presentation • Age 20-40 years • Term delivery (> 37 weeks gestation) • Functioning epidural analgesia • < 10 cm cervical dilatation at admission • Weight < 100 kg • Written in-formed consent **Exclusion criteria:** • History of cancer • Significant cardiovascular, renal, hepatic, GI, respiratory, endocrine, metabolic, hematopoetic, or neurological disorders • Current drug or alcohol abuse • Previous surgery of the myometrium • Moderate to severe PIH • History of antepartum hemorrhage in current pregnancy • Abnormal fetus • Uterine overextension • Hydramnios • Abnormal uterine activity • Signs of placental abruption	**Cervical dilation at insertion of epidural, median cm (range):** **G1:** 4 (3-5) **G2:** 3 (2.5-4.25) **Cervical effacement at admission:** NR	**Labor progression, median minutes (IQR):** Duration of 1st stage: **G1:** 450 (320-622.5) **G2:** 495 (340-645) Length of total 2nd stage: **G1:** 136 (107-160) **G2:** 136 (95.5-165) **G2/G1:** Δ = -1 (95% CI: -10, 7), *P* = 0.8053 **Labor augmented, n (%):** Oxytocin: **G1:** 166 (63.8) **G2:** 151 (62.9) Induced: **G1:** 79 (30.4) **G2:** 66 (27.5) **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 260 (100) **G2:** 240 (100) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 15 (5.8) **G2:** 9 (3.8) **G2/G1:** OR = 0.64 (95% CI: 0.27-1.49), *P* = 0.292 **Vaginal, assisted, n (%):** Lift-out instrumental: **G1:** 108 (41.5) **G2:** 101 (42.1) G2/G1: OR = 1.02 (95% CI: 0.71-1.46), *P* = 0.902 Rotational instrumental: **G1:** 26 (10) **G2:** 36 (15) G2/G1: OR = 1.59 (95% CI: 0.92-2.73), *P* = 0.090 **Vaginal, spontaneous, n (%):** **G1:** 111 (42.7) **G2:** 94 (39.2) G2/G1: OR = 0.86 (95% CI: 0.60-1.24), *P* = 0.423 **Maternal harms, n (%):** 3rd degree tear: **G1:** 17 (6.5) **G2:** 1 (0.4) **G2/G1:** OR = 16.72 (95% CI: 2.81-∞), *P* < 0.001 Catheter insertion for urinary retention: **G1:** 6 (2.3) **G2:** 2 (1.3) **Maternal mortality, n:** **G1:** 0 **G2:** 0

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Cox et al., 1999 (continued**)**					**Neonatal outcomes** **Neonatal mortality, n:** **G1:** 0 **G2:** 0 **Apgar score:** NR **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: East et al., 2006 **Country:** Australia **Participant source:** Academic multisite **Intervention setting:** Labor and delivery suite **Enrollment period:** 07/1999 to 09/2004 **Funding:** Australian National Health and Medical Research Council, Queensland Health, The University of Queensland, TYCO Inc. **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Cardiotocography monitoring with fetal pulse oximetry **Groups:** **G1:** Cardiotocog-raphy with fetal pulse oximetry **G2:** Cardiotocog-raphy only **N at enrollment:** **G1:** 306 **G2:** 295 **N at birth:** **G1:** 306 **G2:** 295 **Age, mean yrs ± SD:** **G1:** 29.7 ± 5.8 **G2:** 28.9 ± 5.6 **Race/ethnicity:** NR **Parous, n (%):** **G1:** 58 (19.0) **G2:** 69 (23.4) **Medicaid:** Not applicable	**Inclusion criteria:** • Non-reassuring cardiotocograph during labor • Early or active labor • Able to give informed consent • Gestational age ≥ 36 weeks • Ruptured amniotic membranes or eligible and consenting to artificial rupture of membranes **Exclusion criteria:** • Multiple gestation • Non-vertex presentation • Placenta previa • Abruptio placentae • Antepartum hemorrhage • Uterine anomaly • Fetal anomalies • Known significant viral infection • Other contraindication to invasive monitoring	**Cervical dilation at admission, median cm (IQR):** **G1:** 3 (2-3.9) **G2:** 3 (2-4) **Cervical effacement at admission:** NR **Prior cesarean, n (%):** **G1:** 19 (6.2) **G2:** 16 (5.4) **Multiple gestation, n:** **G1:** 0 **G2:** 0	**Labor progression, median minutes (IQR):** **G1:** 186 (109, 306) **G2:** 147 (94, 248) **G1/G2:** *P* = 0.01 **Labor augmented, n (%):** Oxytocin infusion: **G1:** 254 (83.3) **G2:** 238 (80.7) Prostaglandin: **G1:** 86 (28.2) **G2:** 88 (29.8) **AROM, n (%):** **G1:** 162 (53.1) **G2:** 171 (58.0) **Internal monitoring, n (%):** **G1:** 305 (100) **G2:** 295 (100) **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 274 (89.8) **G2:** 254 (86.1) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 140 (45.9) **G2:** 142 (48.1) **G1/G2:** RR = 0.95 (95% CI: 0.80-1.13), *P* = 0.584 **Vaginal, assisted, n (%):** **G1:** 84 (27.5) **G2:** 67 (22.7) G1/G2: RR = 1.21 (95% CI: 0.92-1.60), *P* = 0.173 **Vaginal, spontaneous, n (%):** **G1:** 81 (26.6) **G2:** 86 (29.2) G1/G2: RR = 0.91 (95% CI: 0.70-1.18), *P* = 0.478 Maternal harms: NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 4, 1 minute, n (%):** **G1:** 12 (3.9) **G2:** 9 (3.1) **G1/G2:** RR = 1.29 (95% CI: 0.55-3.02), *P* = 0.556 Apgar score < 7, 5 minutes, n (%): **G1:** 5 (1.6) **G2:** 6 (2) **G1/G2:** RR = 0.81 (95% CI: 0.25-2.61), *P* = 0.719

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
East et al., 2006 (continued)					Apgar score, median (IQR): 1 minute: **G1:** 8 (7-9) **G2:** 9 (7-9) **G1/G2:** *P* = 0.344 5 minutes: **G1:** 9 (9-9) **G2:** 9 (9-9) **G1/G2:** *P* = 0.802 **NICU admission, n (%):** **G1:** 9 (3) **G2:** 11 (3.7) **G1/G2:** RR = 0.79 (95% CI: 0.33-1.88), *P* = 0.596

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Gagnon et al., 1997 **Country:** Canada **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 01/1993 to 07/1994 **Funding:** Fonds de la recherche en santé du Québec (FRSQ) **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** One-to-one intrapartum nursing care from the time of randomization until one hour after birth **Groups:** **G1:** One-to-one intrapartum nursing care **G2:** No interven-tion/usual nursing care **N at enrollment:** **G1:** 209 **G2:** 204 **N at birth:** **G1:** 198 **G2:** 204 **Age, mean yrs:** **G1:** 27.6 **G2:** 27.8 **Race/ethnicity:** NR **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable	**Inclusion criteria:** • Nulliparous • Singleton • > 37 weeks gestation • In labor (regular painful contractions ≤ 5 minutes apart) **Exclusion criteria:** • Scheduled cesarean • Scheduled induction • IUGR • Preeclampsia • Paid labor support • Cervical dilation > 4 cm • Nonreactive non-stress test • Absence of fetal heart tones	**Cervical dilation at admission, mean cm ± SD:** **G1:** 2.7 ± 1.0 **G2:** 2.7 ± 1.0 **Cervical effacement at admission:** NR **Multiple gestation, n:** **G1:** 0 **G2:** 0	**Labor duration from randomization, mean hours ± SD:** **G1:** 9.1 ± 4.1 **G2:** 9.4 ± 4.7 **G1/G2:** Δ = -0.3 (95% CI: -1.0,0.4) **Labor augmented, n (%):** Pre-randomization (oxytocin): **G1:** 55 (26.3) **G2:** 45 (22.1) Post-randomization (oxytocin): **G1:** 82 (39.2) **G2:** 96 (47.1) **G1/G2:** RR = 0.83 (95% CI: 0.67-1.04) **AROM, n (%):** **G1:** 128 (61.1) **G2:** 126 (61.8) **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** Before randomization: **G1:** 36 (17.2) **G2:** 41 (20.1) Post-randomization: **G1:** 139 (66.5) **G2:** 142 (69.6) **G1/G2:** RR = 0.96 (95% CI: 0.84-1.09) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 29 (13.9) **G2:** 33 (16.2) **G1/G2:** RR = 0.86 (95% CI: 0.54-1.36) **Vaginal, assisted, n (%):** **G1:** 48 (23.0) **G2:** 44 (21.6) **G1/G2:** RR = 1.06 (95% CI: 0.74-1.53) **Vaginal, spontaneous, n (%):** **G1:** 131 (63.1) **G2:** 127 (62.3) **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score, mean ± SD:** 1 minute: **G1:** 8.0 ± 1.4 **G2:** 8.3 ± 0.9 **G1/G2:** Δ = -0.3 (95% CI: -0.5,-0.1) 5 minutes: **G1:** 8.9 ± 0.9 **G2:** 9.0 ± 0.8 **G1/G2:** Δ = -0.1 (95% CI: -0.3,0.1) **NICU admission, n (%):** **G1:** 15 (7.2) **G2:** 10 (4.9) **G1/G2:** RR = 1.46 (95% CI: 0.67-3.18)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Gambling et al., 1998 **Country:** US **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 08/1994 to 02/1995 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Combined spinal epidural (CSE) arm: IV bolus 500 mL Ringer's lactate; 10 µg sufentanil injected into subarachnoid space; 0.25% bupivacaine administered via epidural in 3-5 mL increments to achieve bilateral T10-T8 sensory level, followed by epidural infusion 0.125% bupiva-caine and 2µg/mL fentanyl at 8-10 mL/hour (rate halved at start of 2nd stage) Meperidine group: initial dose of 50 mg meperidine and 25 mg prome-thazine IV; then 50 mg meperidine on request every hour (max 200 mg in 4 hours) **Groups:** **G1:** Combined spinal-epidural analgesia **G2:** IV meperidine analgesia (50 mg on demand/ max 200 mg in 4 hours) **N at enrollment:** **G1:** 616 **G2:** 607 **N at birth:** **G1:** 616 **G2:** 607 **Age, mean yrs ± SD:** **G1:** 21.7 ± 4.9 **G2:** 22.4 ± 4.9	**Inclusion criteria:** • Healthy parturient • In spontaneous labor • Term pregnancy **Exclusion criteria:** • Pregnancy complication • Cervical dilatation > 5 cm on admission • Other than singleton cephalic gestation	**Cervical dilation at admission, median cm (IQR):** **G1:** 4.0 (3.0, 5.0) **G2:** 4.0 (3.25, 5.0) **Cervical effacement at admission:** NR	**Labor progression:** First analgesia to delivery interval, mean hours ± SD: **G1:** 5.0 ± 3.3 **G2:** 4.0 ± 3.1 **G1/G2:** *P* = 0.0001 First analgesia to delivery interval, nulliparous women, mean hours ± SD: **G1:** 6.0 ± 3.4 **G2:** 4.9 ± 3.2 **G1/G2:** *P* < 0.0002 First analgesia to delivery interval, protocol compliant women, mean minutes ± SD: **G1:** 298 ± 199 **G2:** 177 ± 131 **G1/G2:** *P* < 0.005 Second stage of labor, mean minutes ± SD: **G1:** 48 ± 50 **G2:** 31 ± 34 **G1/G2:** *P* = 0.0001 Second stage > 2 hours, n (%): **G1:** 61 (10) **G2:** 24 (4) Second stage of labor, nulliparous women, mean minutes ± SD: **G1:** 64 ± 54 **G2:** 43 ± 38 **G1/G2:** *P* < 0.0002 Second stage > 2 hours, nulliparous women, n (%): **G1:** 54 (16) **G2:** 19 (6)	**Maternal outcomes** **Cesarean birth, n (%):** Cesarean birth: **G1:** 39 (6) **G2:** 34 (5.5) **G1/G2:** *P* = NS Cesarean birth for dystocia: **G1:** 23 (3.5) **G2:** 25 (4.0) **G1/G2:** *P* = NS Cesarean birth, nulliparous women: **G1:** 30 (10) **G2:** 25 (9) **G1/G2:** *P* = NS Cesarean birth for dystocia, nulli-parous women: **G1:** 21 (7) **G2:** 24 (8) **G1/G2:** *P* = NS Cesarean birth, protocol compliant nulliparous women: **G1:** 27 (11) **G2:** 8 (5) **G1/G2:** *P* = 0.023 **Vaginal, assisted, n (%):** Outlet forceps: **G1:** 10 (1.5) **G2:** 10 (1.5) Low forceps: **G1:** 41 (6.5) **G2:** 24 (4) **Vaginal, spontaneous, n (%):** **G1:** 526 (86) **G2:** 539 (89) G1/G2: *P* = NS

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Gambling et al., 1998 (continued)	**Race/ethnicity, n (%)** White: **G1:** 64 (10) **G2:** 54 (9) Black: **G1:** 180 (29) **G2:** 177 (29) Hispanic: **G1:** 360 (59) **G2:** 366 (60) Other: **G1:** 12 (2) **G2:** 10 (2) **Parous, n (%):** **G1:** 280 (45.5) **G2:** 293 (48.3) **Medicaid:** NR				**Vaginal, spontaneous, nulliparous women, n (%):** **G1:** 229 (77) **G2:** 230 (80) G1/G2: *P* = NS **Maternal harms, n (%):** Maternal fever > 38ºC, protocol compliant nulli-parous women: **G1:** 88 (22) **G2:** 11 (3) **G1/G2:** *P* < 0.005 **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, 5 minutes, n (%):** **G1:** 0 **G2:** 1 (0.2) **NICU admission:** NR

* Calculated by reviewer.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Garite et al., 2000 **Country:** US **Participant source:** Academic multi site **Intervention setting:** Labor and delivery suite **Enrollment period:** NR **Funding:** Nellcor Division of Mallinckrodt, Inc. **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Fetal pulse oximetry (Nellcor FS14 fetal oxygen sensor inserted trancervically until it rests against fetal cheek; connected to Nellcor N-400 monitor), in addition to FHR monitoring **Groups:** **G1:** Fetal pulse oximetry with FHR monitoring **G2:** FHR monitoring alone **N at enrollment:** **G1:** 508 **G2:** 502 **N at birth:** **G1:** 508 **G2:** 502 **Age, mean yrs:** **G1:** 27.6 **G2:** 27.3 **Race/ethnicity, n (%):** White: **G1:** 331 (65) **G2:** 303 (60) Black: **G1:** 51 (10) **G2:** 72 (14) Hispanic: **G1:** 103 (20) **G2:** 104 (21) Asian: **G1:** 18 (4) **G2:** 20 (4) **Parity, mean:** **G1:** 0.7 **G2:** 0.7 **Medicaid, n (%):** **G1:** 171 (34) **G2:** 181 (36)	**Inclusion criteria:** • ≥ 36 weeks gestational age • In active labor • One or more of the FHR patterns included • Singleton in a cephalic presentation • Cervix dilated ≥ 2 cm and at the -2 station or below • Ruptured membranes **Exclusion criteria:** • Planned cesarean • Placenta previa • Need for immediate delivery • Active genital herpes or known HIV infection • Participation in other studies	**Cervical dilation at admission, mean cm:** **G1:** 5.7 **G2:** 5.5 **Cervical effacement at admission:** NR **Prior cesarean, n (%):** **G1:** 64 (13) **G2:** 60 (12) **Multiple gestation, n:** **G1:** 0 **G2:** 0	**Labor progression:** NR **Labor augmented, n (%):** Prostaglandin: **G1:** 157 (31) **G2:** 123 (25) **AROM (amniotomy), n (%):** **G1:** 340 (67) **G2:** 318 (63) **Internal monitoring (scalp pH monitoring), n (%):** **G1:** 15 (3) **G2:** 26 (5) **Amnioinfusion, n (%):** **G1:** 177 (35) **G2:** 180 (36) **Epidural, n (%):** **G1:** 487 (96) **G2:** 471 (94) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** All indications: **G1:** 147 (29) **G2:** 130 (26) **G1/G2:** *P* = 0.49 Non-reassuring fetal status: **G1:** 23 (5) **G2:** 51 (10) **G1/G2:** *P* < 0.0001 Fetal intolerance with dystocia: **G1:** 27 (5) **G2:** 35 (7) **G1/G2:** *P* = NS Dystocia: **G1:** 94 (19) **G2:** 43 (9) **G1/G2:** *P* < 0.0001 **Vaginal, assisted, n (%):** **G1:** 120 (24) **G2:** 117 (23) G1/G2: *P* = NS **Vaginal, spontaneous, n (%):** **G1:** 241 (47) **G2:** 255 (51) G1/G2: *P* = NS **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):** **G1:** 3 (0.6) **G2:** 2 (0.4)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Garite et al., 2000 (continued)					**Apgar score < 7, 5 minutes, n:** **G1:** 8 **G2:** 19 **G1/G2: *P* = 0.05Apgar score, mean:** 1 minute: **G1:** 7.5 **G2:** 7.6 5 minutes: **G1:** 8.7 **G2:** 8.8 **NICU admission, n:** **G1:** 92 **G2:** 74

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Garite et al., 2000 **Country:** US **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Lactated Ringer's or isotonic saline IV infusion, 125 or 250 mL/hr **Groups:** **G1:** 125 mL/hr fluid infusion **G2:** 250 mL/hr fluid infusion **N at enrollment:** **G1:** 94 **G2:** 101 **N at birth:** **G1:** 94 **G2:** 101 **Age, mean yrs:** **G1:** 21.2 **G2:** 21.5 **Race/ethnicity, n (%):** White: **G1:** 18 (19.1) **G2:** 23 (22.7) Hispanic: **G1:** 63 (67.0) **G2:** 66 (65.3) Black: **G1:** 3 (3.1) **G2:** 1 (0.9) Asian: **G1:** 7 (7.4) **G2:** 7 (6.9) Other: **G1:** 3 (3.1) **G2:** 4 (3.9) **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** NR	**Inclusion criteria:** • Nulliparous • Spontaneous active labor • Singleton pregnancy • ≥ 36 weeks gestation • Cephalic presentation • Dilatation 2-5 cm, with or without ruptured membranes **Exclusion criteria:** • Labor induction • Preeclampsia • Cardiac or renal disease • Previous cesarean • Chorioamnionitis, pyelonephritis, or other febrile illness	**Cervical dilation at radomization, mean cm:** **G1:** 3.6 **G2:** 3.8 **Cervical effacement at admission, mean %:** **G1:** 87.2 **G2:** 89.6	**Labor progression, duration of labor, mean minutes:** **G1:** 552 **G2:** 484 **Labor augmented, n (%):** Oxytocin: **G1:** 61 (65) **G2:** 51 (49) **AROM, n (%):** **G1:** 29/48 (60) **G2:** 22/54 (41) **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 73 (77.6) **G2:** 76 (75.2) **Maternal infection in labor, n (%):** Endometritis: **G1:** 8 (9) **G2:** 3 (3) Chorioamnionitis (maternal temp > 38ºC): **G1:** 18 (19) **G2:** 15 (15)	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 16 (17.0) **G2:** 10 (9.9) **G1/G2:** *P* = 0.22 **Vaginal, assisted, n (%):** **G1:** 15 (16) **G2:** 22 (21) G1/G2: *P* = 0.68 **Vaginal, spontaneous, n (%):*** **G1:** 63 (67) **G2:** 69 (68) **Maternal harms:** NR **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality, n:** **G1:** 0 **G2:** 0 **Apgar score < 7, 5 minutes, n (%):** **G1:** 0 **G2:** 1 (0.9) **NICU admission, n (%):** **G1:** 8 (8.5) **G2:** 10 (9.9)

* The number of spontaneous vaginal births was calculated by the reviewer, subtracting the number of operative vaginal and cesarean deliveries from the overall N for the group

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Harper et al., 2006 **Country:** US **Participant source:** Academic single site **Intervention setting:** Clinic **Enrollment period:** 07/2004 to 02/2005 **Funding:** Bowes Cefalo Young Researcher Award, North Carolina Academic Alliance for Integrative Medicine Pilot Funding **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Acupuncture treatments 3 out of 4 consecutive days. Needles inserted and left in place for 30 minutes, following treatment regimen from Shanghai College of Medicine text. **Groups:** **G1:** Acupuncture **G2:** Control/no acupuncture **N at enrollment:** **G1:** 30 **G2:** 26 **N at birth:** **G1:** 30 **G2:** 26 **Age, mean yrs ± SD:** **G1:** 29.2 ± 4.9 **G2:** 29.1 ± 4.8 **Race/ethnicity, n (%):** Caucasian: **G1:** 27 (90) **G2:** 22 (85) Black: **G1:** 1 (3) **G2:** 3 (11) Hispanic: **G1:** 2 (7) **G2:** 1 (4) **Parous:** NR **Medicaid:** NR	**Inclusion criteria:** • Nulliparous • 39 4/7 to 41 weeks gestation • Singleton pregnancy • Vertex fetus • Cervical Bishop score < 7 **Exclusion criteria:** • Uncertain dating as described by ACOG criteria • Contraindications to vaginal delivery (breech, previa) • Previous inability to tolerate acupuncture	**Cervical dilation at admission, mean cm:** **G1:** 3.3 **G2:** 2.7 **G1/G2:** *P* = 0.28 **Cervical effacement at admission:** NR	**Labor progression, time from enrollment to delivery, mean hours ± SD:** **G1:** 124 ± 86.7 **G2:** 145 ± 82.7 **G1/G2:** *P* = 0.36 **Labor augmented:** NR **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, %:** **G1:** 17 **G2:** 39 **G1/G2:** OR = 3.13 (95% CI: 0.99-10.8), *P* = 0.07 **Vaginal, assisted:** NR **Vaginal, spontaneous:** NR **Maternal harms:** NR **Maternal mortality:** NR **Infant outcomes** **Neonatal mortality:** NR **Apgar score:** **G1:** NR **G2:** NR **G1/G2:** *P* = NS **NICU admission:** **G1:** NR **G2:** NR **G1/G2:** *P* = NS

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Hemminki et al., 1990 **Country:** Finland **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 1987 to 1988 **Funding:** Finnish Academy of Science **Author industry relationship disclosure:** NR **Design:** Two RCTs	**Intervention:** Two trials of midwifery student support during labor **Groups:** **G1a:** Midwifery students **G2a:** Usual care **Ga:** 1987 trial **Gb:** 1988 trial **N at enrollment:** **G1a:** 41 **G2a:** 38 **G1b:** 81 **G2b:** 80 **N at birth:** **G1a:** 41 **G2a:** 38 **G1b:** 81 **G2b:** 80 **Age, mean yrs ± SD:** **G1a:** 30 ± 5.2 **G2a:** 28.1 ± 5.1 **G1b:** 27.3 ± 5.3 **G2b:** 29.5 ± 5.6 **Race/ethnicity:** NR **Parous, %:** **G1a:** 54 **G2a:** 37 **G1b:** 49 **G2b:** 59 **Medicaid:** Not applicable	**Inclusion criteria:** • For 1987 trial, enrolled in reception or labor wards (including women entered from antenatal ward or arrived at the time when no free students were on duty) • For 1988 trial, enrolled in labor ward only **Exclusion criteria:** • Planned cesarean section • Gestation < 35 weeks • Breech presentation • Multiple pregnancy • Serious disease (e.g., diabetes, serious preeclampsia) • Cervical dilatation > 8 cm and/or delivery expected in less than 3 hours	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression:** Admission to birth, mean hours ± SD: **G1a:** 8.3 ± 6.2 (n = 34) **G2a:** 10.0 ± 6.8 (n = 31) **G1b:** 7.6 ± 4.9 (n = 71) **G2b:** 9.2 ± 6.1 (n = 73) **G1:** 7.8 ± 5.3 **G2:** 9.5 ± 6.3 **G1a/G2a:** *P* = NS **G1b/G2b:** *P* = NS **G1/G2:** *P* < 0.05 Admission to birth > 11 hours, %: **G1a:** 12 (n = 34) **G2a:** 29 (n = 31) **G1b:** 16 (n = 71) **G2b:** 23 (n = 73) **G1:** 15 **G2:** 25 **G1a/G2a:** *P* = NS **G1b/G2b:** *P* = NS **G1/G2:** *P* = NS Randomization to birth, mean hours ± SD: **G1a:** NR **G2a:** NR **G1b:** 5.1 ± 3.8 **G2b:** 5.7 ± 3.7 **G1b/G2b:** *P* = NS Randomization to birth ≥ 11 hours, %: **G1a:** NR **G2a:** NR **G1b:** 5 **G2b:** 15 **G1b/G2b:** *P* < 0.05 **Labor augmented, %:** Oxytocin: **G1a:** 8 **G2a:** 8 **G1b:** 10 G2b: 20	**Maternal outcomes** **Cesarean birth, %:** **G1a:** 0 **G2a:** 8 **G1b:** 3 **G2b:** 4 **G1:** 2 **G2:** 5 **G1a/G2a:** *P* = NS **G1b/G2b:** *P* = NS **G1/G2:** *P* = NS **Vaginal, assisted, %:*** **G1a:** 7 **G2a:** 3 **G1b:** 4 **G2b:** 6 **G1:** 5 **G2:** 5 **G1a/G2a:** *P* = NS **G1b/G2b:** *P* = NS **G1/G2:** *P* = NS **Vaginal, spontaneous, %:** **G1a:** 93 **G2a:** 89 **G1b:** 93 **G2b:** 90 **G1:** 93 **G2:** 90 **Maternal harms:** NR **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score, 5 minutes, mean ± SD:** **G1:** 9.12 ± 0.48 **G2:** 8.98 ± 0.45 **G1/G2:** *P* < 0.05 **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Hemminki et al., 1990 (continued)				**G1a/G2a:** *P* = NS, **G1b/G2b:** *P* = NS **AROM:** NR **Internal monitoring, n (%):** Fetal blood sampling: **G1a:** NR **G2a:** NR **G1b:** NR **G2b:** NR **G1a/G2a:** *P* = NS **G1b/G2b:** *P* = NS **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor:** NR	

* The proportion of spontaneous vaginal deliveries was calculated by the reviewer, subtracting assisted vaginal and cesarean deliveries from 100%.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Hinshaw et al., 2008 **Country:** UK **Participant source:** Non-academic multi site **Intervention setting:** Clinic **Enrollment period:** 01/1999 to 12/2001 **Funding:** NHS, Northern and Yorkshire Region Research Programme **Author industry relationship disclosure:** NR **Design:** RCT, not blinded	**Intervention:** All patients had amniotomy if membranes intact prior to randomi-zation. Oxytocin started within 20 minutes of randomization; starting dose 2 mu/min increased by doubling every 30 minutes until contraction rate of 4-5 in 10 minutes achieved, or a max dose of 32 mu/minute reached. **Groups:** **G1:** Immediate oxytocin **G2:** Conservative management (oxytocin withheld up to 8 hours) **N at enrollment:** **G1:** 208 **G2:** 204 **N at birth:** **G1:** 208 **G2:** 204 **Age, median yrs (IQR):** **G1:** 22 (20-28) **G2:** 23 (19-29) **Race/ethnicity:** NR **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable	**Inclusion criteria:** • Low-risk • Nulliparous • Spontaneous labor (≥ 2 contractions in 10 minutes and dilation ≥ 3 cm) at term (37 to 42 weeks) • Primary dysfunctional labor (dilation progressed by ≤ 2 cm over 4 hours from an initial dilation of 3-6 cm) • Singleton, vertex fetus **Exclusion criteria:** • Did not receive information sheet about trial during the antenatal period	**Cervical dilation at admission, median (IQR):** **G1:** 4.0 (3.0-4.0) **G2:** 4.0 (3.0-4.0) **Cervical dilation immediately prerandom-ization, median (IQR):** **G1:** 5.0 (4.0-5.5) **G2:** 5.0 (4.0-5.5) **Cervical effacement at admission:** NR **Prior cesarean, n:** **G1:** 0 **G2:** 0 **Multiple gestation, n:** **G1:** 0 **G2:** 0	**Labor progression:** NR **Labor augmented, n:** **G1:** 202 **G2:** 30 **AROM, n (%):** **G1:** 155 (75) **G2:** 158 (79) **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** Pre-randomization: **G1:** 49 (24) **G2:** 48 (24) Post-randomization: **G1:** 111 (53) **G2:** 120 (59) **G1/G2:** OR = 0.80 (95% CI: 0.5-1.2) **Maternal infection in labor, n (%):** Pyrexia: **G1:** 4 (1.9) **G2:** 8 (3.9) **G1/G2:** OR = 0.48 (95% CI: 0.14-1.6)	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 28 (14) **G2:** 28 (14) **G1/G2:** OR = 0.98 (95% CI: 0.6-1.7) **Vaginal, assisted, n (%):** **G1:** 47 (23) **G2:** 62 (30) **G1/G2:** OR = 0.67 (95% CI: 0.4-1.0) **Vaginal, spontaneous, n (%):** **G1:** 133 (64) **G2:** 114 (56) **G1/G2:** OR = 1.40 (95% CI: 0.9-2.1) **Postpartum haemorrhage (> 500 ml), n (%):** **G1:** 41 (20) **G2:** 45 (22) **G1/G2:** OR = 0.87 (95% CI: 0.5-1.4) **Blood trans-fusion, n (%):** **G1:** 10 (4.8) **G2:** 10 (4.9) **Major depression (EPDS > 12), n (%):** **G1:** 30/150 (20) **G2:** 24/163 (15) G1/G2: *P* = 0.22 Maternal mortality: NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n:** **G1:** 1 **G2:** 1 **G1/G2:** OR = 0.98 (95% CI: 0.06-16)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Hinshaw et al., 2008 (continued)					**Apgar score ≤ 7, 5 minutes, n (%):** **G1:** 5 (2.5) **G2:** 3 (1.5) **NICU admission, n (%):** **G1:** 6 (2.9) **G2:** 5 (2.5) **G1/G2:** OR = 1.2, (95% CI: 0.4-3.9)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Hodnett et al., 2002 **Country:** US & Canada **Participant source:** Multi-site (9 academic and 4 non-academic) **Intervention setting:** Labor and delivery suite **Enrollment period:** 05/1999 to 05/2001 **Funding:** NIH **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Continuous labor support by specially trained nurse during labor (support for a minimum of 80% of time from randomization to delivery) **Groups:** **G1:** Continuous labor support by trained support nurse **G2:** Usual care by a nurse who had not received the labor support training **N at enrollment:** **G1:** 3,454 **G2:** 3,461 **N at birth:** **G1:** 3,454 **G2:** 3,461 **N at follow-up:** **G1:** 2,836 **G2:** 2,765 **Age, mean yrs ± SD:** **G1:** 29.4 ± 5.5 **G2:** 29.5 ± 5.7 **Race/ethnicity, n (%):** White: **G1:** 2,561 (74.2) **G2:** 2,594 (75) Asian/Pacific Islander: **G1:** 335 (9.7) **G2:** 333 (9.6) Black: **G1:** 158 (4.6) **G2:** 130 (3.8) Hispanic: **G1:** 182 (5.3) **G2:** 183 (5.3) Native American/ Native Canadian: **G1:** 124 (3.6) **G2:** 137 (4)	**Inclusion criteria:** • Live singleton fetus or twins • No contraindications to labor • Competent to give informed consent • In established labor but 2nd stage not imminent **Exclusion criteria:** • Gestational age < 34 weeks at labor onset • Planning cesarean delivery • Already enrolled in labor/delivery management study with incompatible protocol • Expecting continuous support from either midwives or doulas/labor coaches • Such high-risk that a 1:1 patient-nurse ratio was deemed medically necessary	**Cervical dilation at admission, n (%):** < 3 cm: **G1:** 706 (20.4) **G2:** 718 (20.8) 3-6 cm: **G1:** 1,732 (50.1) **G2:** 1,772 (51.2) > 6 cm: **G1:** 72 (2.1) **G2:** 80 (2.3) Unknown: **G1:** 944 (27.3) **G2:** 891 (25.7) **Cervical effacement at admission:** NR **Prior cesarean, n (%):** **G1:** 188 (5.4) **G2:** 153 (4.4) **Multiple gestation, n (%):** **G1:** 22 (0.6) **G2:** 12 (0.3)	**Labor progression, time from active labor to delivery, median hours (IQR):** **G1:** 7.1 (4.4-10.8) **G2:** 6.9 (4.3-10.6) **Labor augmented, n (%):** **G1:** 1,040 (30.1) **G2:** 942 (27.2) **G1/G2:** *P* = 0.008 **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 2,282 (66.1) **G2:** 2,352 (68) **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 432 (12.5) **G2:** 437 (12.6) **G1/G2:** *P* = 0.44 **Vaginal, assisted, n (%):** **G1:** 541 (15.7) **G2:** 561 (16.2) G1/G2: *P* = 0.54 **Vaginal, spontaneous, n (%):** **G1:** 2,481 (71.8) **G2:** 2,463 (71.2) G1/G2: *P* = 0.54 **Maternal harms, n (%):** Fever:[1] **G1:** 23 (0.7) **G2:** 16 (0.5) Hemorrhage:[2] **G1:** 93 (2.7) **G2:** 91 (2.6) **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality, n (%):** **G1:** 2 (0.06) **G2:** 1 (0.03) **Apgar score < 7, n (%):** 1 minute: **G1:** 317 (9.1) **G2:** 367 (10.6) G1/G2: *P* = 0.04 5 minutes: **G1:** 30 (0.9) **G2:** 25 (0.7) **G1/G2:** *P* = 0.5

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Hodnett et al., 2002 (continued)	**Other:** **G1:** 94 (2.7) **G2:** 83 (2.4) **Parous, n (%):** **G1:** 1,753 (50.7) **G2:** 1,767 (51) **Medicaid:** NR				**NICU/ Intermediate care admission, n (%):**[3] **G1:** 246 (7.1) **G2:** 254 (7.3) **G1/G2:** *P* = 0.7

[1]Oral temperature of ≥ 38ºC on two occasions, at least 24 hours apart, not including the first 24 hours after delivery.

[2]Hemorrhage during postpartum stay (blood volume ≥ 1000 mL)

[3]Newborns admitted to a higher level of care (intermediate and/or neonatal intensive care nursery)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Hofmeyr et al., 1998 [See Mahomed et al., 1998] **Country:** South Africa **Participant source:** Academic multisite **Intervention setting:** Labor and delivery suite **Enrollment period:** 1991 to 1996 **Funding:** South African Medical Research Council, University of Witwatersand, UNDP/UNFPA/ WHO/World Bank Special Programme of Research, Development, and Research Training in Human Reproduction, Utah Medical **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Transcerival amnioinfusion of 800 mL of saline at 15 mL/min followed by main-tenance infusion at 3 mL/min **Groups:** **G1:** Amnioinfusion **G2:** Control/ routine care **N at enrollment:** **G1:** 176 **G2:** 176 **N at birth:** **G1:** 167 **G2:** 159 **Age, mean yrs ± SD:** **G1:** 25.4 ± 6.4 **G2:** 25.7 ± 6.7 **Race/ethnicity:** NR **Parous, n (%):** **G1:** 88/163 (54)* **G2:** 79/160 (49.4)* **Medicaid:** Not applicable	**Inclusion criteria:** • In labor • ≥ 37 weeks gestation • Singleton • Cephalic presentation • Moderate or heavy meconium staining of amniotic fluid **Exclusion criteria:** • See inclusion criteria	**Cervical dilation at admission, mean cm ± SD:** **G1:** 4.7 ± 1.8 **G2:** 4.9 ± 1.5 **Cervical effacement at admission:** NR **Prior cesarean, n (%):** **G1:** 12/152 (7.9) **G2:** 10/153 (6.5)	**Labor progression:** NR **Labor augmented:** NR **AROM:** NR **Internal monitoring:** NR **Amnioinfusion, n (%):** **G1:** 167 (100) **G2:** 0 **Epidural:** NR **Maternal infection in labor, n (%):** Postpartum temperature > 38°C: **G1:** 19/149 (13) **G2:** 15/145 (10)	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 70/167 (42) **G2:** 68/159 (43) **G1/G2:** RR = 0.98 (95% CI: 0.76-1.26) **Vaginal, assisted, n (%):** **G1:** 9/167 (5.4) **G2:** 12/159 (7.5) G1/G2: RR = 0.72 (95% CI: 0.31-1.67) **Vaginal, spontaneous, n (%):** **G1:** 88 (52)* **G2:** 79 (49)* Maternal harms: NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n:** **G1:** 0 **G2:** 0 **Apgar score < 7, 5 minutes, n (%):** **G1:** 6/166 (3.6) **G2:** 4/165 (2.4) G1/G2: RR = 1.49 (95% CI: 0.43-5.18) **Cord pH, 7.2:** **G1:** 18/96 (19) **G2:** 20/105 (19) G1/G2: RR = 0.98 (95% CI: 0.55-1.75) **NICU admission, n (%):** **G1:** 3/164 (1.8) **G2:** 4/163 (2.5) G1/G2: RR = 0.75 (95% CI: 0.17-3.28)

* Calculated by reviewer

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Homer et al., 2001 **Country:** Australia **Participant source:** NR **Intervention setting:** Antenatal clinics, public hospital labor and delivery suite **Enrollment period:** 01/1997 to 04/1998 **Funding:** Australian National Health and Medical Research Council, New South Wales Health Department **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Community-based model providing continuity of midwifery care throughout antenatal, intrapartum, and postnatal periods via two teams of six full-time midwives **Groups:** **G1:** Community-based model **G2:** Standard care **N at enrollment:** **G1:** 640 **G2:** 643 **N at birth:** **G1:** 550 **G2:** 539 **Age, mean yrs:** **G1:** 28.2 **G2:** 28 **Language of country of birth, n (%):** English: **G1:** 256 (46.5) **G2:** 256 (47.5) Chinese: **G1:** 90 (16.4) **G2:** 93 (17.3) Arabic: **G1:** 86 (15.6) **G2:** 87 (16.1) Other non-English: **G1:** 116 (21.1) **G2:** 98 (18.2) Unknown: **G1:** 2 (0.4) **G2:** 5 (0.9) **Parous, n (%):** **G1:** 297 (54) **G2:** 291 (54) **Medicaid:** Not applicable	**Inclusion criteria:** • < 24 weeks gestation at first visit • Reside in designated catchment area • Planned to have baby in hospital delivery suite **Exclusion criteria:** • Presence of significant maternal disease (e.g., renal disease with impaired renal function, essential hypertension, insulin dependent diabetes) • Two previous cesareans • Previous classical cesarean	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR **Prior cesarean, n (%):** **G1:** 33 (6.0) **G2:** 44 (8.2) **Multiple gestation (twins), n (%):** **Total:** 10 (0.9) **Grandmultiparity (> 5 births), n (%):** **G1:** 10 (1.8) **G2:** 7 (1.3) **Past significant postpartum haemorrhage, n (%):** **G1:** 7 (1.3) **G2:** 8 (1.5) **Previous pre-eclampsia, n (%):** **G1:** 28 (5.1) **G2:** 21 (3.9) **Previous gestational diabetes, n (%):** **G1:** 10 (1.8) **G2:** 15 (2.8) **Antenatal complications, n (%):** Antenatal admission: **G1:** 53 (9.6) **G2:** 72 (13.4) Day assessment unit: **G1:** 27 (4.9) **G2:** 30 (5.6) Antepartum haemorrhage: **G1:** 9 (1.6) **G2:** 14 (2.6)	**Labor progression:** NR **Labor augmented, n (%):** **G1:** 227 (41.3) **G2:** 200 (37.1) **AROM:** NR **Internal monitoring (electronic fetal monitoring), n (%):** **G1:** 252 (45.8) **G2:** 275 (51.0) **Amnioinfusion:** NR **Epidural/spinal anesthesia, n (%):** **G1:** 157 (28.5) **G2:** 172 (31.9) **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** Total: **G1:** 73 (13.3) **G2:** 96 (17.8) Elective: **G1:** 21 (3.8) **G2:** 34 (6.3) Emergency: **G1:** 52 (9.5) **G2:** 62 (11.5) **Vaginal, assisted, n (%):** Forceps/vacuum extraction: **G1:** 71 (12.9) **G2:** 63 (11.7) **Vaginal, spontaneous, n (%):*** **G1:** 406 (73.8) **G2:** 381 (70.7) **Maternal harms:** NR **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality, n:** **G1:** 4 **G2:** 4 **Apgar score, 5 minutes, mean:** **G1:** 8.9 **G2:** 8.8 **G1/G2:** *P* = 0.3 **Apgar score < 7, 5 minutes, n (%):** **G1:** 12 (2.2) G2: 13 (2.4) **G1/G2:** *P* = 0.8

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Homer et al., 2001 (continued)			Pre-eclampsia: **G1:** 33 (6.0) **G2:** 34 (6.3) Gestational diabetes: **G1:** 42 (7.6) **G2:** 37 (6.9) Threatened preterm labour: **G1:** 8 (1.5) **G2:** 12 (2.2) Other: **G1:** 76 (13.8) **G2:** 96 (18)		**NICU (special care nursery) admission, n (%):** **G1:** 80 (14.5) **G2:** 102 (18.9) **G1/G2:** *P* = 0.12

* Number of spontaneous vaginal births calculated by the reviewer, subtracting the number of cesarean and assisted vaginal births from overall total births.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Jalil et al., 2009 **Country:** Malaysia **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 2005 to 2006 **Funding:** Universiti Sains Malaysia **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Epidural analgesia: 12ml of 0.2% ropivacaine followed by continuous 0.2% ropivacaine with 2 µg/ml fentanyl at 7-10 ml/hr; IV bolus ≥ 500 mL lactated Ringer's Intramuscular (IM) pethidine: 75-100 mg with 25 mg of promethazine hydrochloride at first request followed by 75 mg pethidine (up to 300 mg in 4 hr) upon request. **Groups:** **G1:** Epidural ropivacaine **G2:** IM pethidine **N at enrollment:** **G1:** 94 **G2:** 98 **N at birth:** **G1:** 94 **G2:** 98 **Age, mean yrs ± SD:** **G1:** 28.7 ± 5.6 **G2:** 29.5 ± 5.1 **Race/ethnicity, n (%):** Malay: **G1:** 86 (91.5) **G2:** 96 (98) Non-Malay: **G1:** 8 (8.5) **G2:** 2 (2) **Parous, n (%):** **G1:** 94 (100) **G2:** 98 (100) **Medicaid:** Not applicable	**Inclusion criteria:** • Laboring women with ASA 1-11 • 2nd to 5th pregnancy with tested pelvis • Full term • Spontaneous labor • Age 18-40 years • Singleton with cephalic presentation • 3-5 cm OS • Height > 150 cm • Weight < 100 kg • Good working epidural (pain score VAS ≤ 30 mm after 15 min of epidural administration) **Exclusion criteria:** • Bad obstetric history • Post date • History of allergy to local anesthetic • Patient refusal • Failed epidural • Contraindications for epidural analgesia	**Cervical dilation at admission, mean cm ± SD:** **G1:** 3.7 ± 0.71 **G2:** 3.85 ± 0.78 **G1/G2:** *P* = 0.401 **Cervical effacement at admission:** NR	**Labor progression, mean minutes ± SD:** 1st stage of labor: **G1:** 506.6 ± 151.7 **G2:** 392.1 ± 190.7 **G1/G2:** *P* = 0.001 2nd stage of labor: **G1:** 24.0 ± 11.1 **G2:** 10.1 ± 9.8 **G1/G2:** *P* = 0.001 **Labor augmented, n (%):** Oxytocin: **G1:** 29 (30.8) **G2:** 79 (80.6) **G1/G2:** *P* = 0.001 **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 94 (100) **G2:** 0 **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 11 (11.7) **G2:** 7 (7.1) **G1/G2:** *P* = 0.186 **Vaginal, assisted, n (%):** **G1:** 11 (11.7) **G2:** 2 (2.1) **G1/G2:** *P* = 0.007 **Vaginal, spontaneous, n (%):** **G1:** 72 (76.6) **G2:** 89 (90.8) **G1/G2:** *P* = 0.007 **Maternal harms:** NR **Maternal mortality, n:** **G1:** 0 **G2:** 0 **Neonatal outcomes** **Neonatal mortality, n:** **G1:** 0 **G2:** 0 **Apgar score 7, 5 minutes, n (%):** **G1:** 1 (1.1) **G2:** 0 **G1/G2:** *P* = 0.306 **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Jansen et al., 2006 **Country:** Canada **Participant source:** Multi site (all but one hospital with obstetric services in Vancouver and suburbs) **Intervention setting:** Other **Enrollment period:** 08/2001 to 10/2004 **Funding:** Canadian Institutes of Health **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Home-based triage at time of painful contractions at term, with nursing assessment of maternal vital signs, abdominal palpitation, auscultation of fetal heart rate, assessment of contractions and examination of cervix. **Groups:** **G1:** Home visit **G2:** Telephone triage **N at enrollment:** **G1:** 728 **G2:** 731 **N at birth:** **G1:** 728 **G2:** 731 **Age, mean yrs ± SD:** **G1:** 28.6 ± 5.1 **G2:** 28.3 ± 5.1 **Race/ethnicity, n (%):** White: **G1:** 342 (47.0) **G2:** 309 (42.3) East Asian: **G1:** 158 (21.7) **G2:** 151 (20.7) South Asian: **G1:** 177 (24.3) **G2:** 223 (30.5) First Nation:[1] **G1:** 10 (1.4) **G2:** 10 (1.4) Black: **G1:** 6 (0.8) **G2:** 10 (1.4) Other: **G1:** 35 (4.8) **G2:** 27 (3.7)	**Inclusion criteria:** • Lived within a 30-minute drive of a hospital in the study • Ages 16-42 years • 37-41 weeks of gestation • Nulliparous • Carrying a singleton fetus in the vertex position • Spoke English, Cantonese, Mandarin, Punjabi, Korean, or Farsi • Also included patients with labor induced on an outpatient basis with prostaglandins **Exclusion criteria:** • Type 1 diabetes • Cardiovascular disease • 3rd trimester bleeding • Fetal anomalies • Abnormal fetal biophysical profile • Any other condition arising from or coexisting with the pregnancy that were deemed to be a contraindication to laboring at home • Women whose primary caregivers were midwives	**Cervical dilation at admission ≤ 3 cm, n (%):** **G1:** 324 (44.7) **G2:** 385 (52.8) **G1/G2:** RR = 0.85 (95% CI: 0.76-0.94) **Cervical effacement at admission:** NR	**Labor progression:** NR **Labor augmented (spontaneous labor patients only), n (%):** **G1:** 421 (61.2) **G2:** 439 (64.5) **G1/G2:** RR = 0.95 (95% CI: 0.88-1.04) **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 476 (65.4) **G2:** 499 (68.3) **G1/G2:** RR = 0.95 (95% CI: 0.89-1.01) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 208 (28.6) **G2:** 186 (25.4) **G2/G1:** RR = 1.12 (95% CI: 0.94-1.32) **Vaginal, assisted, n (%):** **G1:** 184 (25.3) **G2:** 216 (29.5) **G2/G1:** RR = 0.86 (95% CI: 0.73-1.02) **Vaginal, spontaneous, n (%):** **G1:** 336 (46.2) **G2:** 329 (45.0) **G2/G1:** RR = 1.03 (95% CI: 0.92-1.15) **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, n (%):** 1 minute: **G1:** 90 (12) **G2:** 92 (13) **G2/G1:** RR = 0.97 (95% CI: 0.75-1.30) 5 minutes: **G1:** 9 (1.2) **G2:** 6 (0.8) **G2/G1:** RR = 1.52 (95% CI: 0.54-4.23)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Jansen et al., 2006 (continued)	**Missing:** **G1:** 0 **G2:** 1 **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable				**NICU admission, n (%):** **G1:** 14 (1.9) **G2:** 6 (0.8)

[1] First Nation = Native American.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Karraz et al., 2003 **Country:** France **Participant source:** Non-academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 02/1999 to 04/2001 **Funding:** Hospital departmental funds **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** All received intermittent epidural bolus injections 0.1% ropivacine and 0.6 µg/mL sufatenil, plus ambulatory instructions (walking, sitting, or semisupine reclining) or remaining supine (not allowed to walk, sit, or go to restroom) **Groups:** **G1:** Ambulatory group with epidural **G2:** Non-ambulatory group with epidural **N at enrollment:** **G1:** 144 **G2:** 77 **N at birth:** **G1:** 141 **G2:** 74 **Age, mean yrs ± SD:** **G1:** 27.4 ± 4.3 **G2:** 27.5 ± 4.6 **Race/ethnicity:** NR **Parous, n (%):** **G1:** 44 (30.7) **G2:** 27 (36.5) **Medicaid:** Not applicable	**Inclusion criteria:** • 36-42 weeks gestation • Singleton pregnancy • Cephalic presentation • Uncomplicated pregnancies presenting in spontaneous labor or scheduled for induction **Exclusion criteria:** • Pre-eclampsia • Previous cesarean	**Cervical dilation at epidural insertion, mean ± SD:** **G1:** 3.27 ± 1.3 **G2:** 3.37 ± 1.4 **Cervical effacement at admission:** NR	**Labor progression, mean minutes ± SD:** **G1:** 173 ± 110 **G2:** 236 ± 131 **G1/G2:** *P* = 0.001 **Labor augmented, n (%):** Oxytocin: **G1:** 120/141 (85.1)* **G2:** 64/74 (86.5)* **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 144 (100) **G2:** 77 (100) **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 13 (9.2) **G2:** 12 (16.2) **G1/G2:** *P* = 0.15 **Vaginal, assisted, n (%):** **G1:** 11 (7.8) **G2:** 6 (8.1) **G1/G2:** *P* = 0.93 **Vaginal, spontaneous, n (%):** **G1:** 117 (83.0) **G2:** 56 (75.7) **G1/G2:** *P* = 0.45 **Maternal harms:** NR **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score:** NR **NICU admission:** NR

* Calculated by reviewer

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Kennell et al., 1991 **Country:** US **Participant source:** Community practice **Intervention setting:** Labor and delivery suite **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT for 2 groups but the 3rd group was non-random	**Intervention:** Doula support: the doula stayed with the study participant from admission through delivery, soothing and touching her patient and giving encouragement. In addition, the doula explained to her patient what to expect during labor. When necessary, the doula translated medical instructtions for the patient. Women in the observed group received routine hospital care. Women in the control group received doula support. **Groups:** **G1:** Supported group **G2:** Observed group **G3:** Control group **N at enrollment:** **G1:** 212 **G2:** 200 **G3:** 204 **N at birth:** **G1:** 212 **G2:** 200 **G3:** 204 **Age, mean yrs ± SD:** **G1:** 19.9 ± 3.5 **G2:** 19.7 ± 3.6 **G3:** 20.3 ± 3.8	**Inclusion criteria:** • Nulliparous • Singleton • Term • Uncomplicated pregnancy • Admitted in active labor • Cervical dilation 3-4 cm • 13-34 years of age **Exclusion criteria:** • Pregnancy induced hypertension • Breech presentation • Gestational diabetes • History of drug or alcohol abuse • Other high risk conditions	**Cervical dilation at admission, n (%):** 3 cm: **G1:** 34 (16) **G2:** 34 (17) **G3:** 51 (25) 4 cm: **G1:** 178 (84) **G2:** 166 (83) **G3:** 153 (75) **G1/G2/G3:** *P* = 0.04	**Labor progression, duration of labor, mean hours ± SD:** **G1:** 7.4 ± 3.8 **G2:** 8.4 ± 4.2 **G3:** 9.4 ± 4.2 **G1/G2:** *P* < 0.02 **G1/G3:** *P* < 0.02 **G2/G3:** *P* < 0.02 **G1/G2/G3:** *P* = 0.0001 **Labor augmented, n (%):** Oxytocin: **G1:** 36 (17) **G2:** 46 (23) **G3:** 89 (43.6) **G1/G2:** *P* = NS **G1/G3:** *P* < 0.0001 **G2/G3:** *P* < 0.0001 **G1/G2/G3:** *P* < 0.0001 **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 14/179 (7.8) **G2:** 31/137 (22.6) **G3:** 68/123 (55.3) **G1/G2/G3:** *P* < 0.0001 **Maternal infection in labor, n:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 17 (8) **G2:** 26 (13) **G3:** 37 (18) **G1/G2:** *P* = NS **G1/G3:** *P* = 0.004 **G2/G3:** *P* = NS **G1/G2/G3:** *P* = 0.009 **Vaginal, assisted, n (%):** Forceps: **G1:** 16 (8.2) **G2:** 37 (21.3) **G3:** 44 (26.3) **Vaginal, spontaneous, n (%):** **G1:** 179 (84.4)* **G2:** 137 (68.5)* **G3:** 123 (60.2)* **Maternal harms, n (%):** Maternal fever: **G1:** 3 (1.4) **G2:** 14 (7.0) **G3:** 21 (10.3) **G1/G2:** *P* = 0.009 **G1/G3:** *P* = 0.002 **G2/G3:** *P* = NS **G1/G2/G3:** *P* = 0.0007 **Maternal mortality:** NR **<u>Infant outcomes</u>** **Neonatal mortality, n:** **G1:** 0 **G2:** 0 **G3:** 0 **Apgar score:** NR **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Kennell et al., 1991 (continued)	**Race/ethnicity, n (%):** White: **G1:** 21(10) **G2:** 21 (11) **G3:** 29 (14) Black: **G1:** 53 (25) **G2:** 50 (25) **G3:** 56 (27) Hispanic: **G1:** 136 (64) **G2:** 129 (65) **G3:** 116 (57) Asian: **G1:** 2 (1) **G2:** 0 **G3:** 3 (1) **Nulliparous, n (%):** **G1:** 212 (100) **G2:** 200 (100) **G3:** 204 (100) **Medicaid:** NR				

* Calculated by reviewer.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Kuhnert et al., 2004 **Country:** Germany **Participant source:** NR **Intervention setting:** NR **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Fetal pulse oximetry and electronic fetal heart rate (FHR) monitoring and fetal scalp monitoring (a Nellcor FS 14º C fetal oxygen sensor was placed and connected to a Nellcor N-400 monitor. The flexible FS 14º C sensor inserted transcervically until it rests against the fetal cheek). **Groups:** **G1:** Fetal pulse oximetry, FHR monitoring, fetal scalp sampling **G2:** FHR monitoring, fetal scalp sampling **N at enrollment:** **G1:** 73 **G2:** 73 **N at birth:** **G1:** 73 **G2:** 73 **Age:** NR **Race/ethnicity:** NR **Parous:** NR **Medicaid:** Not applicable	**Inclusion criteria:** • ≥ 36 weeks gestation • Active labor • Non-reassuring FHR • Single fetus • Cephalic presentation • Cervix dilated to ≥ 2 cm and at ≤ -2 station • Ruptured membranes **Exclusion criteria:** • Planned cesarean • Placenta previa • Need for immediate delivery • Active genital herpes • Known HIV infection • Multiple pregnancies	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression:** NR **Labor augmented:** NR **AROM:** NR **Internal monitoring, n (%):** Fetal oxygen sensor: **G1:** 73 (100) **G2:** 73 (100) **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 12 (16.4) **G2:** 27 (37.0) **Vaginal, assisted, n (%):** **G1:** 13 (17.8) **G2:** 22 (30.1) **Vaginal, spontaneous, n (%):** **G1:** 48 (65.8) **G2:** 24 (32.9) **G1/G2:** $P \leq 0.001$ **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score:** NR **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Lavender et al., 2006 **Country:** UK **Participant source:** Academic single site **Intervention setting:** Labor and delivery Suite, birthing center **Enrollment period:** 08/1998 to 03/2005 **Funding:** Liverpool Women's Foundation Trust **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Partogram with action line 2 or 4 hours to the right of alert line. When progress crosses the action line, a diagnosis of prolonged labor is made and managed according to standard protocol **Groups:** **G1:** Partogram with 2-hour action line **G2:** Partogram with 4-hour action line **N at enrollment:** **G1:** 1,503 **G2:** 1,497 **N at birth:** **G1:** 1,490 **G2:** 1,485 **Age, mean yrs ± SD:** **G1:** 25.4 ± 5.5 **G2:** 25.3 ± 5.5 **Race/ethnicity:** NR **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable	**Inclusion criteria:** • Primigravid • Spontaneous labor • At term (≥ 37 weeks gestation) • Live, singleton, cephalic presentation **Exclusion criteria:** • Significant medical disease • Pregnancies with fetal malformations • Required high-dependency intrapartum care	**Cervical dilation at randomization 3-10 cm, n (%):** **G1:** 1,421 (95.4) **G2:** 1,409 (94.9) **Cervical effacement at randomization, n (%):** **G1:** 1,285 (86.2) **G2:** 1,276 (85.9)	**Labor progression, randomization–delivery interval, mean minutes ± SD:** **G1:** 539.6 ± 260.3 **G2:** 566.4 ± 289.7 **G1/G2:** *P* = 0.008 **Labor augmented, n (%)** Oxytocin: **G1:** 696 (46.7) **G2:** 607 (40.9) **AROM, n (%):** **G1:** 715 (48) **G2:** 657 (44.2) **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 479 (32.1) **G2:** 473 (31.9) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 136 (9.1) **G2:** 135 (9.1) **G1/G2:** RR = 1 (95% CI: 0.80-1.26) **Vaginal, assisted, n (%):** **G1:** 294 (19.7) **G2:** 320 (21.5) **G1/G2:** RR = 0.92 (95% CI: 0.80-1.05) **Vaginal, spontaneous:** NR **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, 5 minutes, n (%):** **G1:** 22 (1.5) **G2:** 29 (2) **G1/G2:** RR = 0.79 (95% CI: 0.44-1.30) **NICU admission, n (%):** **G1:** 21 (1.4) **G2:** 30 (2) **G1/G2:** RR = 0.85 (95% CI: 0.49-1.47)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Lavender et al., 1998 **Country:** UK **Participant source:** Academic single site **Intervention setting:** Labor and delivery site **Enrollment period:** 01/1996 to 08/1997 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Assessment of the effects of three different partograms on cesarean rate and maternal satisfaction **Groups:** **G1:** Partogram, with 2 hour action line **G2:** Partogram with 3 hour action line **G3:** Partogram with 4 hour action line **N at enrollment:**[1] **G1:** 315 **G2:** 302 **G3:** 311 **N at birth:** **G1:** 315 **G2:** 302 **G3:** 311 **Age, mean yrs ± SD:** **G1:** 25.1 ± 5.1 **G2:** 24.8 ± 5.4 **G3:** 25 ± 5.1 **Race/ethnicity:** NR **Parous, n:** **G1:** 0 **G2:** 0 **G3:** 0 **Medicaid:** Not applicable	**Inclusion criteria:** • Primigravid women • Spontaneous labor • At term • Live • Singleton • Cephalic presentation **Exclusion criteria:** • Diabetes • Pregnancies complicated by fetal malformations • Women requiring high dependency intrapartum care • Unsatisfactory admission cardiotocograph	**Cervical dilation at admission, 3-10 cm, n (%):** **G1:** 256 (81.3) **G2:** 243 (80.5) **G3:** 241 (77.7) **Cervical effaced admission, n (%):** **G1:** 270 (85.7) **G2:** 245 (81.1) **G3:** 259 (83.5)	**Labor progression, duration of labor from random-ization to delivery, median minutes (IQR):** **G1:** 516 (330-737) **G2:** 532.5 (332.5-739.3) **G3:** 517 (302-734) **Labor augmented, n (%):** Syntocinon: **G1:** 144 (45.7) **G2:** 136 (45) **G3:** 129 (41.6) **AROM only, n (%):** **G1:** 120 (38) **G2:** 122 (40.4) **G3:** 121 (39) **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 120 (38) **G2:** 99 (32.8) **G3:** 101 (32.6) **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 35 (11.1) **G2:** 43 (14.2) **G3:** 26 (8.4) **G1/G2:** OR = 0.8 (95% CI: 0.5-1.2) **G2/G3:** OR = 1.8 (95% CI: 1.1-3.2) **G1/G3:** OR = 1.4 (95% CI: 0.8-2.4) **Vaginal, assisted, n (%):** **G1:** 66 (20.9) **G2:** 68 (22.5) **G3:** 73 (23.5) **Vaginal, spontaneous, n (%):**[2] **G1:** 214 (67.9) **G2:** 191 (63.2) **G3:** 212 (68.1) **Maternal harms:** NR **Maternal mortality:** NR Neonatal outcomes Neonatal mortality: NR Apgar score < 7, 5 minutes, n (%): **G1:** 6 (1.9) **G2:** 4 (1.3) **G3:** 5 (1.6) **NICU admission, n (%):** **G1:** 4 (1.3) **G2:** 1 (0.3) **G3:** 2 (0.6)

[1] 932 women were randomized, but four could not be traced due to inaccurate recording of demographic details.
[2] The number of spontaneous vaginal deliveries were calculated by the reviewer, subtracting the number of cesarean and operative deliveries from the overall group totals.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Lopez-Zeno et al., 1992 **Country:** US **Participant source:** Community practice **Intervention setting:** Labor and delivery suite **Enrollment period:** 02/1990 to 03/1991 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Active labor management. Amniotomy performed within one hour of the diagnosis of labor. Cervical exams performed hourly for the first three hours, then every two hours. When rate of cervical dilation < 1 cm/hr, oxytocin infused at an initial rate of 6 mU/min. Dose increased by 6 mU/min every 15 minutes (to a max of 36 mU/min) until there were 7 contractions every 15 minutes. The occurrence of more than 7 contractions per 15 minutes was managed by decreasing the oxytocin infusion rate by 6 mU/min. **Groups:** **G1:** Active management **G2:** Traditional management **N at enrollment:** **G1:** 351 **G2:** 354 **N at birth:** **G1:** 351 **G2:** 354 **Age, mean yrs ± SD:** **G1:** 27.3 ± 5.8 **G2:** 26.7 ± 6.1 **G1/G2:** *P* = NS **Race/ethnicity, n (%):** White:* **G1:** 241 (68.6) **G2:** 226 (63.8)	**Inclusion criteria:** • Nulliparous • In spontaneous labor • ≥ 37 weeks **Exclusion criteria:** • Multiple gestation • Noncephalic presentation • Previous uterine surgery • Amniotomy performed before criteria for labor satisfied • Labor augmentation with oxytocin begun before criteria for labor satisfied	**Cervical dilation at admission, mean cm ± SD:** **G1:** 3.2 ± 1.5 **G2:** 3.2 ± 1.5 **G1/G2:** *P* = NS **Cervical effacement at admission:** NR	**Labor progression, mean hours ± SD:** Length of first stage: **G1:** 5.05 ± 2.33 **G2:** 6.72 ± 3.64 **G1/G2:** *P* < 0.0001 Length of second stage: **G1:** 1.44 ± 0.97 **G2:** 1.43 ± 1.08 **G1/G2:** *P* = NS **Labor augmented, n (%):** **G1:** 250 (71.2) **G2:** 234 (66.1) **G1/G2:** *P* = NS **AROM:** NR **Internal monitoring, n (%):** Intrauterine pressure catheter: **G1:** 191 (54.4) **G2:** 182 (51.4) **G1/G2:** *P* = NS **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 253 (72.1) **G2:** 255 (72.0) **G1/G2:** *P* = NS **Maternal infection in labor:** NR	**<u>Maternal Outcomes</u>** **Cesarean birth, n (%):** **G1:** 37 (10.5) **G2:** 50 (14.1) **Vaginal, assisted, n (%):** **G1:** 89 (25.3)* **G2:** 99 (27.9)* **Vaginal, spontaneous, n (%):** **G1:** 225 (64.1)* **G2:** 205 (57.9)* **Maternal harms:** NR **Maternal mortality:** NR **<u>Infant outcomes</u>** **Neonatal mortality, n:** **G1:** 0 **G2:** 0 **G1/G2:** *P* = NS **Apgar score < 7, 5 minutes, n (%):** **G1:** 1 (0.3) **G2:** 1 (0.3) **G1/G2:** *P* = NS **NICU admission, n (%):** **G1:** 14 (4.0) **G2:** 11 (3.1) **G1/G2:** *P* = NS

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Lopez-Zeno et al., 1992 (continued)	Nonwhite: **G1:** 110 (31.3) **G2:** 128 (36.2) **Parous, n (%):** Nulliparous: **G1:** 351 (100) **G2:** 354 (100) **Medicaid:** NR				

* Calculated by reviewer.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Mahomed et al., 1998 [See Hofmeyr et al., 1998] **Country:** Zimbabwe **Participant source:** Academic multisite **Intervention setting:** Labor and delivery suite **Enrollment period:** 05/1995 to 04/1996 **Funding:** South African Medical Research Council University of Witwatersand **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Transcervical amnioinfusion of 500 mL of saline over 30 minutes, then 500 mL at 30 drops/min **Groups:** **G1:** Amnioinfusion **G2:** Routine care/ control **N at enrollment:** **G1:** 325 **G2:** 336 **N at birth:** **G1:** 319 **G2:** 324 **Age, mean yrs ± SD:** **G1:** 23.3 ± 4.9 **G2:** 23.2 ± 5.2 **Race/ethnicity:** NR **Parous, n (%):** **G1:** 123 (37.8)* **G2:** 137 (40.8)* **Medicaid:** Not applicable	**Inclusion criteria:** • In labor during office hours • ≥ 37 weeks gestation • Singleton • Cephalic presentation • Moderate or heavy meconium staining of amniotic fluid **Exclusion criteria:** • Indication for immediate delivery • Chorioamnio-nitis • Vaginal bleeding • Serious fetal congenital abnormality • Previous cesarean • Maternal cardiac or pulmonary disease	**Cervical dilation at admission, n (%):** < 3 cm: **G1:** 6 (1.8) **G2:** 10 (3.0) > 7 cm: **G1:** 35 (10.8) **G2:** 30 (8.9) **Cervical effacement at admission:** NR	**Labor progression:** NR **Labor augmented, n (%):** Oxytocin: **G1:** 122 (38) **G2:** 155 (46) **AROM:** NR **Internal monitoring, n:** **G1:** 0 **G2:** 0 **Amnioinfusion, n (%):** **G1:** 325 (100) **G2:** 0 **Epidural:** NR **Maternal infection in labor, n (%):** Pyrexia in labor ward: **G1:** 3 (0.9) **G2:** 10 (3.0) **G1/G2:** RR = 0.31 (95% CI: 0.09-1.12)	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 30/317 (9.5) **G2:** 37/328 (12.3) **G1/G2:** RR = 0.84 (95% CI: 0.53-1.32) **Vaginal, assisted, n (%):** **G1:** 13/320 (4.1) **G2:** 11/333 (3.3) G1/G2: RR = 1.23 (95% CI: 0.56-2.7) **Vaginal, spontaneous:** NR **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):** **G1:** 4/324 (1.2) **G2:** 12/335 (3.6) **G1/G2:** RR = 0.34 (95% CI: 0.11-1.06) **Apgar score < 7, 5 minutes, n (%):** **G1:** 9/324 (2.8) **G2:** 27/336 (8.0) G1/G2: RR = 0.35 (95% CI: 0.17-0.73) **NICU admission, n (%):** **G1:** 41/321 (12.8) **G2:** 76/332 (22.9) G1/G2: RR = 0.56 (95% CI: 0.39-0.79)

* Calculated by reviewer

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Matsuo et al., 2009 **Country:** US **Participant source:** Academic single site **Intervention setting:** Hospital, labor and delivery suite **Enrollment period:** 10/2007 to 12/2007 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Use of dental support device (DSD) during active pushing in the second stage of labor **Groups:** **G1:** DSD **G2:** Control/no DSD **N at enrollment:** **G1:** 32 **G2:** 32 **N at birth:** **G1:** 32 **G2:** 32 **N at follow-up:** (questionnaire completed by patients, timing NR) **G1:** 27 **G2:** 0 **Age, mean yrs ± SD:** **G1:** 22.6 ± 5.7 **G2:** 22.2 ± 5.8 **Race/ethnicity, n (%):** White: **G1:** 7 (21.9) **G2:** 6 (18.7) Black: **G1:** 23 (71.9) **G2:** 23 (71.9) Asian: **G1:** 2 (6.3) **G2:** 3 (9.4) **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** NR	**Inclusion criteria:** • Onset or induction of labor • Primipara • Term • Singleton • Cephalic presentation • Reactive fetal heart rate pattern • Functioning epidural anesthesia **Exclusion criteria:** • Medical or obstetrical complications, including intra-uterine growth retardation (IUGR), large for gestational age (LGA), uterine ano-maly, uterine myomata, pre-eclampsia, diabetes mellitus, fetal anomaly, and maternal heart disease	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR **Favorable cervix, n (%):** **G1:** 8 (25) **G2:** 8 (25)	**Labor progression:** Duration 1st stage, mean minutes ± SD: **G1:** 453.9 ± 135.3 **G2:** 472.0 ± 186.9 **G1/G2:** *P* = 0.20 Duration 2nd stage, median (IQR): **G1:** 19 (9) **G2:** 31 (23) **G1/G2:** *P* < 0.001 **Labor augmented, n (%):** Induction: **G1:** 15 (46.9) **G2:** 13 (40.6) **G1/G2:** RR = 0.8 (95% CI: 0.3-2.1), *P* = 0.8 Oxytocin: **G1:** 23 (71.9) **G2:** 19 (59.4) **G1/G2:** RR = 0.6 (95% CI: 0.2-1.6), *P* = 0.71 **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 32 (100) **G2:** 32 (100) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 4 (12.5) **G2:** 8 (25.0) **Vaginal, assisted, n (%):** **G1:** 3 (9.4) **G2:** 2 (6.3) **Vaginal, spontaneous, n (%):** **G1:** 25 (78.1) **G2:** 22 (68.8) **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score, 1 minute, median (IQR):** **G1:** 9 (1) **G2:** 9 (1) **G1/G2:** *P* = 0.50 **Apgar score, 5 minutes, median (IQR):** **G1:** 9 (0) **G2:** 9 (0) **G1/G2:** *P* = 0.33 **NICU admission, n (%):** **G1:** 3 (9.4) **G2:** 3 (9.4) **G1/G2:** *P* = 1.0

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: McGrath and Kennell, 2008 **Country:** US **Participant source:** Community practice (childbirth education classes in the greater Cleveland area) **Intervention setting:** Labor and delivery suite **Enrollment period:** 10/1988 to 10/1992 **Funding:** NICHD **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Doula met couples at hospital as soon as possible after random assignment (typically within an hour of arrival) and remained with them throughout labor and delivery. **Groups:** **G1:** Doula support **G2:** Routine care **N at enrollment:** **G1:** 224 **G2:** 196 **N at birth:** **G1:** 224 **G2:** 196 **Age, mean yrs ± SD:** **G1:** 29.0 ± 4.8 **G2:** 28.6 ± 4.5 **Race/ethnicity, n (%):** Caucasian: **G1:** 180 (80.4) **G2:** 149 (76.0) African American: **G1:** 37 (16.5) **G2:** 43 (21.9) Asian: **G1:** 6 (2.7) **G2:** 3 (1.5) Hispanic: **G1:** 1 (0.4) **G2:** 1 (0.5) **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** NR	**Inclusion criteria:** • Nulliparous • Ages 18-41 • In the third trimester of an uncomplicated pregnancy • Expected to be accompanied during labor by their male partner • Planned to deliver at University Hospitals in Cleveland • Under the care of a private obstetrician **Exclusion criteria:** • Midwife delivery	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression:** NR **Labor augmented, n (%):** **Total:** 240/420 (57) **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 145 (64.7) **G2:** 149 (76.0) **G1/G2:** *P* = 0.008 **Elevated temperature, n (%):** ≥ 37.5°C: **Total:** 73 (17.4) ≥ 38°C: **Total:** 29 (7) **G1/G2:** *P* = NS **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 30 (13.4) **G2:** 49 (25.0) **G1/G2:** *P* = 0.002 **Vaginal, assisted, n (%):** **Total:** 90/420 (21) **Vaginal, spontaneous:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n:** **G1:** 0 **G2:** 0 **Apgar score ≤ 7, 5 minutes, n (%):** **G1:** 4 (1.8) **G2:** 6 (3.1) **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: McNiven et al., 1998 **Country:** Canada **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 02/1994 to 01/1995 **Funding:** The Perinatal Nursing Research Unit, University of Toronto **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Early labor assessment: women found to be in false or latent labor were encouraged to go home or walk before admission **Groups:** **G1:** Early labor assessment **G2:** Direct admission to hospital **N at enrollment:** **G1:** 105 **G2:** 104 **N at birth:** **G1:** 105 **G2:** 104 **Age, mean yrs ± SD:** **G1:** 24.9 ± 5.5 **G2:** 25.7 ± 4.8 **Race/ethnicity:** NR **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable	**Inclusion criteria:** • Nulliparous • ≥ 37 weeks gestation • Defined as low risk • Spontaneous labor **Exclusion criteria:** • Booked for labor induction or cesarean section	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression:** Labor in hospital, mean hours ± SD: **G1:** 8.3 ± 5.6 **G2:** 13.5 ± 7.9 **G1/G2:** *P* = 0.001 2nd stage, mean minutes ± SD: **G1:** 76.8 ± 66.7 **G2:** 95.0 ± 63.7 **G1/G2:** *P* = 0.045 **Labor augmented, n (%):** Oxytocin: **G1:** 24 (22.9) **G2:** 42 (40.4) **G1/G2:** OR = 0.44 (95% CI: 0.24-0.8), *P* = 0.001 **AROM, n (%):** **G1:** 49 (46.7) **G2:** 56 (53.8) **G1/G2:** OR = 0.75 (95% CI: 0.44-1.29), *P* = 0.368 **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 83 (79) **G2:** 94 (90.4) **G1/G2:** OR = 0.40 (95% CI: 0.18-0.90), *P* = 0.023 **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 8 (7.6) **G2:** 11 (10.6) **G1/G2:** OR = 0.70 (95% CI: 0.27-1.81), *P* = 0.45 **Vaginal, assisted, n (%):** Forceps: **G1:** 10 (9.5) **G2:** 14 (13.5) **G1/G2:** OR = 0.68 (95% CI: 0.28-1.60), *P* = 0.4992 Vacuum extraction: **G1:** 22 (21.0) **G2:** 23 (22.0) **G1/G2:** OR = 0.93 (95% CI: 0.48-1.81), *P* = 0.838 **Vaginal, spontaneous, n (%):** **G1:** 65 (61.9) **G2:** 56 (53.8) **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, 5 minutes, n (%):** **G1:** 1 (1) **G2:** 0 **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Mehrangiz et al., 2004 **Country:** Iran **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 1996 to 1999 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Comparison of effectivemess for paracervical block with promethazine versus prometha-zine only **Groups:** **G1:** Paracervical block with promethazine **G2:** Promethazine only/control **N at enrollment:** **G1:** 50 **G2:** 50 **N at birth:** **G1:** 50 **G2:** 50 **Age:** NR **Race/ethnicity:** NR **Parous, %:** **Total:** 58 **Medicaid:** Not applicable	**Inclusion criteria:** • Full term • Uncomplicated • Stages 4-5 cm dilatation • Having contractions • Pain score 8-10 **Exclusion criteria:** • Uteroplacental insufficiency • Diabetes • Gestational hyptension • Malpresentation • Chronic hypertension	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression:** 1st stage, mean minutes: **G1:** 85 **G2:** 220 2nd stage, mean minutes: **G1:** 15 **G2:** 17 Mean ratio of cervical dilation, cm/hour: **G1:** 3/8 **G2:** 2/1 **Labor augmented:** NR **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth (with fetal distress), n (%):** **G1:** 1 (2) **G2:** 2 (4) **G1/G2:** *P* = 0.310 **Vaginal, assisted:** NR **Vaginal, spontaneous:** NR **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n:** **G1:** 0 **G2:** 0 **Apgar score > 7, 5 minutes, n (%):** **G1:** 50 (100) **G2:** 50 (100) **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Moodley et al., 1998 **Country:** South Africa **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 01/1993 to 04/1993 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Amnioinfusion with 0.9% normal saline at room temperature at 15 mL/min until a volume of 1 liter was completed **Groups:** **G1:** Amnioinfusion **G2:** Routine care for MSAF (IV fluids, 40% oxygen by mask, left lateral positioning of mother, and continuous FHR monitoring) **N at enrollment:** **G1:** 30 **G2:** 30 **N at birth:** **G1:** 30 **G2:** 30 **Age, mean yrs:** **G1:** 21.6 **G2:** 22.6 **Race/ethnicity:** NR **Parous, n (%):** **G1:** 9 (30) **G2:** 12 (40) **Medicaid:** Not applicable	**Inclusion criteria:** • Singleton • Cephalic presentation • Term pregnancy • In active phase of labor • MSAF (grade I, II, or III) • Normal CTG **Exclusion criteria:** • Multiple pregnancy • Significant medical or surgical conditions • Chorioamnionitis • Abnormal CTG that necessitated immediate delivery • Previous cesarean	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression:** NR **Labor augmented:** NR **AROM:** NR **Internal monitoring, n:** **G1:** 0 **G2:** 0 **Amnioinfusion, n (%):** **G1:** 30 (100) **G2:** 0 **Epidural:** NR **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 12 (40) **G2:** 14 (47) **Vaginal, assisted, n:** **G1:** 0 **G2:** 0 **Vaginal, spontaneous, n (%):** **G1:** 18 (60) **G2:** 16 (53.3) **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n:** **G1:** 0 **G2:** 0 **Apgar score, 5 minutes, mean ± SD:** **G1:** 9.57 ± 0.67 **G2:** 9.33 ± 1.03 **Umbilical artery pH, mean ± SD:** **G1:** 7.0 ± 0.056 **G2:** 7.23 ± 0.114 **G1/G2:** *P* = 0.0029 **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Nicholson et al., 2008 **Country:** US **Participant source:** Academic multi site **Intervention setting:** Labor and delivery suite **Enrollment period:** NR **Funding:** NIH, First Hospital Foundation, Forest Pharmaceuticals **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Active management of risk in pregnancy at term (AMOR-IPAT): determination of an upper limit of the optimal time of delivery (UL-OTD) based on maternal and fetal characteristics, preventive induction of labor 1-4 days before UL-OTD ± cervical ripening **Groups:** **G1:** AMOR-IPAT exposed **G2:** Not AMOR-IPAT exposed **N at enrollment:** **G1:** 136 **G2:** 134 **N at birth:** **G1:** 136 **G2:** 134 **Age, median yrs:** **G1:** 23.4 **G2:** 23.3 **Race/ethnicity, %:** African American: **G1:** 89.7 **G2:** 86.6 **Parous, %:** **G1:** 52.2 **G2:** 53.0 **Medicaid, %:** **G1:** 92.6 **G2:** 91.8	**Inclusion criteria:** • Between 32-37½ weeks gestation • Accurate pregnancy dating • Fluent in English • At least 1 of 6 risk factors for cesarean delivery: (1) maternal age ≥ 35 years at time of delivery; (2) maternal height ≤ 62 in; (3) BMI ≥ 30 kg/m^2 at conception; (4) blood pressure > 80 mmHg diastolic or > 120 mmHg systolic in 1st trimester; (5) 1st trimester hemoglobin level < 11.0 g/dL; (6) history of fetus > 8 lb 8 oz • Undelivered at 37 weeks 4 days gestation **Exclusion criteria:** • Multiple gestation • Previous cesarean delivery • Placenta previa • Positive HIV antibody titers • Previous cervical cone biopsy • Any other fetal or maternal issue that would preclude a trial of labor	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR **Initial Bishop's score, median:** **G1:** 3 **G2:** 5 **Initial Bishop's score ≤ 5, %:** **G1:** 79.4 **G2:** 69.4	**Labor progression:** Duration of 1st stage, mean hours: **G1:** 7.3 **G2:** 6.4 **G1/G2:** *P* = 0.11 Duration of 2nd stage, mean minutes: **G1:** 41 **G2:** 48 **G1/G2:** *P* = 0.43 **Labor augmented, after PROM or ineffective spontaneous labor, %:** **G1:** 19.8 **G2:** 32.8 **G1/G2:** RR = 0.62 (95% CI: 0.40-0.92), *P* = 0.02 **AROM, %:** **G1:** 72.1 **G2:** 64.9 **G1/G2:** RR = 1.11 (95% CI: 0.94-1.31), *P* = 0.21 **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, %:** **G1:** 81.6 **G2:** 84.3 **G1/G2:** RR = 0.97 (95% CI: 0.87-1.08), *P* = 0.55 **Maternal infection in labor, %:** Maternal fever (> 100.4ºF): **G1:** 4.4 **G2:** 3.0 **G1/G2:** RR = 1.48 (95% CI: 0.43-5.12), *P* = 0.53	**<u>Maternal Outcomes</u>** **Cesarean birth, %:** **G1:** 10.3 **G2:** 14.9 **G1/G2:** RR = 0.69 (95% CI: 0.36-1.31), *P* = 0.25 **Vaginal, assisted, %:** **G1:** 5.9 **G2:** 9.7 **G1/G2:** RR = 0.61 (95% CI: 0.26-1.42), *P* = 0.24 **Vaginal, spontaneous:** NR **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):** **G1:** 0 **G2:** 1 (0.8) **Apgar score, 5 minutes, mean:** **G1:** 8.9 **G2:** 8.9 **G1/G2:** *P* = 0.91 **Apgar score < 7, 5 minutes, n (%):** **G1:** 0 **G2:** 1 (0.8) **G1/G2:** *P* = 0.31 **NICU admission, n (%):** **G1:** 2 (1.5) **G2:** 9 (6.7) **G1/G2:** RR = 0.22 (95% CI: 0.05-0.99), *P* = 0.03

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Norris et al., 2011 **Country:** US **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 08/1997 to 07/1998 **Funding:** Intramural **Author industry relationship disclosure:** None **Design:** RCT	**Intervention:** Combined spinal-epidural analgesia for labor. Early labor: 10 µg intrathecal sufentanil then 45 mg lidocaine and 15 µg epinephrine via epidural catheter. Advanced labor: 10 µg intrathecal sufentanil and 2 mg intrathecal bupivacaine, then 45 mg lidocaine and 15 µg epinephrine via epidural catheter. **Groups:** **G1:** Combined spinal-epidural analgesia for labor **G2:** Epidural analgesia for labor **N at enrollment:** **G1:** 1,427 **G2:** 1,400 **N at birth:** **G1:** 1,071 **G2:** 1,112 **Age, mean yrs ± SD:** **G1:** 24.6 ± 6.2 **G2:** 24.6 ± 6.2 **Race/ethnicity:** NR **Parous, n (%):** **G1:** 630 (58.8) **G2:** 644 (57.9) **Medicaid:** NR	**Inclusion criteria:** • Singleton gestation • In labor or planning a trial of labor **Exclusion criteria:** • See inclusion criteria	**Cervical dilation at admission, mean cm ± SD:** **G1:** 4.0 ± 1.5 **G2:** 4.0 ± 1.0 **Cervical effacement at admission:** NR	**Labor progression:** Duration first stage of labor, median hours (IQR): **G1:** 10 (8.7) **G2:** 9.8 (8.5) Time from analgesia to full cervical dilation, median hours (IQR): **G1:** 3.3 (4.1) **G2:** 3.4 (4.2) Duration second stage of labor, median minutes (IQR): **G1:** 29.0 (44) **G2:** 31.0 (46) **Labor augmented, n (%):** Oxytocin: **G1:** 500 (46.7) **G2:** 522 (47.0) **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 106 (9.8) **G2:** 1,051 (94.5) **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 155 (14.5) **G2:** 149 (13.4) **Vaginal, assisted, n (%):** **G1:** 184 (17.2) **G2:** 182 (16.4) **Vaginal, spontaneous, n (%):** **G1:** 731 (68.3) **G2:** 780 (70.2) **Maternal harms, n (%):** Accidental dural puncture: **G1:** 14 (1.3) **G2:** 13 (1.2) Intravascular catheter: **G1:** 64 (6.4) **G2:** 49 (4.4) Failed epidural: **G1:** 8 (0.8) **G2:** 8 (0.7) Positional headache: **G1:** 17 (1.7) **G2:** 17 (1.6) Blood patch: **G1:** 4 (0.4) **G2:** 6 (0.6) **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score, mean:** 1 minute: **G1:** 8 **G2:** 8 5 minutes: **G1:** 9

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Norris et al., 2011 (continued)					**G2:** 9 **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Ojala et al., 2006 **Country:** Finland **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 01/2003 to 02/2004 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Labor monitored by STAN S21 (ST analysis of fetal electrocardiography), continuous monitoring via scalp electrode **Groups:** **G1:** Fetal monitoring by STAN S21 **G2:** Monitoring by cardiotocography (CTG; Hewlett-Packard 8030A) internal intra-uterine scalp probe or external ultrasonographic signal sensor **N at enrollment:** **G1:** 733 **G2:** 739 **N at birth:** **G1:** 714 **G2:** 722 **Age, mean yrs ± SD:** **G1:** 27.9 ± 5.4 **G2:** 27.6 ± 5.6 **Race/ethnicity:** NR **Parous, n (%):** **G1:** 350 (49) **G2:** 344 (47.6) **Medicaid:** Not applicable	**Inclusion criteria:** • Active labor • Term ≥ 36 weeks gestational age • Singleton fetus • Cephalic presentation • Among whom amniotomy had been decided **Exclusion criteria:** • If scalp electrodes contraindicated • Admitted to labor ward in the second phase of labor • Refusal to participate	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression:** NR **Labor augmented, n (%):** **G1:** 144 (20.2) **G2:** 126 (17.5) **AROM:** NR **Internal monitoring, n (%):** Fetal blood sampling: **G1:** 51 (7) **G2:** 115 (15.6) STAN S21: **G1:** 714 (100) **G2:** 0 **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 390 (54.6) **G2:** 390 (54.0) **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 47 (6.4) **G2:** 35 (4.7) **G1/G2:** RR = 1.35 (95% CI: 0.86-2.07), *P* = 0.124 **Vaginal, assisted, n (%):** **G1:** 70 (9.5) **G2:** 79 (10.7) G1/G2: RR = 0.89 (95% CI: 0.66-1.21), *P* = 0.530 **Vaginal, spontaneous, n (%):** **G1:** 686 (93.6) **G2:** 704 (95.3) **Maternal harms:** NR **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score < 7, 5 minutes, n (%):** **G1:** 9 (1.3) **G2:** 8 (1.1) G1/G2: RR = 1.14 (95% CI: 0.44-2.93), *P* = 0.776 **NICU admission, n (%):** **G1:** 26 (3.6) **G2:** 26 (3.6) G1/G2: RR = 1.01 (95% CI: 0.59-1.72), *P* = 0.967

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Olofsson et al., 1998 **Country:** Sweden **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** NR **Funding:** Karolinska Institute, Swedish Medical Research Council, Torsten and Ragnar Soderberg's Foundation **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Epidural anesthesia (EDA); comparison of high dose (HD) versus low dose (LD) **Groups:** **G1:** 0.25% bupivacaine with adrenaline **G2:** 0.125% bupivacaine with sufentanil 10 µg **Ga:** Primparous **Gb:** Multiparous **N at enrollment:** **G1:** 435 **G2:** 422 **N at birth:** **G1:** 435 **G2:** 422 **Age, mean yrs:** **G1:** 29 **G2:** 30 **Race/ethnicity:** NR **Primiparous, n (%):** **G1:** 284 (65.3)* **G2:** 282 (66.8)* **Medicaid:** Not applicable	**Inclusion criteria:** • All parturients who requested and were found eligible to receive EDA • Normal and abnormal pregancies planned for vaginal delivery **Exclusion criteria:** • Refusal to participate	**Cervical dilation at admission, n:** 0-3 cm: **G1:** 70 **G2:** 58 4-5 cm: **G1:** 205 **G2:** 188 6-10 cm: **G1:** 156 **G2:** 171 **Cervical dilation at admission:** NR	**Labor progression, (total delivery time), mean hours:** **G1a:** 12.4 **G1b:** 10.0 **G2a:** 12.1 **G2b:** 7.6 **Labor augmented, n:** Oxytocin, mL: **G1a:** 338.7 **G1b:** 251.9 **G2a:** 279.7 **G2b:** 111.9 **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 435 (100) **G2:** 422 (100) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 64 (14.7) **G2:** 43 (10.2) Instrumental deliveries, %: Vacuum extraction and cesarean: **G1:** 48.9 **G2:** 29.7 **G1/G2:** RR = 1.64 (95% CI: 1.38-1.96), *P* < 0.00001 **Vaginal, assisted:** NR **Vaginal, spontaneous, n:**[1] Mulitparous: 210/291 Primiparous: 306/566 **G1/G2:** *P* < 0.00001 **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, 5 minutes, %:** **G1:** 4.5 **G2:** 3.9 **NICU admission:** NR

* Calculated by reviewer

[1] Adjusting for treatment effect

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: O'Sullivan et al., 2009 **Country:** UK **Participant source:** Academic single site **Intervention setting:** Hospital, labor and delivery suite **Enrollment period:** 06/2001 to 04/2006 **Funding:** Obstetric Anaesthetists' Association and Special Trustees of St. Thomas' Hospital **Author industry relationship disclosure:** None **Design:** RCT	**Intervention:** Allowing women to eat during labor- advised a low fat low residue diet during labor **Groups:** **G1:** Eating **G2:** Ice chips and water only **N at enrollment:** **G1:** 1227 **G2:** 1216 **N at birth:** **G1:** 1219 **G2:** 1207 **Age, mean yrs ± SD:** **G1:** 29 ± 6 **G2:** 29 ± 6 **Race/ethnicity, n (%):** White: **G1:** 751 (62) **G2:** 741 (61) African or Caribbean: **G1:** 285 (23) **G2:** 281 (23) Other: **G1:** 183 (15) **G2:** 185 (15) **Parous, n:** **G1:** 4[1] **G2:** 4[1] **Medicaid:** Not applicable	**Inclusion criteria:** • > 18 years old • Nulliparous • > 36 weeks gestation • Singleton • Cephalic presentation • In labor with cervical dilation < 6 cm **Exclusion criteria:** • Diabetes • Known obstetric or medical complication that could increase the likelihood of operative delivery • Severe pain • Intent to use parenteral opiods for analgesia during labor • Unable to understand English and no interpreter available	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, (duration), mean minutes:** **G1:** 597 **G2:** 612 **G1/G2:** RR = 0.97 (95% CI: 0.93-1.03) **Labor augmented, n (%):** Prostglandin only: **G1:** 117 (10) **G2:** 92 (8) Prostglandin plus oxytocin: **G1:** 212 (17) **G2:** 233 (19) **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 804 (66) **G2:** 813 (67) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 362 (30) **G2:** 363 (30) **G1/G2:** RR = 0.99 (95% CI: 0.87-1.12), *P* = 0.86 **Vaginal, assisted, n (%):** **G1:** 324 (27) **G2:** 310 (26) **G1/G2:** RR = 1.04 (95% CI: 0.91-1.19), *P* = 0.64 **Vaginal, spontaneous, n (%):** **G1:** 533 (44) **G2:** 534 (44) **G1/G2:** RR = 0.99 (95% CI: 0.91-1.09), *P* = 0.77 **Maternal harms, n (%):** Vomited: **G1:** 430 (35) **G2:** 406 (34) **G1/G2:** RR = 1.05 (95% CI: 0.94-1.17), *P* = 0.41 **Maternal mortality, n:** **G1:** 0 **G2:** 1 **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score ≤ 7, 5 minutes, n (%):** **G1:** 16 (1.3) **G2:** 22 (1.8) **G1/G2:** RR = 0.72 (95% CI: 0.38-1.36), *P* = 0.33

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
O'Sullivan et al., 2009 (continued)					**Apgar score ≤ 4, 5 minutes, n (%):** **G1:** 4 (0.3) **G2:** 9 (0.8) **G1/G2:** RR = 0.44 (95% CI: 0.14-1.42), *P* = 0.18 **NICU admission, n (%):** **G1:** 61 (5.0) **G2:** 62 (5.2) **G1/G2:** RR = 0.96 (95% CI: 0.68-1.35), *P* = 0.81

[1] Excluded

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Palomaki et al., 2006 **Country:** Finland **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** NR **Funding:** Medical Research Fund of Tampere University Hospital, Finland **Author Industry Relationship Disclosure:** NR **Design:** RCT	**Intervention:** 2 mg propanolol IV over a 10 minute period. Repeated after 1 hour of cervix remained unchanged. Concurrent infusion of oxytocin 2.5 mIU/min raised by 2.5 mIU/min every 30 min until contractions reached 150 Montevideo units. **Groups:** **G1:** Propranolol with oxytocin **G2:** Placebo with oxytocin **N at enrollment:** **G1:** 55 **G2:** 52 **N at birth:** **G1:** 55 **G2:** 52 **Age, mean yrs (range):** **G1:** 27 (20-43) **G2:** 27 (18-39) **Race/ethnicity:** NR **Parous, %:** **G1:** 29 **G2:** 29 **Medicaid:** Not applicable	**Inclusion criteria:** • Singleton pregnancy with cephalic presentation • Gestational age ≥ 37 weeks • Estimated weight of fetus 2500-4500 g • Normal course of pregnancy • Normal CTG before augmentation • Spontaneous or artificial rupture of membranes • Heart rate of the parturient 60-120 beats per minute • Systolic blood pressure of the parturient > 100 mmHg • Failure to progress in active phase of the first stage of labor **Exclusion criteria:** • Chronic maternal illness including hypertension, heart disease, arrhythmia, bronchial asthma, diabetes mellitus • Acute infectious disease	**Cervical dilation before augmentation, median (range):** **G1:** 4 (2-6) **G2:** 4 (2-7) **Cervical effacement at admission:** NR	**Labor progression, total duration in minutes, median excluding cesarean births:** **G1:** 810 **G2:** 768 G1/G2: *P* = 0.486 **Duration of augmented part of labor in minutes, median** **G1:** 185 **G2:** 223 G1/G2: *P* = 0.217 **Labor augmented, n (%):** **G1:** 55 (100) **G2:** 52 (100) **AROM:** NR **Internal monitoring (intrauterine scalp electrode and intrauterine Philips catheter), n (%):** **G1:** 55 (100) **G2:** 52 (100) **Amnioinfusion:** NR **Epidural, %:** **G1:** 82 **G2:** 83 **Maternal infection in labor:** NR	**<u>Maternal Outcomes</u>** **Cesarean birth, n (%):** **G1:** 6 (11) **G2:** 2 (4) **G1/G2:** *P* = 0.154 **Vaginal, assisted, n (%):** **G1:** 9 (16) **G2:** 6 (11) G1/G2: *P* = 0.331 **Vaginal, spontaneous, n (%):** **G1:** 40 (73) **G2:** 44 (85) RR = 0.86, 95% CI 0.70-1.05 **Maternal harms (transient bradycardia), n (%):** **G1:** 2 (4) **G2:** 2 (4) **Maternal mortality:** NR **<u>Infant outcomes</u>** **Neonatal mortality:** NR **Apgar score, 5 minutes, median (range):** **G1:** 9 (8-9) **G2:** 9 (6-10) **NICU admission, n (%):** **G1:** 6 (11) **G2:** 5 (10)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Palomaki et al., 2006 (continued)		• Suspected or verified fetal abnormality or distress including fetal growth retardation, abnormal presentation, abnormal CTG before augmentation • Fetopelvic disproportion			

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Pattinson et al., 2003 **Country:** South Africa **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** NR **Funding:** South African Medical Research Council **Author industry relationship disclosure:** NR **Design:** RCT	**Interventions:** • Aggressive management: 1-line partogram with alert line; vaginal exam every 2 hours • Expectant management: 2-line partogram with alert line and a parallel action line drawn 4 hours later; vaginal exam every 4 hours. **Groups:** **G1:** Aggressive management **G2:** Expectant management **N at enrollment:** **G1:** 344 **G2:** 352 **N at birth:** **G1:** 344 **G2:** 350 **Age, mean yrs ± SD:** **G1:** 21.9 ± 4.0 **G2:** 21.7 ± 3.4 **Race/ethnicity:** NR **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable	**Inclusion criteria:** • Healthy • Nulliparous • Active labor • Singleton with cephalic presentation **Exclusion criteria:** • Obstructed labor • Fetal distress on admission • Severe maternal disease (e.g., pre-eclampsia, breech, abnormal lie) • Cervix > 8 cm dilated • Gestational age < 36 weeks or estimated fetal weight < 2.5 kg if gestational age uncertain	**Cervical dilation at admission, mean cm ± SD:** **G1:** 4.6 ± 1.1 **G2:** 4.6 ± 1.1 **Cervical effacement at admission:** NR	**Labor progression:** NR **Labor augmented, n (%):** Oxytocin: **G1:** 77 (22.4) **G2:** 52 (14.9) **G1/G2:** RR = 1.51 (95% CI: 1.10-2.07) **AROM, n (%):** **G1:** 19 (15.3) **G2:** 29 (20.1) **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 257 (74.7) **G2:** 256 (73.7) **G1/G2:** RR = 1.01 (95% CI: 0.93-1.11) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 55 (16) **G2:** 82 (23.4) **G1/G2:** RR = 0.68 (95% CI: 0.50-0.93) **Vaginal, assisted, n (%):** Vacuum and forceps: **G1:** 70 (20.3) **G2:** 97 (27.9) **Vaginal, spontaneous:** NR **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):** **G1:** 3 (0.6) **G2:** 0 **G1/G2:** RR = 7.12 (95% CI: 0.37-137.37) **Apgar score, 1 minute, n (%):** 0-3: **G1:** 14 (4.1) **G2:** 11 (3.1) 4-7: **G1:** 69 (20.1) **G2:** 57 (16.3) 8-9: **G1:** 261 (75.8) **G2:** 282 (80.6) **G1/G2:** *P* = NS **Apgar score < 8, 10 minutes, n (%):** **G1:** 3 (0.9) **G2:** 0

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Pattinson et al., 2003 (continued)					**G1/G2:** *P* = NS **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Phipps et al., 2009 **Country:** Australia **Participant source:** Academic single site **Intervention setting:** Antenatal class **Enrollment period:** 08/2005 to 07/2006 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Two 15-minute structured education sessions, taught by midwife one week apart: anatomy, physiology, practice pushing with midwife observing perineum then applying digital pressure and biofeedback to the levator ani muscle **Groups:** **G1:** Education session **G2:** Control/no education session **N at enrollment:** **G1:** 50 **G2:** 50 **N at birth:** **G1:** 50 **G2:** 50 **N at follow-up:** (3 months postnatal) **G1:** 45 **G2:** 45 **Age, mean yrs ± SD:** **G1:** 29.04 ± 3.8 **G2:** 30.8 ± 4.3 **Race/ethnicity, n (%):** White: **G1:** 37 (74) **G2:** 35 (70) Asian: **G1:** 9 (18) **G2:** 14 (28) Other: **G1:** 4 (8) **G2:** 1 (2) **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable	**Inclusion criteria:** • 35-37 weeks gestation • Nulliparous • Singleton • Cephalic presentation • English speaking • Planning a vaginal birth **Exclusion criteria:** • < 18 years • Cognitive impairment • High-risk pregnancy • Contraindication to vaginal examination	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, mean minutes ± SD:** Duration: **G1:** 484.3 ± 338.3 **G2:** 547.9 ± 443.7 **G1/G2:** *P* = 0.584 **Labor augmented, n (%):** **G1:** 22 (44) **G2:** 16 (32) **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** **G1: 11 (22)** **G2: 13 (26)** **G1/G2:** *P* = 0.789 **Vaginal, assisted, n (%):** **G1:** 8 (16) **G2:** 6 (12) **Vaginal, spontaneous, n (%):** **G1:** 31 (62) **G2:** 31 (62) **Maternal harms, perineum, n (%):** Episiotomy: **G1:** 10 (20) **G2:** 5 (10) Intact or first degree tear: **G1:** 29 (58) **G2:** 28 (56) Second degree tear: **G1:** 7 (14) **G2:** 14 (28) Third degree tear: **G1:** 4 (8) **G2:** 3 (6) **G1/G2:** *P* = 0.142 **Maternal mortality, n:** **G1:** 0 **G2:** 0 Neonatal outcomes Neonatal mortality: NR **Apgar score:** NR **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Rathore et al., 2002 **Country:** India **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** NR **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Amnioinfusion (8ºF nasogastric tube inserted transcervically into uterine cavity just above head, initially 500 ml of normal saline at room temperature infused through tube over 30 minutes, then 500 ml at the rate of 3ml/min for a maximum of 1L.) **Groups:** **G1:** Amnioinfusion **G2:** Control/non-amnioinfusion **N at enrollment:** **G1:** 100 **G2:** 100 **N at birth:** **G1:** 100 **G2:** 100 **Age, mean years ± SD:** **G1:** 24.3 ± 3.3 **G2:** 24.2 ± 3.2 **Race/ethnicity:** NR **Parous:** NR **Medicaid:** Not applicable	**Inclusion criteria:** • ≥ 37 weeks gestation • Singleton • Cephalic presentation • Moderate or thick meconium in amniotic fluid • Meconiumcrit of > 10% **Exclusion criteria:** • Choriomnionitis • Indication for immediate delivery • Fetal congenital anomaly • Antepartum hemorrhage • Polyhydroamnios • Maternal cardiac or pulmonary disease	**Cervical dilation at admission, mean cm ± SD:** **G1:** 4.1 ± 0.9 **G2:** 4.3 ± 0.9 **Cervical effacement at admission:** NR	**Labor progression (AROM to delivery interval), mean hours ± SD:** **G1:** 2.7 ± 1.1 **G2:** 2.6 ± 0.7 **Labor augmented:** NR **AROM:** NR **Internal monitoring:** NR **Amnioinfusion, n (%):** **G1:** 100 (100) **G2:** 0 **Epidural:** NR **Maternal infection in labor, n:** Pyrexia: **G1:** 6 **G2:** 12 **G1/G2:** RR = 0.47 (95% CI: 0.15-1.42)	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 21 (21) **G2:** 36 (36) **G1/G2:** RR = 0.47 (95% CI: 0.24-0.93) **Vaginal, assisted, n (%):** **G1:** 5 (5) **G2:** 14 (14) **Vaginal, n (%):** **G1:** 79 (79) **G2:** 64 (64) **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):** **G1:** 2 (2) **G2:** 5 (5) **Apgar score < 7, n:** 1 minute: **G1:** 2/94 **G2:** 8/98 **G1/G2:** RR = 0.24 (95% CI: 0.03-1.29) 5 minutes: **G1:** 1/99 **G2:** 2/96 **G1/G2:** RR = 0.48 (95% CI: 0.02-6.89) **NICU admission, n (%):** **G1:** 3 (3) **G2:** 11 (11) **G1/G2:** RR = 0.25 (95% CI: 0.05-1.01)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Regi et al., 2009 **Country:** India **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 10/2003 to 09/2004 **Funding:** NR **Author industry relationship disclosure:** None **Design:** RCT	**Intervention:** Transcervical Intrapartum amnioinfusion (AI) 500 mL of warmed saline at 37°C infused over 30 minutes at rate 15-25 mL/min followed by continuous infusion 3 mL/min until delivery. **Groups:** **G1:** Amnioinfusion **G2:** Standard care, no infusion **N at enrollment:** **G1:** 75 **G2:** 75 **N at birth:** **G1:** 73 **G2:** 75 **Age:** NR **Race/ethnicity:** NR **Parous, n (%):** **G1:** 20 (27.4) **G2:** 23 (31.5) **Medicaid:** Not applicable	**Inclusion criteria:** • First stage of active labor (cervical dilation < 10 cm) • Gestational age > 34 weeks • Clear or grade I meconium staining of amniotic fluid • Presence of repetitive severe (< 70 beats per minute lasting for > 60 seconds) or moderate (> 5 consecutive or following > 50% of the contrac-tions in a 20 minute period) variable decelerations **Exclusion criteria:** • Variable decelerations with poor variability of delated recovery • Baseline bradycardia or tachycardia • Repetitive late decelerations • Grade II or III meconium-stained amniotic fluid • Pervious cesarean delivery • Presence of contraindication to vaginal delivery (fetal malpresentation, placenta previa)	**Cervical dilation at admission, n (%):** ≤ 3 cm: **G1:** 38 (52) **G2:** 35 (46.7) > 3 cm: **G1:** 35 (48) **G2:** 10 (53.3) **G1/G2:** *P* = 0.512 **Cervical effacement at admission:** NR	**Labor progression:** Rupture of membranes until delivery, hours, mean ± SD: **G1:** 11.14 ± 8.3 **G2:** 9.52 ± 8.6 **Labor augmented, n (%):** **G1:** 46 (63) **G2:** 36 (48) **G1/G2:** *P* = 0.066 **Oxytocin augmentation, n (%):** **G1:** 56 (76.7) **G2:** 53 (70.7) **G1/G2:** *P* = 0.315 **AROM, n (%):** **G1:** 35 (48) **G2:** 44 (58.6) **G1/G2:** *P* = 0.191 **Internal monitoring:** NR **Amnioinfusion, n (%):** **G1:** 73 (100) **G2:** 0 **Epidural:** NR **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 28 (38) **G2:** 28 (37.3) **Vaginal, assisted:** NR **Vaginal, spontaneous:** NR **Relief of variable decelerations, n (%)**: **G1:** 58 (79.5) **G2:** 2 (2.7) **G1/G2:** *P* = .001 **Maternal harms, n (%):** Intrapartum temp ≥ 38.3°C: **G1:** 2 (2.7) **G2:** 0 Postpartum temp ≥ 38.3°C: **G1:** 2 (2.7) **G2:** 2 (2.7) **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score ≤ 7, 5 minutes, n:** Nulliparous: **G1:** 0 **G2:** 0 Multiparous: **G1:** 0 **G2:** 0 **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Rogers et al., 1997 **Country:** US **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 08/1992 to 04/1996 **Funding:** NIH **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Active management of labor. Labor defined as painful, palpable uterine contractions 2-5 minutes apart, cervical effacement of at least 80%; amniotomy performed within 2 hours of admission and augmentation of labor with oxytocin instituted if cervical dilatation of 1 cm/hr within first stage of labor or descent of 1 cm/hr in second stage failed to occur; a cervical exam every 2 hrs; if augmentation was necessary oxytocin infusion started at 6 mU/min, increased every 15 minutes, titrating to seven contractions in 15 minutes or appropriate cervical change. Maximum dose 36 mU/min. **Groups:** **G1:** Active management of labor **G2:** Usual care **N at enrollment:**[1] **G1:** 200 **G2:** 205 **N at birth:** **G1:** 200 **G2:** 205 **Age, mean yrs ± SD:** **G1:** 20.7 ± 4.2 **G2:** 20.5 ± 3.7	**Inclusion criteria:** • Nulliparous • Term pregnancy • Examined in antenatal testing unit • Painful, palpable uterine contractions ≤ 5 minutes apart • Cervical effacement of at least 80% • Gestational age ≥ 37 weeks • Cephalic presentation • No known maternal medical complications • No known fetal anomalies **Exclusion criteria:** • Placenta previa or abruptio placentae • Twin gestations • Prior uterine surgery • Any other obstetric or medical complications of pregnancy	**Cervical dilation at admission, mean cm ± SD:** **G1:** 2.8 ± 1.0 **G2:** 2.9 ± 1.1 **Cervical effacement at admission, mean % (range):** **G1:** 90 (80-100) **G2:** 80 (80-100)	**Labor progression, length of labor, mean hours ± SD:** Total: **G1:** 9.7 ± 4.9 **G2:** 11.2 ± 5.4 First stage: **G1:** 8.5 ± 4.5 **G2:** 10.1 ± 5.9 Second stage: **G1:** 1.0 ± 1.0 **G2:** 1.1 ± 1.4 **Labor augmented, n (%):** **G1:** 112 (56) **G2:** 105 (51) **AROM, n (%):** **G1:** 172 (86) **G2:** 164 (80) **Internal monitoring, n (%):** **G1:** 138 (69) **G2:** 137 (67) **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 118 (59) **G2:** 105 (51) **Maternal infection in labor, n (%):** Febrile episodes attributed to chorioamnionitis: **G1:** 28 (14) **G2:** 26 (13)	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 15 (7.5) **G2:** 24 (11.7) **G1/G2:** *P* = NS **Vaginal, assisted, n (%):** **G1:** 35 (19) **G2:** 33 (18) **G1/G2:** *P* = NS **Vaginal, spontaneous, n (%):** **G1:** 150 (81) **G2:** 148 (82) G1/G2: *P* = NS **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, 5 minutes, n:** **G1:** 2 **G2:** 2 **NICU admission, n:** **G1:** 1 **G2:** 4 G1/G2: *P* = NS

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Rogers et al., 1997 (continued)	**Race/ethnicity, n (%):** White: **G1:** 58 (29) **G2:** 51 (25) Hispanic: **G1:** 132 (66) **G2:** 140 (68) Other: **G1:** 10 (5) **G2:** 14 (7) **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** NR				

[1] Two additional multiparous women were erroneously allowed in the study but excluded from analysis

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Saisto et al., 2001 **Country:** Finland **Participant source:** Community **Intervention setting:** Clinic **Enrollment period:** 08/1996 to 07/1999 **Funding:** Signe and Ane Gyllenberg Foundation, Emil Aaltonen Foundation, Helsinki University Central Hospital, Academy of Finland **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention: Intensive therapy:** Written information (pros and cons of vaginal and cesarean births, alternative modes of pain relief), questionnaires (24 and 36 weeks, 3 months post partum); OB appointments for routine check up and cognitive therapy (24, 28, 32, 36, 38 weeks); appointment with midwife at 37 weeks (inform-ation on pain relief and possible interventions). Phone access to OB and NM. Dis-cussion of birth plan. Conventional care: Routine OB check-ups (24 and 36 weeks); written information (pros and cons of vaginal and cesarean births, alternative modes of pain relief). **Groups:** **G1:** Intensive therapy **G2:** Conventional care **N at enrollment:** (at 26 weeks) **G1:** 85 **G2:** 91 **N at birth:** **G1:** 85 **G2:** 91 **Age, mean yrs ± SD:** **G1:** 31.2 ± 5.1 **G2:** 31.9 ± 4.8	**Inclusion criteria:** • Women referred for antenatal consultation because of fear of childbirth • Obstetrically low risk • Physically healthy **Exclusion criteria:** • Contraindication to vaginal delivery at the time of randomization (two previous cesareans or vertical incision in previous cesarean)	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR **Previous spontaneous abortions, n (%):** **G1:** 19 (22.4) **G2:** 7 (7.7) **Wish for cesarean (pre-intervention), n (%):** **G1:** 58 (68.2) **G2:** 59 (64.8) **G1/G2:** *P* = NS	**Labor progression duration, hours ± SD:** **G1:** 6.8 ± 3.8 **G2:** 8.5 ± 4.8 **G1/G2:** *P* = 0.039 **Labor augmented:** NR **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** NR (85) **G2:** NR (82) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 37 (43.5) **G2:** 44 (48.3) **Cesarean, elective, n (%):** **G1:** 20/85 (23.5*) **G2:** 26/91 (28.5*) **Cesarean, emergency, n (%):** All women: **G1:** 17/85 (20.0*) **G2:** 18/91 (19.8*) Women choosing vaginal delivery: **G1:** 17/65 (26.1*) **G2:** 18/65 (27.7*) **Vaginal, assisted:** NR **Vaginal, spontaneous:** NR **Vaginal, any, n:** **G1:** 48 **G2:** 47 **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score:** NR NICU admission: NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Saisto et al., 2001 (continued)	**Race/ethnicity, n (%):** Finnish: **G1:** 85 (100) **G2:** 91 (100) **Parous, n (%):** **G1:** 41 (48.2) **G2:** 45 (49.5) **Medicaid:** Not applicable				

*Calculated by reviewer

Parity was related to request for cesarean: 74% of parous and 59% of nulliparous women requested it in the beginning ($P = 0.003$), and of them 42% of parous and 32% of nulliparous women also finally chose it ($P < 0.05$).

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Sanchez-Ramos et al., 1996 **Country:** US **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 03/1992 to 02/1994 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** 2 mg IV propranolol, repeated 1 hour later if no change in cervical dilation Continuous IV oxytocin in all patients, started at 1-2 mU/min, increased at 1-2 mU/min in 30 min intervals until ≥ 3 uterine contractions/10 min **Groups:** **G1:** Propranolol **G2:** Placebo **N at enrollment:** **G1:** 49 **G2:** 47 **N at birth:** **G1:** 49 **G2:** 47 **Age, mean yrs ± SD:** **G1:** 24.3 ± 5.2 **G2:** 22.5 ± 4.2 **Race/ethnicity, n (%):** White: **G1:** 19 (38.8) **G2:** 23 (48.9) Non-white: **G1:** 30 (61.2) **G2:** 24 (51.1) **Parous, n (%):** **G1:** 22 (44.9) **G2:** 19 (40.4) **Medicaid:** NR	**Inclusion criteria:** • Singleton pregnancy • Vertex presentation at term • Active phase of labor (5-9 cm dilation) • Estimated fetal weight of 2500-4500 g • Arrest of dilation (lack of progresssive cervical dilation ≥ 2 hours or deceleration phase ≥ 3 hours in nulliparas or 1 hour in multiparas) • Normal maternal heart rate (60-120 bpm) **Exclusion criteria:** • Systolic BP < 100 mm Hg • Hypertensive disorders of pregnancy, asthma, or diabetes	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR **Cervical dilation at arrest, mean cm ± SD:** **G1:** 6.8 ± 1.3 **G2:** 6.8 ± 1.4	**Labor progression, time from administration of study drug to vaginal delivery, mean minutes ± SD:** **G1:** 239 ± 148 **G2:** 237 ± 106 **Labor augmented, n (%):** **G1:** 49 (100) **G2:** 47 (100) **AROM:** NR **Internal monitoring, n (%):** IUPC and scalp electrode: **G1:** 49 (100) **G2:** 47 (100) **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 22 (44.9) **G2:** 20 (42.5) **Maternal infection in labor:** NR	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 13 (26.5) **G2:** 24 (51.1) **G1/G2:** RR = 0.58 (95% CI: 0.35-0.93), *P* = 0.02 **Vaginal, assisted, n (%):** **G1:** 10 (20.4) **G2:** 8 (17.0) G1/G2: *P* = 0.79 **Vaginal, spontaneous, n (%):** **G1:** 26 (53.1)* **G2:** 15 (31.9)* **Maternal harms:** NR **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score < 7, 5 minutes, n (%):** **G1:** 1 (2.0) **G2:** 2 (4.2) **NICU admission, n (%):** **G1:** 1 (2.0) **G2:** 1 (2.1)

* Number of spontaneous births calculated by the reviewer, subtracting the number of operative vaginal and cesarean deliveries from the number of participants

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Skrablin et al., 2011 **Country:** Croatia **Participant source:** Academic single site **Intervention setting:** Labor and deliver suite **Enrollment period:** 05/2009 to 02/2010 **Funding:** NR **Author industry relationship disclosure:** None **Design:** RCT	**Intervention:** Before enrollment an initial bolus of 20 ml of lebovupivacaine (0.07% concentration) with 2 mg/ml of fentanyl was given via epidural catheter (equal dose given if baseline pain VAS > 1 cm at 15 minutes after the first one); then randomized between intermittent bolus dose (20 ml of levobupivacaine with 2.5 µg/ml fentanyl given 1 hour after an initial bolus dose, then upon reported discomfort or contractions) and continuous infused epidural analgesia (20 ml levobupivacaine with fentanyl of 2.5 µg/ml at infusion rate up to 14 ml/hour until delivery) **Groups:** **G1:** Intermittent epidural **G2:** Continuous epidural **N at enrollment:** **G1:** 101 **G2:** 104 **N at birth:** **G1:** 101 **G2:** 104 **Age, mean yrs:** **G1:** 28 **G2:** 28 **Race/ethnicity:** NR	**Inclusion criteria:** • Low risk • Nulliparous • Term pregnancy **Exclusion criteria:** • Pre-term (< 37 weeks) • Cervical dilation ≤ 2 or ≥ 5 cm • Systemic disease (e.g., heart disease, renal disease, asthma, diabetes mellitus, hypertension) • Chronic analgesic use • Contraindications to neuraxial blocks (e.g., coagulopathy, thrombocytopenia) • Multiple pregnancies • Absolute indication for cesarean (e.g., strait pelvis, placenta previa) • Breech presentation or other malpresentation • Failure to achieve adequate analgesia	**Cervical dilation at randomization, mean cm:** **G1:** 4 **G2:** 4 **Cervical effacement at randomization, n (%):** Partial: **G1:** 50 (49.5) **G2:** 49 (48.5) Full: **G1:** 51 (50.5) **G2:** 55 (52.9)	**Labor progression, duration from epidural to delivery, mean minutes ± SD:** **G1:** 414 ± 101 **G2:** 432 ± 94 **Labor augmented, n (%):** Oxytocin: **G1:** 101 (100) **G2:** 104 (100) **AROM, n (%):** **G1:** 24 (23.5) **G2:** 28 (26.9) **G2/G1:** *P* = 0.29 **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 101 (100) **G2:** 104 (100) **Maternal infection in labor, n (%):** Intrapartum fever: **G1:** 23 (22.8) **G2:** 21 (20.2) **G2/G1:** RR = 1.12 (95% CI: 0.67-1.91), *P* = 0.38	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 5 (5.0) **G2:** 15 (14.4) **G2/G1:** RR = 2.91 (95% CI: 1.09-7.72), *P* = 0.03 **Vaginal, assisted:** NR **Vaginal, spontaneous:** NR **Maternal harms:** Motor blockade, n (%): **G1:** 1 (1.0) **G2:** 11 (10.6) **G2/G1:** RR = 10.68 (95% CI: 1.40-81.24), *P* = 0.01 Intrapartal pain, mean VAS score (range): **G1:** 5.4 (1.7-31.2) **G2:** 4.3 (1.3-24.5) **G2/G1:** *P* = 0.36 Hypotension, n (%): **G1:** 33 (32.7) **G2:** 22 (21.2) **G2/G1:** RR = 1.53 (95% CI: 0.78-3.78), *P* = 0.56 **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score ≤ 7, 5 minutes, n (%):** **G1:** 3 (3.0) **G2:** 2 (1.9) **G2/G1:** RR = 1.54 (95% CI: 0.26-9.06), *P* = 0.48

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Skrablin et al., 2011 (continued)	**Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable				**NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Somprasit et al., 2005 **Country:** Thailand **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 05/2001 to 12/2002 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Active management of labor: artificial rupture of membranes within 1 hour of admission, 2 hourly vaginal assessments, high doses of oxytocin augmentation if cervical dilatation < 1 cm/hour in the first stage of labor **Groups:** **G1:** Active management of labor **G2:** Conventional management of labor **N at enrollment:** **G1:** 320 **G2:** 640 **N at birth:** **G1:** 320 **G2:** 640 **Age, mean yrs ± SD:** **G1:** 24.4 ± 4.5 **G2:** 24.2 ± 4.5 **Race/ethnicity:** NR **Parous, n:** **G1:** 0 **G2:** 0 **Medicaid:** Not applicable	**Inclusion criteria:** • Nulliparous • Singleton • Normal fetal heart pattern at admission • Cephalic presentation • Gestational age ≥ 37 weeks • Spontaneous labor without fetal distress at admission • No contra-indications to vaginal delivery or oxytocin • No medical or surgical complications **Exclusion criteria:** • Diabetes • Cervical incompetence • Pregnancy-induced hypertension	**Cervical dilation at admission, mean cm ± SD:** **G1:** 3.1 ± 1.2 **G2:** 3.1 ± 1.4 **Cervical effacement at admission:** NR	**Labor progression, mean minutes ± SD:** **G1:** 539.3 ± 261.4 **G2:** 610.3 ± 264.4 **G1/G2:** *P* < 0.001 **Labor augmented, n (%):** Oxytocin: **G1:** 178 (55.6) **G2:** 305 (47.7) **G1/G2:** *P* < 0.05 **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor, n (%):** Chorioamnionitis: **G1:** 0 **G2:** 6 (0.9) **G1/G2:** *P* = NS	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 38 (11.9) **G2:** 94 (14.7) **G1/G2:** *P* = NS **Vaginal, assisted, n (%):** **G1:** 38 (11.9) **G2:** 91 (14.2) **G1/G2:** *P* = NS **Vaginal, spontaneous, n (%):** **G1:** 244 (76.3) **G2:** 455 (71.1) **G1/G2:** *P* = NS **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, 1 minute, n (%):** **G1:** 6 (1.9) **G2:** 15 (2.3) **G1/G2:** *P* = NS **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Spallici et al., 2007 **Country:** Brazil **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 01/1999 to 01/2000 **Funding:** Cientifico e Tecnologic (CNPq); Fundacao de Amparo a Pesquisa do Estado de Sao Paulo (FAPESP), Brazil; Apsen Farmaceutica S.A. **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** 5 ml of 20,000 UI lyophilized HAase diluted in distilled water injected at two sites on the cervix (at 6 o'clock and 12 o'clock positions) **Groups:** **G1:** Hyaluronic acid **G2:** Placebo **Ga:** Nulliparae **Gb:** Multiparae **N at enrollment:** **G1:** 83 **G1a:** 46 **G1b:** 37 **G2:** 85 **G2a:** 48 **G2b:** 37 **N at birth:** **G1:** 83 **G1a:** 46 **G1b:** 36 **G2:** 85 **G2a:** 48 **G2b:** 37 **Age, mean yrs ± SD:** **G1a:** 20.5 ± 4.7 **G1b:** 27.4 ± 5.8 **G2a:** 22.3 ± 4.0 **G2b:** 27.9 ± 5.0 **Race/ethnicity, n (%):** Caucasian: **G1a:** 30 (66) **G1b:** 17 (46) **G2a:** 22 (46) **G2b:** 22 (46) **Parous, n (%):** **G1:** 37 (44.6) **G2:** 37 (43.5) **Medicaid:** Not applicable	**Inclusion criteria:** • Gestational age between 37 weeks complete and 42 weeks incomplete • Vertex presentation • Bishop score < 5 • Normal fetal vitality • No uterine contractions **Exclusion criteria:** • Elective cesarean • Contra-indications to vaginal delivery	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, mean hours ± SD:** Patients admitted before labor: **G1a:** 6.8 ± 4.0 **G1b:** 4.3 ± 2.1 **G2a:** 11.0 ± 4.4 **G2b:** 7.6 ± 3.5 **G1/G2:** Δ = 3.8 (95% CI: 2.2-5.2), *P* = 0.0002 Patients admitted in labor: **G1a:** 6.5 ± 1.8 **G1b:** 4.3 ± 1.5 **G2a:** 12.0 ± 2.6 **G2b:** 9.5 ± 3.0 **G1/G2:** Δ = 5.3 (95% CI: 4.9-5.7), *P* = 0.0001 **Labor augmented, n (%):** **G1:** 83 (100) **G2:** 0 **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural:** NR **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 15 (18) **G2:** 42 (49) **G1/G2:** ARR = 31 (95% CI: 18-44), *P* < 0.0001 **Vaginal, assisted:** NR **Vaginal, spontaneous, n (%):** **G1:** 68 (82) **G2:** 43 (51) G1/G2: ARR = 31 (95% CI: 19-44), *P* = 0.0007 **Maternal harms:** Cramps: **G1:** NR **G2:** NR **G1/G2:** *P* = 0.2709 **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, (%):** **G1:** 2 (2.4) G2: 7 (8.4) Apgar score (1, 5, 10 minutes): **G1:** NR **G2:** NR **G1/G2:** *P* > 0.115 **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Strong et al., 1990 **Country:** US **Participant source:** Academic single site **Intervention setting:** Labor and delivery suite **Enrollment period:** 10/1988 to 03/1989 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Prophylactic amnioinfusion (250 ml normal saline warmed to 37°C infused through intrauterine pressure catheter at a rate of 10-20 ml/min) to attain an amniotic fluid index ≥ 8 cm **Groups:** **G1:** Prophylactic amnioinfusion **G2:** No amnioinfusion **N at enrollment:** **G1:** 30 **G2:** 30 **N at birth:** **G1:** 30 **G2:** 30 **Age, mean yrs ± SD:** **G1:** 23.9 ± 5.6 **G2:** 24 ± 5.8 **Race/ethnicity:** NR **Parous, n (%):** **G1:** 15 (50) **G2:** 11 (37) **Medicaid:** NR	**Inclusion criteria:** • Oligohydramnios (amniotic fluid index ≤ 5 cm) • Singleton • Vertex presentation • Cervical dilation ≤ 4 cm • Gestation ≥ 37 weeks • Normal baseline fetal heart rate (FHR) variability • Estimated fetal weight > 2500 g **Exclusion criteria:** • Late decelerations • Moderate or severe variable decelerations • Vaginal bleeding • Choriamnionitis • Meconium-stained amniotic fluid • Fetal anomalies • Uterine anomalies	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, duration from membrane rupture to delivery, mean hours ± SD:** **G1:** 16.8 ± 12.1 **G2:** 10.1 ± 6.5 **G1/G2:** *P* = 0.01 **Labor augmented:** NR **AROM:** NR **Internal monitoring:** NR **Amnioinfusion, n (%):** **G1:** 30 (100) **G2:** 0 **Epidural:** NR **Maternal infection in labor, n (%):** Maternal temperature > 100.4°F: **G1:** 6 (20) **G2:** 2 (7) **G1/G2:** *P* = 0.06	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 4 (13.3) **G2:** 6 (20) **Vaginal, assisted, n (%):** Forceps: **G1:** 5 (16.7) **G2:** 8 (26.7) **Vaginal, spontaneous, n (%):** **G1:** 21 (70)* **G2:** 16 (53.3)* **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score, 5 minutes, mean ± SD:** **G1:** 8.9 ± 0.6 **G2:** 8.9 ± 0.2 **G1/G2:** *P* = NS **Apgar score < 7, 5 minutes, n:** **G1:** 0 **G2:** 0 **G1/G2:** *P* = NS **NICU admission:** NR

* Calculated by reviewer.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Trueba et al., 2000 **Country:** Mexico **Participant source:** Community practice **Intervention setting:** Labor and delivery suite **Enrollment period:** 03/1997 to 02/1998 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Support of a childbirth educator also trained as a doula **Groups:** **G1:** Doula support **G2:** Standard care (no doula support) **N at enrollment:** **G1:** 50 **G2:** 50 **N at birth:** **G1:** 50 **G2:** 50 **Age:** NR **Race/ethnicity:** NR **Parous, n (%):** Nulliparous: **G1:** 50 (100) **G2:** 50 (100) **Medicaid:** Not applicable	**Inclusion criteria:** • Term • Active labor • ≥ 3 cm dilation • Nulliparous • Adequate pelvis • No previous uterine incision **Exclusion criteria:** • See inclusion criteria	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, labor length, mean hours ± SD:** **G1:** 14.5 ± 5.36 **G2:** 19.38 ± 7.3 **G1/G2:** *P* = NS **Labor augmented, n (%):** Pitocin: **G1:** 21 (42) **G2:** 48 (96) **G1/G2:** *P* = 0.001 **AROM:** NR **Internal monitoring:** NR **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 4 (8) **G2:** 16 (32) **G1/G2:** *P* = NS **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 1 (2) **G2:** 12 (24) **G1/G2:** *P* = 0.003 **Vaginal, assisted:** NR **Vaginal, spontaneous:** NR **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score:** NR **NICU admission:** NR

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Vayssiere et al., 2007 **Country:** France **Participant source:** Academic multi site **Intervention setting:** Labor and delivery suite **Enrollment period:** 02/2004 to 05/2006 **Funding:** Strasbourg Regional Project in Clinical Research **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Fetal ST-segment analysis using a STAN S21 device, monitoring for nonreassuring fetal status (NRFS) **Groups:** **G1:** Cardiotocog-raphy with STAN **G2:** Cardiotocog-raphy only **N at enrollment:** **G1:** 399 **G2:** 400 **N at birth:** **G1:** 399 **G2:** 400 **Age, median yrs ± SD:** **G1:** 29.8 ± 5.7 **G2:** 30.1 ± 5.7 **Race/ethnicity:** NR **Parous, n (%):** **G1:** 111 (27.8) **G2:** 113 (28.2) **Medicaid:** Not applicable	**Inclusion criteria:** • In labor • ≥ 36 gestational weeks • Singleton fetus • Cephalic presentation • Abnormal cardiotocography (defined according to the International Federation of Gynecology and Obstetrics classification) or thick meconium-stained amniotic fluid (7%) during labor **Exclusion criteria:** • Normal cardioto-cography without deceleration during labor • Maternal infection contraindicating placement of scalp electrodes (seropositive for HIV or hepatitis B or C) • Cardiac malformation • Severe decelerations with variability reduced immediately on entry into the delivery room • Refusal to participate	**Cervical dilation at randomization, median ± SD:** **G1:** 5.8 ± 2.4 **G2:** 5.5 ± 2.3 **Cervical effacement at admission:** NR **Prior cesarean, n (%):** **G1:** 25 (6.3) **G2:** 24 (6.0)	**Labor progression:** NR **Labor augmented:** NR **AROM:** NR **Internal monitoring (fetal scalp electrode), n (%):** **G1:** 399 (100) **G2:** 0 **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 364 (91.2) **G2:** 361 (90.3) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth (for NRFS), n (%):** **G1:** 54 (13.5) **G2:** 65 (16.3) **Vaginal, assisted (for NRFS), n (%):** **G1:** 80 (20.1) **G2:** 83 (20.8) **Operative delivery, total, n (%):** **G1:** 216 (54.1) **G2:** 221 (55.3) **G1/G2:** RR = 0.98 (95%CI: 0.86-1.11) **Vaginal, spontaneous, n (%):** **G1:** 183 (45.9) **G2:** 179 (44.7) **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n:** **G1:** 0 **G2:** 1 **Apgar score < 7, 5 minutes, n:** **G1:** 6 **G2:** 6 **NICU admission, n:** **G1:** 5 **G2:** 6

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Waldenstrom et al., 2001 **Country:** Australia and Sweden **Participant source:** Academic single site **Intervention setting:** Clinic Labor and delivery suite **Enrollment period:** 02/1996 to 11/1997 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Team midwife care (8 midwives providing antenatal and intrapartum care) vs. usual care by patient preference (care mostly doctors; mostly by midwives in collaboration with medical staff; birth center care; shared care between local GP and hospital doctors) **Groups:** **G1:** Team midwife care **G2:** Standard care **N at enrollment:** **G1:** 495 **G2:** 505 **N at birth:** **G1:** 464 **G2:** 471 **N at follow-up:** (2 months) **G1:** 361 **G2:** 323 **Age, mean yrs ± SD:** **G1:** 27.9 ± 5.2 **G2:** 27.9 ± 5.2 **Race/ethnicity:** NR **Parous, n (%)[1]:** **G1:** 202/494 (40.9) **G2:** 198/504 (39.3) **Medicaid:** Not applicable	**Inclusion criteria:** • Medical low-risk **Exclusion criteria:** • Non-English speaking • Gestation > 25 weeks • Previous obstetric complications, including: cesarean, difficult forceps delivery, shoul-der dystocia, anal sphincter tear, severe postpartum hemorrhage (> 100 ml), preterm delivery (< 34 weeks), intrauterine growth retardation, severe preeclampsia/ eclampsia, perinatal loss (habitual abortion ≥ 3 consecutively) • Significant medical disorder (e.g., cardiovascular disease, diabetes mellitus, chronic renal disease, autoimmune disease) • Drug addition • Abuse of alcohol • Long standing infertility (> 5 years)	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, duration:** 1st stage, mean hours ± SD: **G1:** 5.8 ± 4.4 **G2:** 6.2 ± 4.8 **G1/G2:** *P* = 0.17 2nd stage, mean minutes ± SD: **G1:** 49.5 ± 51.8 **G2:** 53.9 ± 57.6 **G1/G2:** *P* = 0.21 3rd stage, mean minutes ± SD: **G1:** 8.1 ± 15.2 **G2:** 9.4 ± 21.2 G1/G2: *P* = 0.90 **Labor augmented, n (%):** **G1:** 122 (26.3) **G2:** 130 (27.6) **G1/G2:** OR = 0.94 (95% CI: 0.69-1.26) **AROM:** NR **Internal monitoring, n (%):** Fetal monitoring, scalp pH: **G1:** 14 (3.0) **G2:** 18 (3.8) **G1/G2:** OR = 0.78 (95% CI: 0.36-1.68) **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 141 (30.4) **G2:** 150 (31.8) **G1/G2:** OR = 0.93 (95% CI: 0.7-1.24) **Maternal infection in labor:** NR	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 55 (11.9) **G2:** 56 (11.9) **G1/G2:** OR = 1.0 (95% CI: 0.66-1.51) **Vaginal, assisted, n (%):** Forceps: **G1:** 66 (14.2) **G2:** 73 (15.5) **G1/G2:** OR = 0.9 (95% CI: 0.62-1.32) Vacuum: **G1:** 12 (2.6) **G2:** 16 (3.4) **G1/G2:**OR = 0.75 (95% CI: 0.33-1.71) **Vaginal, spontaneous, n (%):[1]** **G1:** 331 (71.3) **G2:** 326 (69.2.1) **Maternal harms:** NR **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):** **G1:** 5/466 (1.1) **G2:** 7/475 (1.5) **Apgar score < 7, 5 minutes, n (%):** **G1:** 9/461 (1.9) **G2:** 7/470 (1.5) **G1/G2:** OR = 1.32 (95% CI: 0.45-3.95) **NICU admission, n (%):** **G1:** 48/461 (10.4)

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Waldenstrom et al., 2001 (continued)					**G2:** 36/470 (7.7) **G1/G2:** OR = 1.4 (95% CI: 0.87-2.26)

[1] The proportion of spontaneous vaginal delivery was calculated by the reviewer, subtracting operative deliveries from N at birth.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Waldenstrom et al., 1997 **Country:** Sweden **Participant source:** Non-academic single site **Intervention setting:** Birthing center for study group and community hospitals for control group **Enrollment period:** 10/1989 to 06/1993 **Funding:** Swedish National Delegation for Social Research; Swedish Medical Research Council; Karolinska Institute; Sodersjukhuset, Stockholm **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Birth center: comprehensive and integrated antenatal, intrapartum and postpartum care with the same team of midwives, restricted use of medical technology and 24 hours postpartum discharge. **Groups:** **G1:** Birth center care **G2:** Standard maternity care **N at enrollment:** **G1:** 928 **G2:** 932 **N at birth:**[1] **G1:** 912 **G2:** 916 **Age, mean yrs ± SD:** **G1:** 29.9 ± 4.5 **G2:** 29.9 ± 4.3 **Race/ethnicity, n (%):** Native Swedes: **G1:** 785 (86.9) **G2:** 767 (87.4) **Primiparous, n (%):** **G1:** 544 (58.6) **G2:** 522 (56.0) **Medicaid:** Not applicable	**Inclusion criteria:** • Residents of Greater Stockholm • One partner in couple had to be Swedish-speaking • If previous cesarean, last delivery was vaginal • Low risk • Willingness to participate • At least one antenatal visit **Exclusion criteria:** • Diabetes • Hypertension • Drug abusers • Current smoker • Previous cesarean unless last delivery was vaginal	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, (contractions to birth), mean hours (median):** **G1:** 15.0 (12.1) **G2:** 14.0 (11.7) **G1/G2:** *P* = 0.05 **Labor augmented, n (%):** Amniotomy: **G1:** 209 (23.3) **G2:** 351 (39.9) **G1/G2:** *P* < 0.001 Oxytocin 1st stage: **G1:** 140 (15.6) **G2:** 223 (24.9) **G1/G2:** *P* < 0.001 Oxytocin 2nd stage: **G1:** 160 (17.9) **G2:** 264 (29.5) **G1/G2:** *P* < 0.001 **AROM, n (%):** **G1:** 209 (23.3) **G2:** 351 (39.3) **G1/G2:** *P* < 0.001 **Internal monitoring, n (%):** Internal monitoring: **G1:** 165 (18.4) **G2:** 283 (31.7) **G1/G2:** *P* < 0.001 Fetal scalp blood sampling: **G1:** 20 (2.2) **G2:** 37 (4.1) **G1/G2:** *P* = 0.03 Intrauterine pressure catheter: **G1:** 55 (6.1) **G2:** 51 (5.7) **G1/G2:** *P* = 0.77 **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 108 (12.1) **G2:** 135 (15.1)	**Maternal outcomes** **Cesarean birth, n (%):** **G1:** 65 (7.1) **G2:** 82 (8.9) **G1/G2:** *P* = 0.18 **Vaginal, assisted, n (%):** **G1:** 36 (3.9) **G2:** 41 (4.5) **G1/G2:** *P* = 0.74 **Vaginal, spontaneous, n (%):** **G1:** 811 (88) **G2:** 793 (86) **Maternal harms:** NR **Maternal mortality, n:** **G1:** 0 **G2:** 0 **Neonatal outcomes** **Neonatal mortality, n (%):** **G1:** 8 (0.9) **G2:** 2 (0.2) **G1/G2:** OR = 4.04 (95% CI: 0.80-39.17), *P* = 0.11 **Apgar score < 7, 5 minutes, n (%):** **G1:** 11 (1.29) **G2:** 10 (1.1) **G1/G2:** *P* = 0.99 **NICU admission (within first week after birth), n (%):** **G1:** 102 (11.1) **G2:** 83 (9.0) **G1/G2:** *P* = 0.13 **NICU length of stay, mean days:** **G1:** 9.6 **G2:** 10.2 **G1/G2:** *P* = 0.78 **Serious neonatal morbidity not**

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Waldenstrom et al., 1997 (continued)				**G1/G2:** *P* = 0.07 **Maternal infection in labor:** NR	**caused by malformations or preterm birth, n:** **G1:** 6[2] **G2:** 2

[1] Excluding miscarriages and two women lost to follow up.

[2] Three cases in G1 identified as possibly avoidable and related to the care at the birth center.

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Author: Windrim et al., 2007 **Country:** Canada **Participant source:** Academic multi site **Intervention setting:** Labor and delivery suite **Enrollment period:** 07/1997 to 12/1999 **Funding:** Physicians' Services Incorporated Foundation, Canada **Author industry relationship disclosure:** NR **Design:** RCT	**Intervention:** Labor progress recorded using a bedside graphical partogram with a 2-hour alert line and no action line. **Groups:** **G1:** Partogram and written notes **G2:** Written notes only **N at enrollment:** **G1:** 970 **G2:** 962 **N at birth:** **G1:** 970 **G2:** 962 **Age, mean yrs ± SD:** **G1:** 30.1 ± 5 **G2:** 30.0 ± 5 **Race/ethnicity:** NR **Parous:** NR **Medicaid:** Not applicable	**Inclusion criteria:** • Nulliparous • 36 to 42 weeks gestation • Singleton pregnancy with a cephalic presentation **Exclusion criteria:** • Known major fetal structural anomaly • Non-cephalic presentation • Previous uterine surgery • Acute obstetric complication, such as antepartum hemorrhage or severe hypertension	**Cervical dilation at admission:** NR **Cervical effacement at admission:** NR	**Labor progression, mean hours ± SD:** 1st stage spontaneous: **G1:** 16.8 ± 7.3 **G2:** 16.0 ± 7.6 1st stage induced: **G1:** 14.0 ± 6.8 **G2:** 13.9 ± 7.0 2nd stage spontaneous: **G1:** 2.4 ± 1.8 **G2:** 2.4 ± 1.9 2nd stage induced: **G1:** 2.7 ± 1.9 **G2:** 2.5 ± 1.9 **Labor augmented, n (%):** Oxytocin augmentation: **G1:** 757 (78) **G2:** 755 (78) **AROM, n (%):** **G1:** 521 (53.7) **G2:** 520 (54.1) **Internal monitoring, non reassuring fetal heart tracing, n (%):** **G1:** 399 (41) **G2:** 391 (41) **Amnioinfusion:** NR **Epidural, n (%):** **G1:** 902 (93) **G2:** 879 (91) **Maternal infection in labor, n (%):** Intrapartum temperature > 38ºC: **G1:** 114 (12) **G2:** 78 (8) **G1/G2:** *P* = NS	**<u>Maternal outcomes</u>** **Cesarean birth, n (%):** **G1:** 240 (24) **G2:** 244 (25) **G1/G2:** *P* = NS **Vaginal, assisted, n (%):** Spontaneous labor: **G1:** 173 (30) **G2:** 178 (31) **G1/G2:** *P* = NS Induced labor: **G1:** 121 (31) **G2:** 89 (23) **G1/G2:** *P* = NS **Vaginal, spontaneous, n (%):** Spontaneous labor: **G1:** 282 (49) **G2:** 277 (48) **G1/G2:** *P* = NS Induced labor: **G1:** 154 (40) **G2:** 174 (45) **G1/G2:** *P* = NS **Maternal harms, n (%):** Postpartum temperature > 38ºC: **G1:** 32 (3) **G2:** 24 (2) **G1/G2:** *P* = NS **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score < 7, n (%):** 1 minute: **G1:** 113 (11.6) **G2:** 99 (10.2) **G1/G2:** *P* = NS

Evidence Table 1: Strategies to Reduce Cesarean Birth (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Factors	Clinical Events	Outcomes
Windrim et al., 2007 (continued)					5 minutes: **G1:** 12 (1.2) **G2:** 10 (1.0) **G1/G2:** *P* = NS **NICU admission, n (%):** **G1:** 33 (3.4) **G2:** 37 (3.9) **G1/G2:** *P* = NS

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: World Health Organization, 1994 **Country:** Indonesia, Thailand, and Malaysia **System:** Eight maternity hospitals **Baseline period:** 01/1990 to 06/1990 **Evaluation period:** 06/1990 to 04/1991 **Routine use period:** 04/1991 to 09/1991 **Funding:** World Health Organization (WHO) and ministries of health of Indonesia, Thailand, and Malaysia **Author industry relationship disclosure:** NR **Design:** Cluster randomized trial (4 matched pairs of hospitals selected; one of each randomly selected to implement use of partogram)	**Cesarean reduction intervention:** Use of the WHO partogram to inform active management of labor and decisions about need for cesarean	**Inclusion criteria:** • District general hospitals in urban settings • Current use of active management of labor **Exclusion criteria:** • See inclusion criteria	**Births, n:** Baseline period: 18,254 Evaluation period: 17,230 **Births to normal[1] women, n:** Baseline period: 10,049 Evaluation period: 9,130 **Births to normal[1] nulliparous women:** Baseline period: 4,212 Evaluation period: 3,924 **Age, mean yrs ± SD:** Baseline period: 27.23 ± 5.72 Evaluation period: 27.17 ± 5.75 **EP/BL:** *P* = 0.55 **Parous, %:** Baseline period: 61.0 Evaluation period: 60.8 **EP/BL:** *P* = 0.87 **Medicaid:** Not applicable **Private insurance coverage:** Not applicable **Multiple gestations, n (%):** Baseline period: 239 (1.3) Evaluation period: 247 (1.4)	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous, n (%):** Total singleton births: Baseline period: 13,186 (72.4) Evaluation period: 12,704 (73.9) **EP/BL:** *P* = 0.201 Normal[1] women: Baseline period: 8,428 (83.9) Evaluation period: 7,869 (86.3) **EP/BL:** *P* < 0.001 Normal[1] nulliparous women: Baseline period: 3,129 (74.3) Evaluation period: 3,069 (78.3) **EP/BL:** *P* < 0.001 **Vaginal, assisted, n (%):** Total singleton births: Baseline period: 1,793 (9.8) Evaluation period: 1649 (9.6) **EP/BL:** *P* = 0.110 Normal[1] women: Baseline period: 995 (9.9) Evaluation period: 841 (9.2) **EP/BL:** *P* = NR Normal[1] nulliparous women: Baseline period: 668 (15.9) Evaluation period: 578 (14.7) **EP/BL:** *P* = NR **Cesarean birth, n (%):** Total singleton births: Baseline period: 2,278 (12.5) Evaluation period:

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
World Health Organization, 1994 (continued)					1,926 (11.2) **EP/BL:** *P* = 0.841 Normal[1] women: Baseline period: 621 (6.2) Evaluation period: 409 (4.5) **EP/BL:** *P* = 0.056 Normal[1] nulliparous women: Baseline period: 414 (9.8) Evaluation period: 271 (6.9) **EP/BL:** *P* = 0.060 **<u>Maternal outcomes</u>** **Maternal mortality, n:** Baseline period: 23 Evaluation period: 24 **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score:** NR **NICU admission, %:** Baseline period: 6.3 Evaluation period: 5.0 **EP/BL:** *P* = 0.49 **Stillbirths, n (%):** Baseline period: 516 (2.8) Evaluation period: 43 (2.4)

[1] A normal woman is a woman who is less likely to require intervention.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Althabe et al., 2004 **Country:** Argentina, Brazil, Cuba, Guatemala, and Mexico **System:** 36 hospitals Argentina (18) Brazil (8) Cuba (4) Mexico (4) Guatemala (2) **Baseline period:** 6 months baseline data; followed by 1 month staff training and implementation practice in intervention sites **Evaluation period:** 6 months use of the intervention in intervention sites **Funding:** European Union, Pan American Health Organization, WHO and World Bank Special Programme of Research, multiple national contributions. **Author industry relationship disclosure:** None **Design:** Cluster randomized trial (hospitals matched by country, type of hospital, and baseline rates)	**Cesarean reduction intervention:** Implementation of policy of mandatory second opinion from person of equal or higher clinical qualifications to the attending physician. Consultations informed by use of evidence-based guidelines for reviewing cesarean birth indications. **Groups:** **G1:** Intervention **G2:** Control **N (hospitals) at randomization:** **G1:** 18 **G2:** 18 **N at baseline:** **G1:** 17 **G2:** 17	**Inclusion criteria:** • Hospital baseline cesarean rate ≥ 15% • Hospitals with > 1,000 births per year • Able to implement protocol • Successful completion of run-in period **Exclusion criteria:** • See inclusion criteria	**Births per year, n:** Baseline: **G1:** 34,735 **G2:** 39,175 Evaluation: **G1:** 35,675 **G2:** 39,638 Parous, %: Baseline: **G1:** 62.2 **G2:** 66.5 **Medicaid:** Not applicable **Private insurance coverage:** Not applicable **Prior cesarean, %:** Baseline period: **G1:** 13.5 **G2:** 13.8	Total providers/ staff: NR Total providers/ staff formally trained: Not applicable Specialty: NR **Compliance with second opinion, non-emergent cesarean, %:** 88	**Mode of birth** **Vaginal, spontaneous:** NR Vaginal, assisted, %: Baseline period: **G1:** 4.4 **G2:** 2.8 Evaluation period: **G1:** 4.9 **G2:** 3.4 **G1/G2:** *P* = 0.85 Total cesarean births, %: Baseline period: **G1:** 26.3 **G2:** 24.6 Evaluation period: **G1:** 24.7 **G2:** 24.9 **G1/G2:** *P* = 0.044 **Maternal outcomes** **Maternal mortality, rate per 10,000 live births:** Baseline period: **G1:** 3.2 **G2:** 5.9 Evaluation period: **G1:** 4.3 **G2:** 7.5 **Neonatal outcomes** **Neonatal mortality, mean rate:** Baseline period: **G1:** 1.1 **G2:** 1.1 Evaluation period: **G1:** 0.9 **G2:** 1.0 **G1/G2:** *P* = 0.756 **Perinatal mortality, mean rate:** Baseline period: **G1:** 2.6 **G2:** 2.8

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Althabe et al., 2004 (continued)					Evaluation period: **G1:** 2.4 **G2:** 2.9 **G1/G2:** *P* = 0.273 **Apgar score:** NR **NICU admission, mean rate:** Baseline period: **G1:** 8.4 **G2:** 8.1 Evaluation period: **G1:** 8.0 **G2:** 8.3 **G1/G2:** *P* = 0.340

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Berglund et al., 2010 **Country:** Ukraine **System:** Three maternity units:[1] **S1:** Donetsk **S2:** Lutsk **S3:** Lviv **Baseline period:** **S1:** 4 months prior to training **S2:** 4 months prior **S3:** 2 months prior **Evalutation period:** **S1:** 05/2004 to 12/2006 **S2:** 05/2004 to 12/2006 **S3:** 05/2004 to 11/2006 **Funding:** WHO, national and university **Author industry relationship disclosure:** None **Design:** Pre-post assessment	**Cesarean reduction intervention:** National Mothers and Infant Health Project to train maternity staff and providers implemented in nine provinces. Detailed data collected at selected maternity sites. Training provided by a non-governmental organization (NGO) based on the WHO Making Pregnancy Safer tools and framework focused on implementation of evidence-based routines as standard care. Topics included: • Avoiding Induction • Use of partograms • Augmentation • AROM • Labor pain management • Labor support	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births per year, n:** Baseline period: **S1:** 652 **S2:** 742 **S3:** 302 2004: **S1:** 1,021 **S2:** 2,283 **S3:** 1,756 2005: **S1:** 1,720 **S2:** 3,578 **S3:** 2,881 2006: **S1:** 1,820 **S2:** 4,004 **S3:** 2,590 Last three month period: **S1:** 425 **S2:** 998 **S3:** 1,016 **Age, median yrs (range):** Baseline period: **S1:** 24 (16-42) **S2:** 25 (14-44) **S3:** 22 (14-46) Evaluation period: **S1:** 25 (15-45) **S2:** 25 (15-48) **S3:** 23 (16-40) **Parous, %:** Primiparae: Baseline period: **S1:** 52.0 **S2:** 47.4 **S3:** 49.7 Evaluation period: **S1:** 65.0 **S2:** 51.8 **S3:** 58.6 **Medicaid:** Not applicable **Private insurance coverage:** Not applicable	Total providers/ staff, n: **S1:** 108 **S2:** 171 **S3:** 90 Total providers/ staff formally trained, n (%): **S1:** 108 (100) **S2:** NR (36) **S3:** NR (49) **Specialty:** NR[2]	**Mode of birth** **Vaginal, spontaneous:** NR **Vaginal, assisted, %:** Baseline period: **S1:** 3.7 **S2:** 2.0 **S3:** 0.0 Evaluation period: **S1:** 0.0 **S2:** 2.0 **S3:** 0.0 Cesarean birth, %: Baseline: **S1:** 30.0 **S2:** 33.0 **S3:** 22.0 **Total:** 29.9* Evaluation period: **S1:** 17.0 **S2:** 12.3 **S3:** 19.6 Last three month period: **S1:** 18.4 **S2:** 12.7 **S3:** 16.9 **Total:** 15.4* **S1/BL:** $P < 0.0001$ **S2/BL:** $P < 0.0001$ **S3/BL:** $P < 0.0606$ **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Early neonatal death, %:** Baseline period: **S1:** 13.6 **S2:** 4.6 **S3:** 6.4 Evaluation period: **S1:** 10.9 **S2:** 2.4 **S3:** 1

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Berglund et al., 2010 (continued)					**Apgar score:** NR **NICU admission, %:** Baseline period: **S1:** 11.2 **S2:** 7.3 **S3:** 6.4 Evaluation period: **S1:** 10.7 **S2:** 4.3 **S3:** 3.3 **S1/BL:** *P* = 0.4153 **S2/BL:** *P* = 0.0015 **S3/BL:** *P* = 0.0015

* Calculated by reviewer.

[1] Three sites selected from among 20, method not reported.

[2] Those trained included obstetricians, neonatologists, midwives, pediatricians, pediatric nurses, and anesthesiologists.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Bickell et al., 1996 Dillon et al., 1992† **Country:** US **System:** New York State hospitals **S1:** 45 reviewed hospitals **S2:** 120 non-reviewed hospitals **Baseline period:** 1988 **Evaluation period:** 1989 to 1990† 1989 to 1993 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Task force developed guidelines for in-house peer review of obstetric care. Presented educational programs across the state to assist hospitals in implementation. Included a Dictionary of Terms to standardize terminology. External peer reviews by ACOG trained teams of 3-4 physicians and nurse. Reviewed 100 labor and delivery records to assess quality of care. Teams provided summary report to hospital for distribution to staff. Reviewed hospital was requested to provide implementation changes to Task Force 6-12 months later.	**Inclusion criteria:** • Participation was voluntary • First 24 hospitals selected for geographic diversity by strata of cesarean section rates† • Second set of hospitals randomly selected from those with high cesarean rates **Exclusion criteria:** • See inclusion criteria	**Births per year, mean (SE):** Baseline period: **S1:** 1,430 (141.4) **S2:** 1,720 (125.9) Evaluation period: **S1:** 1,503 (152.8) **S2:** 1,720 (119.2) **Hospitals by 1988 cesarean rate, n:** < 20: **S1:** 8 **S2:** 25 20-24: **S1:** 3 **S2:** 30 25-29: **S1:** 11 **S2:** 43 ≥ 30: **S1:** 23 **S2:** 22 **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR **Vaginal, assisted:** NR Cesarean birth, mean rate (SE)**:** Total: 1988: **S1:** 29.1 (1.2) **S2:** 25.1 (0.5) **S1/S2:** *P* < 0.01 1993: **S1:** 25.8 (0.9) **S2:** 24.0 (0.4) **S1/S2:** *P* = NS[1] Change in total cesarean rate, by 1988 cesarean rate: < 20: **S1:** 2.5 (1.0) **S2:** 2.3 (0.7) 20-24: **S1:** -1.0 (2.5) **S2:** 0.0 (0.6) 25-29: **S1:** -2.4 (1.6) **S2:** -2.5 (0.6) ≥ 30: **S1:** -6.2 (0.9) **S2:** -3.8 (0.9) Repeat cesarean: 1988: **S1:** 10.9 (0.5) **S2:** 9.8 (0.3) **S1/S2:** *P* = NS 1993: **S1:** 24.8 (2.0) **S2:** 24.8 (1.1) **S1/S2:** *P* = NS **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Bickell et al., 1996 Dillon et al., 1992† (continued)					**Apgar score:** NR **NICU admission:** NR

[1] Although there was a significant crude difference in overall cesarean rate (P < 0.01), when 1988 cesarean rates were controlled for, there was no statistically significant impact of the intervention.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Boylan et al., 1991 **Country:** US **System:** Hermann Hospital in Houston, TX (affiliated with the University of Texas) **Baseline period:** 07/1/1984 to 06/30/1985 **Evaluation period:** 07/1/1985 to 06/30/1986 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Introduction of active management of labor (AML), including: AROM if laboring without SROM for more than two hours. IV oxytocin augmentation if dilation < 1 cm per hour.	**Inclusion criteria**: • Nulliparous women • Singleton • Vertex pregnancy • Presenting in labor without fetal distress • Labor defined by painful contraction at least every ten minutes with 80% efface-ment and 1 cm dilation. **Exclusion criteria:** • See inclusion criteria	**Births, n:** Baseline period: 1,843 Evaluation period: 2,057 **Age, mean yrs ± SD:** Baseline period: First six months: 23.9 ± 5.1 Last six months: 24.3 ± 5.1 Evaluation period: First six months: 24.1 ± 5.3 Last six months: 23.6 ± 5.4 **Race/ethnicity, %:** Baseline period: First six months: White: 44.8 Black: 36.6 Hispanic: 13.1 Other: 5.5 Second six months: White: 47.8 Black: 34.7 Hispanic: 12.9 Other: 4.5 Evaluation period: First six months: White: 42.7 Black: 39.7 Hispanic: 14.1 Other: 3.5 Second six months: White: 39.3 Black: 42.1 Hispanic: 14.0 Other: 4.6 **Parous, n:** **Total:** 0 **Medicaid:** NR	Total providers/ staff: 10 obstetricians 11 University of Texas faculty members 5 autonomous private practitioners 6 residents per year subervised by faculty Total providers/ staff formally trained: NR **Specialty:** NR (those trained included obstetricians, neonatologists, midwives, pediatricians, pediatric nurses, and anesthesi-ologists)	**<u>Mode of birth</u>** **Vaginal, spontaneous, n (%):** Baseline period: 735 (39.9) Evaluation period: 1,049 (51.0) **Vaginal, assisted, n (%):** Baseline period: 660 (35.8) Evaluation period: 621 (30.2) Cesarean birth, n (%): Baseline period: 448 (24.3) Evaluation period: 387 (18.8) **EP/BL:** Δ = 5.5 (95% CI: 2.9-8.1), *P* < 0.05 **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):** Asphyxia: Baseline period: 1 (1.1) Evaluation period: 0 **Apgar score:** NR **NICU admissions, for asphyxia, n:** Baseline period: 36 Evaluation period: 37

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Boylan et al., 1991 (continued)			**Private insurance coverage:** NR **Prior cesarean, n:** **Total:** 0		

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Calvo et al., 2009 **Country:** Spain **System:** Two public maternity hospitals: **S1:** Son Llàtzer **S2:** Menorca **Baseline period:** 01/2006 to 06/2006 **Evaluation period:** 11/2006 to 04/2007 **Funding:** NR **Author industry relationship disclosure:** None **Design:** Pre-post assessment	**Cesarean reduction intervention:** Using a consensus policy for cesarean indications in a multifaceted feedback program. Program included: weekly "debate" of cesareans performed in clinical meetings; appropriateness review of all cesareans every two months; dissemination of results, and introduction of methods for improvement by the units.	**Inclusion criteria:** NR[1] **Exclusion criteria:** NR	**Births:** NR **Medicaid:** All public patients **Private insurance coverage:** Not applicable	Total providers/ staff: NR **Total provider/ staff formally trained:** NR Specialty: NR	**<u>Mode of birth</u>** **Vaginal, spontaneous:** NR **Vaginal, assisted:** NR Cesarean birth, %: Baseline period: **S1:** 17.5 **S2:** 29.0 Evaluation period: **S1:** 15.8 **S2:** 22.0 **S1/BL:** *P* = NS **S2/BL:** *P* = NS **Appropriate by study criteria, %:** Baseline period: **S1:** 68.3 **S2:** 80.0 Evaluation period: **S1:** 84.3 **S2:** 92.0 **S1/BL:** *P* < 0.05 **S2/BL:** *P* < 0.05 **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score:** NR **NICU admission:** NR

[1] Voluntary participation based on positive results at similar regional hospitals.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Elferink-Stinkens et al., 2004 **Country:** Netherlands **System:** 85 of 116 Dutch obstetric departments participating in national database **Baseline period:** 1994 **Evaluation period:** 04/1995 to 09/1998 **Funding:** Praeventiefonds Nederland **Author industry relationship disclosure:** NR **Design:** RCT with hospitals stratified by size of department, academic vs. non-academic status, and initial cesarean rates	**Cesarean reduction intervention:** Report contextualizing departmental data in tabular and graphic form including: • No spontaneous onset (induction or planned cesarean) • Planned cesarean • No spontaneous birth (vacuum, forceps, or cesarean) • Cesarean Data also subdivided by very preterm, preterm, term, and postterm. 1995 sent to department contacts for distribution; 1996 through 1998 sent to individual obstetricians within the intervention departments. Mailing followed up with repeat report and brief questionnaire shortly after first mailing. **Groups:** **G1:** Intervention **G2:** Control	**Hospitals** **Inclusion criteria:** • Participation in national perinatal database • Medical ethics committee approval for newborn follow-up exams **Exclusion criteria:** • Data excluded in a case of merger of intervention and control departments **Infants** 1% random sample of births obtained by contacting four randomly selected hospitals per day and sampling as below for newborn neurological exam **Inclusion criteria:** • All 32 - < 37 week births • 50% of term births • All ≥ 42 weeks • Maternal consent **Exclusion criteria:** • Less than 32 weeks at birth	**Births:** NR **Neonatal examinations, n:** Baseline period: 32 - < 37 weeks: **G1:** 78 **G2:** 116 37 - < 42 weeks: **G1:** 406 **G2:** 425 ≥ 42 weeks: **G1:** 59 **G2:** 47 Evaluation period: 32 - < 37 weeks: **G1:** 130 **G2:** 130 37 - < 42 weeks: **G1:** 575 **G2:** 554 ≥ 42 weeks: **G1:** 85 **G2:** 88 **Medicaid:** Not applicable **Private insurance coverage:** Not applicable	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR Vaginal, assisted: NR Total cesarean births, % range: **Total:** 10 to 31 **G1/G2:** *P* = NS **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score:** NR **NICU admission:** NR Abnormal neurological exam, %: Baseline period: 32 - < 37 weeks: **G1:** 17.9 **G2:** 23.3 37 - < 42 weeks: **G1:** 13.1 **G2:** 19.8 ≥ 42 weeks: **G1:** 22.0 **G2:** 6.4 Evaluation period: 32 - < 37 weeks: **G1:** 26.9 **G2:** 24.6 37 - < 42 weeks: **G1:** 13.2 **G2:** 10.3 ≥ 42 weeks: **G1:** 5.9 **G2:** 19.3 **G1/G2:** OR = 1.3 (95% CI: 0.89-2.00)

The spread of the cesarean rates between hospitals (as measured by the mean distance of the percentiles to the median) was significantly (7%) lower in the intervention group for term births (37 to 42 weeks). The difference in the spread was not significant for other gestational ages.

Evidence Table 2: Strategies to Reduce Cesarean Birth-Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Gilstrap et al., 1984 **Country:** US **System:** Wilford Hall Medical Center **Baseline period:** 1974 to 1977 **Evaluation period:** 1978 to 1981 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Preliminary review of cesarean section policy in 1976, with special regard to the most common indications. Informal criteria and policies were established and directed toward assuring an adequate trial of labor, or ensuring fetal distress was persistent and ominous, and toward using established criteria to allow selected term frank breech presentations a trial at vaginal delivery. Assessment included mandatory intrauterine pressure monitoring with oxytocin usage and selected usage of scalp pH determinations.	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Total births, n:** Baseline period: 6,693 Evaluation period: 6,162 **Parity, women delivered by cesarean section, n (%):** Primigravidas: Baseline period: 633/1,125 (56) Evaluation period: 469/940 (50) **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**<u>Mode of birth</u>** **Vaginal, spontaneous:** NR Vaginal, assisted, %**:** Baseline period: 6.7 Evaluation period: 6.1 Cesarean birth, n (%)**:*** Total: Baseline period: 1,125 (16.8) Evaluation period: 940 (15.2) **EP/BL:** *P* < 0.02 Primary: Baseline period: 855** (12.8) Evaluation period: 592** (9.6) **EP/BL:** *P* < 0.0001 Repeat: Baseline period: 270 (4.0) Evaluation period: 348 (5.6) **EP/BL:** *P* < 0.0001 **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score:** NR **NICU admissions:** NR

* The total, primary, and repeat cesarean rates by year from 1970 to 1981 are only displayed graphically.

** Calculated by reviewer.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Gregory et al., 1999 **Country:** US **System:** Cedars Sinai Medical Center **Baseline period:** 04/1993 to 12/1993 **Evaluation period:** 1994 to 1998 **Funding:** NR Author industry relationship disclosure: NR **Design:** Prospective observational	**Cesarean reduction intervention:** 17 sequential interventions at the administrative, clinical education, and clinical protocol/guidelines levels	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births per year, n:** Baseline: 5,134 1994: 6,960 1995: 6,987 1996: 6,528 1997: 6,595 1998: 6,427 **Age, mean yrs ± SD:** Baseline: 29.6[1] ± 6.2 1994: 29.4 ± 6.3 1995: 29.4 ± 6.3 1996: 29.7 ± 6.2 1997: 29.9 ± 6.3 1998: 30.1 ± 6.3 **Race/ethnicity, %:** Caucasian: Baseline: 47 1994: 45 1995: 43 1996: 45 1997: 46 1998: 46 Latina: Baseline: 19 1994: 19 1995: 19 1996: 20 1997: 20 1998: 21 African American: Baseline: 25 1994: 27 1995: 26 1996: 27 1997: 25 1998: 24 Other: Baseline: 9 1994: 8 1995: 12 1996: 9 1997: 9 1998: 9 **Medicaid, %:** Baseline: 15 1994: 17 1995: 18 1996: 17	Total providers/ staff: 9 full-time faculty 100 private physicians with obstetrical privileges Total providers/ staff formally trained: NR **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR **Vaginal, assisted**: NR **Cesarean birth, %:** Baseline: 26.0 1994: NR 1995: NR 1996: NR 1997: 20.5 1998: NR Post evaluation: 23.5 **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score:** NR **NICU admission:** NR

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Gregory et al., 1999 (continued)			1997: 16 1998: 16 **Private insurance coverage:** Baseline: 10 1994: 6 1995: 3 1996: 3 1997: 2 1998: 2		

[1] Mean age reported as 19.6 at baseline, apparently in error as the change in mean age was not mentioned among those that were statistically significant.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Hamilton et al., 2004 **Country:** US and Canada **System:** Seven university hospitals **Baseline period:** 12/1/1998 to 01/30/1999 **Evaluation period:** 02/1/1999 to 03/31/2001 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** RCT and Pre-post assessment	**Cesarean reduction intervention:** Computer assistance in evaluation of labor progress. Output given to providers in the intervention group of the RCT displayed individual labor curve plotted with addition of reference ranges (95th, 50th, and 5th percentile) that take into account contraction frequency, parity, and epidural use. **Groups:** **G1:** Intervention **G2:** Control **N at randomization:** **G1:** 2,478 **G2:** 2,515	**Inclusion criteria:** • Nulliparous **Exclusion criteria:** • See inclusion criteria	**Births, n:** Baseline period: **Total:** 5,753 Evaluation period: **Total:** 4,993 (RCT participants) **Parous, %:** Primaparous: **Total:** 100 **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**<u>Mode of birth</u>** **Vaginal, n (%):** Evaluation period: **G1:** 2,038 (82.3) **G2:** 2,089 (83.1) **G1/G2:** *P* = 0.53 **Vaginal, assisted:** NR Cesarean birth, n (%): Evaluation period: **G1:** 436 (17.6) **G2:** 425 (16.9) **G1/G2:** *P* = 0.53 **Cesarean rates, eligible women at all hospitals, n (%):** Baseline period: **Total:** 1,124/5,753 (19.5) Evaluation period, 6th month: **Total:** 551/3,234 (17.0) **EP/BL:** *P* = 0.004 Evaluation period, 12th month: **Total:** 923/5,554 (16.6) **EP/BL:** *P* = 0.0006 **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score, 5 minutes, n (%):** Evaluation period: 0-2: **G1:** 7 (0.3) **G2:** 8 (0.3) 3-4: **G1:** 5 (0.2) **G2:** 4 (0.2) 5-6: **G1:** 37 (1.5)

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Hamilton et al., 2004 (continued)					**G2:** 35 (1.4) 7-8: **G1:** 186 (7.5) **G2:** 201 (8.0) 9-10: **G1:** 2,239 (90.5) **G2:** 2,261 (90.1) **NICU admission:** NR

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Iglesias et al., 1991 **Country:** Canada **System:** Hinton General Hospital, Alberta (44 bed community hospital) **Baseline period:** 01/1985 **Evaluation period:** 01/01/1985 to 12/31/1989 **Funding:** Hinton General Hospital, George Cedric Metcalf Charitable Foundation Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Guidelines from National Consensus Conference on Aspects of Cesarean Birth (NCCACB) for VBAC, manage-ment of breech presentation and diagnosis of dystocia requiring cesarean introduced at hospital in 1985. Cesarean section rate discussed annually at grand rounds. Consultation mandatory before primary cesarean section but not before a repeat section.	**Inclusion criteria:** • All births at the hospital from 01/01/1985-12/31/1989 **Exclusion criteria:** • See inclusion criteria	**Births, n:** Nulliparous: 1985: 237 1986: 227 1987: 218 1988: 237 1989: 242 **Parous, n (%):** Nulliparous: 1985: 102 (43.0) 1986: 91 (40.1) 1987: 90 (41.3) 1988: 84 (35.4) 1989: 89 (36.8) **Medicaid:** Not applicable **Private insurance coverage:** NR **Prior cesarean, n (%):**[1] 1985: 27 (11.3) 1986: 28 (12.3) 1987: 24 (11.0) 1988: 25 10.5) 1989: 33 (13.6)	Total providers/ staff:[2] **Total:** 12 (4 performed cesareans) Total providers/ staff formally trained: NR **Specialty:** Family physicians that all practice obstetrics, and several that are trained in anesthesia and surgery	**Mode of birth** **Vaginal, spontaneous:** NR Vaginal, assisted**:** NR Cesarean birth, n (%)**:** Total: 1985: 55 (23) 1986: 43 (19) 1987: 38 (17) 1988: 37 (16) 1989: 31 (13) **EP/BL:** *P* = 0.001 Nulliparous: 1985: 23 (23) 1986: 19 (21) 1987: 21 (23) 1988: 14 (17) 1989: 11 (12) **EP/BL:** *P* = 0.069[3] **Maternal outcomes** **Maternal mortality n:** **Total:** 0 **Neonatal outcomes** **Neonatal mortality, n (%):** **Total:** 1 (0.09) **Apgar score:** NR Neonatal transfer, n: Total: 1985: 3 (1.3) 1986: 5 (2.2) 1987: 4 (1.8) 1988: 6 (2.5) 1989: 2 (0.8)

[1] Includes only the women who were eligible for VBAC.

[2] Medical staff started with nine physicians. During the study period two physicians left and three joined the staff.

[3] The decreased cesarean rate for nulliparous women was due to a drop in the number that were dystocia-related.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Kazandjian and Lied, 1998 **Country:** US, Canada, UK, and Japan **System:** Maryland's Quality Indicator (QI) Project member hospitals **S1:** 110 hospitals (continuously reporting) **S2:** 957 hospitals (non-continuous reporting) **Baseline period:** 1991 **Evaluation period:** 1992 to 1996 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** QI Project: continuous reporting of total, primary, and repeat cesarean section rates.	**Inclusion criteria:** • Hospitals participating in the QI Project • Continuous reporting of cesarean measures for 24 quarters of 6 years **Exclusion criteria:** • Joining QI Project late in the evaluation period • Failure to report cesarean measures continuously	**Births per year, most recent fiscal year, mean ± SD:** **S1:** 1,427 ± 1,287 **S2:** 1,238 ± 1,311 **S1/S2:** *P* = 0.16 **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**<u>Mode of birth</u>** **Vaginal, spontaneous**: NR Vaginal, assisted**:** NR Cesarean birth, mean % **± SD:** Total: 1991: **S1:** 22.5 ± 7.1 **S2:** 21.2 ± 7.8 1992: **S1:** 21.7 ± 6.0 **S2:** 21.2 ± 7.4 1993: **S1:** 20.9 ± 6.0 **S2:** 21.3 ± 7.4 1994: **S1:** 20.0 ± 5.5 **S2:** 21.2 ± 6.7 1995: **S1:** 19.3 ± 5.4 **S2:** 21.0 ± 6.9 1996: **S1:** 19.4 ± 5.2 **S2:** 20.7 ± 6.6 ANOVA: Year **S1:** *P* < 0.001 **S2:** *P* = NS Primary: 1991: **S1:** 15.8 ± 6.2 **S2:** 15 ± 7.2 1992: **S1:** 15.3 ± 4.8 **S2:** 15.1 ± 6.6 1993: **S1:** 14.6 ± 4.9 **S2:** 15.1 ± 6.7 1994: **S1:** 14.2 ± 4.4 **S2:** 14.7 ± 5.5 1995: **S1:** 14.1 ± 5.9 **S2:** 14.8 ± 5.7 1996: **S1:** 13.9 ± 4.2 **S2:** 14.6 ± 5.5 ANOVA: Year **S1:** *P* < 0.001 **S2:** *P* = NS

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Kazandjian and Lied, 1998 (continued)					**Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score:** NR NICU admission: NR

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Kiwanuka and Moore, 1993 **Country:** UK **System:** Central Manchester Health District **S1:** Saint Mary's Hospital **S2:** Other hospital in district or home confinement **Baseline period:** 1982 **Evaluation period:** 1986 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Audit and feedback of specific information, imparted in a non-directive way to resident obstetricians at Saint Mary's Hospital responsible for performing cesarean sections.	**Inclusion criteria:** • Women resident in the Central Manchester Health District who delivered in 1986 **Exclusion criteria:** • See inclusion criteria	**Births per year, n:** 1982: **Total:** 1,895 1986: **S1:** 1,881 **S2:** 327 **Total:** 2,216 **Parous, n:** Primigravidas at term: 1986: **S1:** 703 **S2:** 219 **Medicaid:** Not applicable **Private insurance coverage:** Not applicable **Prior cesarean, n:** 1986: 128	Total providers/ staff: Resident obstetricians Total providers/ staff formally trained: NR **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR Vaginal, assisted**:** NR Cesarean birth, n (%)**:** 1982: **Total:** 302 (15.9) 1986: **S1:** 230 (12.2) **S2:** 51 (15.6) **Total:** 281 (12.7) **EP/BL:** $P < 0.005$ Primagravidas at term: 1986: **S1:** 82 (11.7) **S2:** 19 (14.7) **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar scores:** NR **NICU admissions:** NR

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Lagrew and Morgan, 1996 **Country:** US **System:** Saddleback Memorial Medical Center **Baseline period:** Evaluation began in 1988 **Evaluation period:** 05/15/1988 to 06/30/1994 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post analysis	**Cesarean reduction intervention:** Clinic guideline changes including oxytocin administration for induction and augmentation of labor, cervical ripening protocols, education of nursing staff in active labor management and evaluation of fetal monitoring. Prenatal VBAC class.	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births, n:** 1988: 705[1] 1989: 1,600 1990: 2,254 1991: 2,273 1992: 2,248 1993: 1,934 1994: 1,005[1] **Age, n (%):** ≤ 19 years: 1998: 16 (2.3) 1989: 51 (3.2)* 1990: 83 (3.5)* 1991: 88 (3.9)* 1992: 67 (3.0)* 1993: 61 (3.1)* 1994: 50 (4.9) ≥ 35 years: 1998: 103 (14.6) 1989: 251 (15.7)* 1990: 346 (14.7)* 1991: 353 (15.5)* 1992: 367 (16.3)* 1993: 277 (14.3)* 1994: 162 (16.1) **Nulliparous,n (%):** 1998: 328 (46.6) 1989: 778 (48.6)* 1990: 1,186 (50)* 1991: 1,111 (48.9)** 1992: 1,048 (46.6)** 1993: 961 (49.7)* 1994: 485 (48.3) **Medicaid:** Low incidence of Medicaid deliveries **Private insurance coverage:** NR **Multiple gestations, n (%):** 1988: 11 (1.6) 1989: 26 (1.6)* 1990: 38 (1.6)* 1991: 39 (1.7)* 1992: 47 (2.1)*	Total providers/ staff: NR Total providers/ staff formally trained: Nurses Physicians **Specialty:** NR	**<u>Mode of birth</u>** **Vaginal, spontaneous:** NR Vaginal, assisted: NR Cesarean birth, %**:** Total: 1988: 31.1 1989-1993: NR** 1994: 15.4 **EP/BL:** *P* < 0.000001 Primary: 1988: 17.9 1989-1993: NR** 1994: 9.8 **EP/BL:** *P* < 0.000001 Repeat: 1988: 13.2 1989-1993: NR** 1994: 5.7 **EP/BL:** *P* < 0.000001 Nulliparous: 1988: 28.1 1989-1993: NR** 1994: 16.9 **EP/BL:** *P* < 0.00001 **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, deaths per 1000 live births, n (%):** 1988: 3 (4.26) 1989: 1 (0.63) 1990: 3 (1.34) 1991: 5 (2.20) 1992: 6 (2.67) 1993: 4 (2.07) 1994: 2 (2.0) **Apgar score < 7, 5 minutes, n:** 1988: 15 (2.1) 1989: 27 (1.7)*

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Lagrew and Morgan, 1996 (continued)			1993: 34 (2.3)* 1994: 15 (1.5)		1990: 53 (2.3)* 1991: 37 (1.6)* 1992: 46 (2.1)* 1993: 48 (2.5)* 1994: 21 (2.1) **NICU admission:** NR **Stillbirths, n (%):** (deaths per 1000 births) > 500 gm: 1988: 2 (1.42) 1989: 2 (1.25) 1990: 9 (3.11) 1991: 3 (1.32) 1992: 5 (1.78) 1993: 6 (2.07) 1994: 6 (2.99)

* Calculated by reviewer.

** Results only displayed graphically.

[1] The evaluation period included 7.5 months in 1988 and 6 months in 1994.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Liang et al, 2004 **Country:** Taiwan **System:** Taipei Veterans General Hospital[1] **Baseline period:** 1993 to 1996 **Evaluation period:** 1997 to 2000 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Established a cesarean surveillance system, held weekly departmental cesarean indication conferences to review data for all cesarean sections. Required second opinion from consultant obstetrician for all cesarean sections. Physician's section rates presented at conference. Guidelines for dystocia, fetal distress and breech were unchanged from 1993-2000.	**Inclusion criteria:** • One low transverse uterine scar • Singleton pregnancy • Vertex presentation • No medical or surgical illness • Patient consent **Exclusion criteria:** • No food or drink was allowed until the baby was born	**Births, n:** Baseline period: 9,864 Evaluation period: 7,937 1997: 2,082 1998: 1,776 1999: 1,928 2000: 2,151 **Medicaid:** NR **Private insurance coverage:** NR **Prior cesarean, n:** Evaluation period: 1,169 1997: 328 1998: 280 1999: 264 2000: 297	Total providers/ staff: NR Total providers/ staff formally trained: 2 board certified-obstetricians **Specialty:** Obstetrics Pediatricians	**<u>Mode of birth</u>** **Vaginal, spontaneous:** NR Vaginal, assisted**:** NR Cesarean births, n (%)**:**[2] Total: Baseline period: 3,647 (37) Evaluation period: 2,436 (30.7) **EP/BL:** *P* < 0.001 Primary: Baseline period: 2,099 (21.3) Evaluation period: 1,412 (17.8) **EP/BL:** *P* < 0.001 Repeat: Baseline period: 1,548 (15.7) Evaluation period: 1,024 (12.9) **EP/BL:** *P* < 0.001 **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar scores:** NR **NICU admissions:** NR

[1] Authors also present data for the entire country.

[2] Total, primary, and repeat cesarean rates are reported for each year from 1993 to 2000.

Evidence Table 2: Strategies to Reduce Cesarean Birth--System Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Maher et al., 1994 **Country:** Australia **System:** Toowoomba Base Hospital **Baseline period:** 1991 to 1992 **Evaluation period:** 1992 to 1993 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** In July 1992, active management of labor protocol and systematically incorporating VBAC into the management of previous-cesarean patients in the resident service. Rigorous peer review.	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births, n:** Baseline period: 1,112 Evaluation period: 1,167 **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR Vaginal, assisted**:** NR Cesarean birth, n (%)**:** Total: Baseline period: 228 (20.6) Evaluation period: 129 (11.0) **EP/BL:** OR = 0.48 (95% CI: 0.37-0.59), *P* < 0.0001 Elective: Baseline period: 107 (9.6) Evaluation period: 59 (5.0) **EP/BL:** OR = 0.50 (95% CI: 0.34-0.66), *P* < 0.0001 Emergency: Baseline period: 121 (10.9) Evaluation period: 70 (6.0) **EP/BL:** OR = 0.52 (95% CI: 0.36-0.68), *P* < 0.0001 **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality, n (%):** Baseline period: 5 (0.4) Evaluation period: 8 (0.7) **Apgar score ≤ 7, 5 minutes, n:** Baseline period: 93 Evaluation period: 61

Evidence Table 2: Strategies to Reduce Cesarean Birth--System Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Maher et al., 1994 (continued)					**NICU admissions:** NR **Stillbirths, n (%):** Baseline period: 8 (0.7) Evaluation period: 8 (0.7)

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Main, 1999 **Country:** US **System:** **S1:** Children's Hospital of San Francisco (1980-1995) **S2:**[1] Pacific Presbyterian Medical Center; (control group from 1989-1992; intervention from 1992-1995) **Baseline period:** 1980 to 1988 **Evaluation period:** 1989 to 1995 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Intensive outcomes feedback using a computerized information system. First 3 years: daily reports and coded group comparison statistics at department meetings. Those in worst quartile were bolded, and guidance provided on how to "be like" the best quartile. Starting in 1993, "open label" feedback: intra-departmental release of everyone's key statistics with names. Computer algorithm introduced to review the electronic portion of cesarean births records. Standardized nuliparous and multiparous cesarean birth rates reported to facilitate comparisons between individual providers.	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births per year, 1980s, range:** **S1:** 3,200 to 3,600 **S2:** NR **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** Obstetrics	**<u>Mode of birth</u>** **Vaginal, spontaneous:** NR Vaginal, assisted**:** NR Cesarean birth, %**:** Baseline period: **Total:*** 23 to 25 1989: **S1:** NR* **S2:** NR* 1990: **S1:** NR* **S2:** NR* 1991: **S1:** 20.7 **S2:** 25.1 1992: **S1:** NR* **S2:** 24.6 1993: **S1:** NR* **S2:** 20.3 1994: **Total:** 18.3 1995: **Total:** 18.1 Primary cesarean: Baseline period: **S1:** 15.6 to 16.9 **S2:** 15.2 to 17.8 Post evaluation: **Total:** 13.6 Repeat cesarean: Baseline period: **S1:** 8.0 to 8.6 **S2:** 6.8 to 8.1 Post evaluation: **Total:** 4.4 **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score:** NR

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Main, 1999 (continued)					**NICU admissions:** NR

[1] In 1987, three groups of obstetricians left the Children's Hospital of San Francisco and opened a new obstetric service at Pacific Presbyterian Medical Center. In 1993, the two hospitals rejoined with a single obstetric unit.

* Data only presented graphically.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Myers and Gleicher, 1988 Myers and Gleicher, 1993† **Country:** US **System:** Mount Sinai Hospital Medical Center **Baseline period:** 1985 **Evaluation period:** 1986-1987 1987-1991† **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Stringent implementation of existing departmental guidelines and implementation of new ones, including (1) a second opinion, (2) philosophy that vaginal delivery was preferred for those who had prior cesarean, (3) diagnosis of dystocia required no progress of labor with contractions of appropriate strength by intrauterine pressure catheter, (4) fetal distress, based on monitoring of the fetal heart rate, had to be corroborated by sampling of blood from the fetal scalp when feasible, (5) vaginal birth recommended for most breech fetuses, (6) comprehensive peer review of adherence to guidelines. All attending physicians were informed of their personal cesarean rates at quarterly intervals, and were told whether they were within two SD of the departmental rate.	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births per year, n:**[1] 1985: 1,697 1986: 2,101 1987: 2,301 1988: 2,340† 1989: 2,688† 1990: 2,817† 1991: 3,218† **Parous, n (%):** Primigravidae: 1985: 399 (22.9) 1986: 606 (28.8) 1987: 683 (29.7) 1988: 761 (31.3)† 1989: 806 (29.9)† 1990: 785 (27.8)† 1991: 941 (29.2)† **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: Teaching service supervised by full-time faculty and private attending physicians Total providers/ staff formally trained: NR **Specialty:** Obstetricians and perinatology staff	**Mode of birth** **Vaginal, spontaneous, n (%):** 1985: 1,223 (72.1) 1986: 1,685 (80.2) 1987: 1,937 (82.1) **EP/BL:** *P* < 0.05 1988: 1,997 (82.1)† 1989: 2,262 (84.1)† 1990: 2,431 (84.8)† 1991: 2,756 (85.6)† Vaginal, assisted**, n (%):** 1985: 177 (10.4) 1986: 154 (7.3) 1987: 99 (4.3) **EP/BL:** *P* < 0.05 1988: 78 (3.1)† 1989: 73 (2.6)† 1990: 79 (2.7)† 1991: 76 (2.4)† Cesarean birth, n (%): Total: 1985: 297 (17.5) 1986: 262 (12.5) 1987: 265 (11.5) **EP/BL:** *P* < 0.05 1988: 298 (12.2)† 1989: 279 (10.3)† 1990: 293 (10.4)† 1991: 382 (11.9)† Primary: 1985: 204 (12) 1986: 175 (8.3) 1987: 156 (6.8) **EP/BL:** *P* < 0.05 Repeat: 1985: 93 (5.5) 1986: 87 (4.1) 1987: 109 (4.7) **EP/BL:** *P* < 0.05 Cesarean birth, teaching staff, %: 1985: 15.0 1986: 11.0 1987: 11.7 **EP/BL:** *P* < 0.05

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Meyers and Gleicher, 1988 Meyers and Gleicher, 1993 (continued)					Cesarean birth, private staff, %:1985: 20.0 1986: 15.0 1987: 12.4 **EP/BL:** *P* < 0.05 **<u>Maternal outcomes</u>** **Maternal mortality:** A single maternal death occured in 1986 **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):**[2] 1985: 22 (12.8) 1986: 23 (10.7) 1987: 26 (11.2) 1988: 18 (10.7)† 1989: 29 (14.5)† 1990: 46 (16.0)† 1991: 29 (9.0)† **Apgar score, 5 minutes, n (%):** < 7: 1985: 50 1986: 82 (3.8) 1987: 116 (4.9) 1988: 70 (2.8)† 1989: 54 (1.9)† 1990: 62 (2.1)† 1991: 57 (1.7)† < 3: 1985: NR 1986: 8 (0.5) 1987: 17 (0.7) 1988: 12 (0.4)† 1989: 10 (0.3)† 1990: 12 (0.4)† 1991: 13 (0.4)† **NICU admission:** NR

[1] 1985 data based on total deliveries; 1986 and 1987 data based on mothers giving birth

[2] An analysis of birth weight specific neonatal mortality fails to demonstrate any statistical benefit from cesarean delivery.

Evidence Table 2: Strategies to Reduce Cesarean Birth--System Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Oleske et al., 1992 **Country:** US **System:** Illinois hospitals 1986 to 1987: 198 hospitals 1988: 187 hospitals **Baseline period:** 1985 **Evaluation period:** 1986 to 1988 **Funding:** Partial from Illinois Health Care Cost Containment Council Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Illinois Health Care Cost Containment Council (IHCCCC) distributed information to patients and providers on average hospital charge, average length of stay and cesarean birth rate in each hospital. Over 50,000 informational brochures distributed annually. Also annual press releases to media on state-wide cesarean birth patterns.	**Inclusion criteria:** • Non-federal, short-stay hospital deliveries in Illinois (from hospital discharge abstract form for uniform billing) • ICD9 codes 650-699, V27 or procedure codes 72-74 • Aged 10-50 **Exclusion criteria:** • See inclusion criteria	**Births per year, n:** 1986: 130,249 1987: 147,257 1988: 167,654 **Age, mean yrs:** 1988: 26.4	Total providers/ staff: NR Total providers/ staff formally trained: Council of Teaching Hospitals member **Specialty:** NR	**<u>Mode of birth</u>** **Vaginal, spontaneous:** NR Vaginal, assisted**:** NR Cesarean birth, %**:** Baseline period: 21.2 Evaluation period: 22.4 **EP/BL:** *P* = NS Cesarean birth rate by age, %: < 20: 1986: 16.6 1987: 17.7 1988: 17.3 20-24: 1986: 20.5 1987: 20.9 1988: 20.6 25-29: 1986: 23.0 1987: 23.9 1988: 22.5 30-34: 1986: 25.1 1987: 25.2 1988: 24.8 > 35: 1986: 27.7 1987: 28.8 1988: 28.7 Cesarean birth rate by expected primary payer, %: Medicaid: 1986: 20.6 1987: 20.9 1988: 20.6 Self-pay: 1986: 16.8 1987: 17.2 1988: 16.7 Commercial: 1986: 23.8 1987: 24.3 1988: 23.9

Evidence Table 2: Strategies to Reduce Cesarean Birth--System Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Oleske et al., 1992 (continued)					HMO: 1986: 25.1 1987: 23.7 1988: 22.5 **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score:** NR **NICU admissions:** NR

Subgroup analysis showed that the cesarean rate declined for women with a history of uterine scar or dystocia ($P < 0.05$), and increased for breech or fetal distress ($P < 0.05$).

The VBAC rate increased by 58.4% from 10.1 to 16.0 during the study ($P < 0.001$).

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Poma, 1998 **Country:** US **System:** Ravenswood Hospital (Loyola University affiliated community hospital) **Baseline period:** 1991 to 1993 **Evaluation period:** 1994 to 1996 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Departmental goal of 15% total cesarean rate supported by case review of cesareans using ACOG guidelines with feedback to individual providers. During this timeframe the departmental also implemented 24-hour in-hospital attending coverage.	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births, n:** 1991: 2,231 1992: 2,259 1993: 2,372 1994: 2,239 1995: 2,028 1996: 1,783 **Age, n (%):** < 15: Baseline period: 6 (0.1) Evaluation period: 12 (0.2) 15-19: Baseline period: 1,109 (16.2) Evaluation period: 983 (16.2) 20-35: Baseline period: 5,298 (77.2) Evaluation period 4,619 (76.4) 36-40: Baseline period: 402 (5.8) Evaluation period: 379 (6.3) > 40: Baseline period: 47 (0.7) Evaluation period: 57 (0.9) **Race/ethnicity, n (%):** Hispanic: Baseline period: 3,430 (50.0) Evaluation period: 3,086 (51.0) **Parous, n (%):** Baseline period: 4,770 (69.5) Evaluation period: 4,142 (68.5) **Medicaid, n (%):** Baseline period: 3,280 (47.8) Evaluation period: 2,638 (43.6)	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR **Vaginal, assisted, n (%):** Forceps:[1] Baseline period: 147 (2.1) Evaluation period: 104 (1.7) Vacuum: Baseline period: 103 (1.5) Evaluation period: 212 (3.5) **EP/BL:** $P < 0.001$ Cesarean, n (%): Total: 1991: 518 (23.2) 1992: 492 (21.8) 1993: 535 (22.5) 1994: 460 (20.5) 1995: 379 (18.7) 1996: 285 (16) **EP/BL:** $P < 0.001$[2] Total cesarean, %: Baseline period: 22.5 Evaluation period: 18.6 **EP/BL:** $P = 0.001$ Primary cesarean, %: 1991: 13.8 1992: 13.4 1993: 13.4 1994: 11.2 1995: 10.8 1996: 9.7 **EP/BL:** $P < 0.001$[2] Baseline period: 13.5 Evaluation period: 10.6 **EP/BL:** $P = 0.001$ Repeat cesarean, %: 1991: 9.4 1992: 8.4 1993: 9.1

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Poma, 1998 (continued)			**EP/BL:** *P* = 0.0001 Private insurance coverage, n (%): Baseline period: 1,277 (18.6) Evaluation period: 1,162 (19.2) **EP/BL:** *P* = 0.016 **HMO, n (%):** Baseline period: 1,866 (27.2) Evaluation period: 1,791 (29.6) **EP/BL:** *P* = 0.002 **Prior cesarean, n (%):** Baseline period: 617 (39.9) Evaluation period: 481 (42.8)		1994: 9.3 1995: 7.9 1996: 6.3 **EP/BL:** *P* < 0.001[2] Baseline period: 9.0 Evaluation period: 7.9 **EP/BL:** *P* = 0.03 **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality, n (%):** Baseline period: 25 (3.6) Evaluation period: 14 (2.3) **Apgar score < 7, %:** 1 minute: Baseline period: 4.3 Evaluation period: 5.0 **EP/BL:** *P* = 0.08 5 minutes: Baseline period: 1.5 Evaluation period: 1.2 **EP/BL:** *P* = 0.12 **Neonatal admissions, n (%):** Baseline period: 106 (1.5) Evaluation period: 85 (1.4)

[1] One mid-forceps delivery

[2] First compared to last year

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Porreco, 1990 **Country:** US **System:** Eight hospitals in the Denver metropolitan area **Baseline period:** Intervention began in 1982 Earliest data: 1984 **Evaluation period:** 1986 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Five year community education strategy initiated in 1982 designed to reach: physicians, nurses, and interested lay group with educational presentations about: 1) management of patients with prior cesarean; 2) diagnosis and management of fetal distress in labor, 3) indications and strategies for labor induction, 4) approach to failed progress in labor; 5) alternative management of breech and twin births; 6) increasing risk-free interval for women with genital herpes	**Inclusion criteria:** • Hospitals with ≥ 1,500 births per year **Exclusion criteria:** • See inclusion criteria	**Births, n:** 1984: 22,624 1986: 23,642 **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: NR Total providers/ staff formally trained: NR[1] **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR **Vaginal, assisted:** NR Cesarean, %: Total: 1984: 17.3 1986: 19.3 Primary: 1984: 11.8 1986: 13.7 Repeat: 1984: 5.5 1986: 5.6 **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score:** NR **NICU admission:** NR

[1] 30 presentations to physicians, 22 presentations to nurses and health professionals, and 15 presentations to community organizations.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Pridjian et al., 1991 **Country:** US **System:** Chicago Lying-In Hospital **Baseline period:** 1982 **Evaluation period:** 1983 to 1988 **Funding:** Mother's Aid Research Fund, Chicago Lying-In Hospital Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Systematically incorporating VBAC into the management of previous-cesarean patients in the resident service.	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births per year, n:** 1982: 2,827 1983: 3,009 1984: 2,919 1985: 2,612 1986: 2,555 1987: 2,840 1988: 3,049 **Age ≥ 35 years, %:** 1982: 5.6 1983: 5.7 1984: 5.3 1985: 6.2 1986: 6.3 1987: 5.6 1988: 6.4 **X^2:** $P = 0.515$ **Race/ethnicity, %:** Black: 1982: 91.0 1983: 93.0 1984: 90.0 1985: 87.7 1986: 89.3 1987: 89.9 1988: 86.6 **X^2:** $P < 0.001$ **Parous, %:** Primaparous: 1982: 34.2 1983: 38.4 1984: 38.8 1985: 39.1 1986: 38.7 1987: 39.2 1988: 39.9 **X^2:** $P < 0.001$ **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: 20 residents, 6 faculty members and 2 fellows Total providers/ staff formally trained: NR **Specialty:** Maternal-fetal medicine	**Mode of birth** **Vaginal, spontaneous:** NR Vaginal, operative, %**:** 1982: 15.7 1983: 14.5 1984: 14.7 1985: 13.1 1986: 14.2 1987: 11.9 1988: 10.2 Cesarean birth, %**:** Total: 1982: 12.5 1983: 14.7 1984: 16.1 1985: 17.1 1986: 17.6 1987: 17.0 1988: 15.9 **EP/BL:** $P < 0.001$* Primary: 1982: 7.5 1983: 8.8 1984: 9.9 1985: 10.2 1986: 11.9 1987: 11.5 1988: 10.6 **EP/BL:** $P < 0.001$* Repeat: 1982: 5.0 1983: 5.9 1984: 6.2 1985: 6.9 1986: 5.7 1987: 5.5 1988: 5.3 **EP/BL:** $P = 0.776$* **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar scores:** NR

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Pridjian et al., 1991 (continued)					**NICU admission:** NR

* Logistic regression, with year as the independent variable.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Robson et al., 1996 **Country:** UK **System:** Pembury Hospital **Baseline period:** 1984 to 1988 **Evaluation period:** 09/1989 to 08/1992 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Introduction and completion of the medical audit cycle.	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births, n:** Baseline period: 12,628 Evaluation period: 8,497 **Parous:** Nulliparous: Baseline period: 5,622 Evaluation period: 3,585 Multiparous: Baseline period: 7,006 Evaluation period: 4,912 **Medicaid:** NR **Private insurance coverage:** NR **Multiple gestations, n:** Baseline period: 157 Evaluation period: 127	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**<u>Mode of birth</u>** **Vaginal, spontaneous**: NR Vaginal, assisted**:** NR Cesarean birth, n (%)**:** Baseline period: 1,518 (12.0) Evaluation period: 1810 (9.5) Nulliparous: Baseline period: 744 (13.2) Evaluation period: 344 (9.6) Multiparous: Baseline period: 774 (11.0) Evaluation period: 466 (9.5) **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score:** NR **Admission rate to special care baby unit, spontaneously laboring nulliparous women with singleton, cephalic, n (%):** Baseline period: 169/3,977 (4.2) Evaluation period: 88/2,589 (3.4)

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Rust et al., 1993 **Country:** US **System:** 93rd Strategic Hospital at Castle Air Force Base, California **Baseline period:** 07/1987 to 06/1988 **Evaluation period:** 07/1988 to 06/1989 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Implemented protocols including: 1) policy for VBAC, including counseling and encouraging trial of labor 2) policy for management of non-vertex presentation by external cephalic version 3) protocol to document an adequate trial of labor 4) established criteria for diagnosis and documentation of fetal distress	**Inclusion criteria:** • Delivery after 24 weeks gestation **Exclusion criteria:** • See inclusion criteria	**Births per year, n:** Baseline period: 472 Evaluation period: 430 **Parous, n (%):** 1985: 1309 (77.1) 1986: 1495 (71.2) 1987: 1618 (70.3) **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** **NR**	**<u>Mode of birth</u>** **Vaginal, spontaneous:** NR **Vaginal, assisted, n (%):** Baseline period: 27 (5.8) Evaluation period: 20 (4.7) Cesarean birth, n (%): Total: Baseline period: 99 (21.2) Evaluation period: 44 (10.3) **EP/BL:** *P* < 0.0001 Primary: Baseline period: 59 (12.5)* Evaluation period: 19 (4.4)* **EP/BL:** *P* < 0.0001 **<u>Maternal outcomes:</u>** **Maternal mortality:** NR **Postpartum hemorrhage, n (%):** Baseline period: 10 (2.1) Evaluation period: 14 (3.3) **<u>Neonatal outcomes</u>** **Neonatal mortality:** NR **Apgar score:** NR **NICU admission:** NR

* Calculated by reviewer.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Sanchez-Ramos et al., 1990 **Country:** US **System:** University Medical Center, Jacksonville FL **Baseline period:** 1986 **Evaluation period:** 1987 to 1989 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** New guidelines focused on intrapartum management of women with prior cesarean section. New guidelines were also introduced for: • Primary cesarean • Induction • Fetal scalp pH sampling • Breech • Twins	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births, n:** 1986: 4,336 1987: 4,270 1988: 4,470 1989: 5,157 **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: Resident physicians and nurse midwives, supervised by faculty members Total providers/ staff formally trained: NR **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR Vaginal, assisted %**:** 1986: 16.2 1989: 18.5 Cesarean birth, n (%)**:** Total: 1986: 1,198 (27.5) 1987: 952 (22.4) 1988: 598 (13.3) 1989: 542 (10.5) **EP/BL:** *P* < 0.0001 Primary: 1986: 849 (19.5) 1987: 643 (15.0) 1988: 424 (9.4) 1989: 374 (7.2) **EP/BL:** *P* < 0.0001 Repeat: 1986: 349 (8.0) 1987: 319 (7.4) 1988: 174 (3.9) 1989: 168 (3.3) **EP/BL:** *P* < 0.0001 Trial of labor, women with prior cesarean, n (%): 1986: 139 (31.7) 1987: 193 (41.9) 1988: 381 (76.5) 1989: 487 (83.9) **EP/BL:** *P* < 0.0001 VBAC, women with prior cesarean, n (%): 1986: 90 (20.5) 1987: 142 (30.8) 1988: 342 (65.1) 1989: 403 (69.4) **EP/BL:** *P* < 0.0001 **Maternal outcomes** **Maternal mortality:** NR

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Sanchez-Ramos et al., 1990 (continued)					**Neonatal outcomes** **Neonatal mortality, per 1000 births, n (%):** 1986: 71 (16.4) 1987: 41 (9.6) 1988: 35 (7.8) 1989: 33 (6.4) **EP/BL:** *P* < 0.001 **Perinatal mortality rate per 1000 births:** 1986: 31.8 1987: 19.7 1988: 17.4 1989: 14.9 **EP/BL:** *P* < 0.0001 **Apgar score < 7, n (%):** 1 minute: 1986: 457 (10.5) 1987: 357 (8.4) 1988: 476 (10.6) 1989: 571 (11.0) 5 minutes: 1986: 79 (1.8) 1987: 65 (1.5) 1988: 83 (1.9) 1989: 90 (1.7) **NICU admission, n (%):** 1986: 447 (10.3) 1987: 420 (9.8) 1988: 432 (9.7) 1989: 453 (8.8) **NICU length of stay, days, mean:** 1986: 19 1987: 15 1988: 15 1989: 16 **Neonatal seizures, n (%):** 1986: 108 (2.5) 1987: 120 (2.8) 1988: 116 (2.6) 1989: 114 (2.2)

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Sloan et al., 2000 **Country:** Ecuador **System:** Maternidad Isidro Ayora (public hospital serving lower to middle income women)[1] **Baseline period:** 1995 to 04/1996 **Evaluation period:** 05/15/1996 to 12/15/1996 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Implemented policy requiring "second opinion" from supervising obstetrician or resident for all cesarean candidates (excluding mandatory situations). Consultant obstetrician trained two senior physicians one of whom subsequently trained two more physicians. Groups: (among women for whom detailed data was collected[2]) **G1:** Co-managed **G2:** Not co-managed **Ga:** Vaginal delivery **Gb:** Cesarean delivery	**Inclusion criteria:** • Co-managed deliveries **Exclusion criteria:** • See inclusion criteria	**Births, n:** Evaluation period: **Total:** 7,381 **G1:** 1,217 **G1a:** 503 **G1b:** 714 **G2:** 367 **G2a:** 1 **G2b:** 366 **Age, mean ± SD:** Evaluation period: **Total:** NR **G1a:** 22.6 ± 6.1 **G1b:** 25.0 ± 6.3 **G2b:** 25.4 ± 5.7 **G1a/G1b:** *P* < 0.001 **G1a/G2b:** *P* < 0.001 **Parity, mean ± SD:** Evaluation period: **Total:** NR **G1a:** 0.75 ± 1.21 **G1b:** 0.85 ± 1.25 **G2b:** 1.01 ± 1.06 **G1a/G2b:** *P* < 0.05 **Medicaid:** NR **Private insurance coverage:** NR **Prior cesarean, %:** Evaluation period: Total: NR **G1a:** 10.7 **G1b:** 29.3 **G2b:** 55.2 **G1a/G1b:** *P* < 0.001 **G1a/G2b:** *P* < 0.001 **G1b/G2b:** *P* < 0.001 **Multiple gestations, %:** Evaluation period: Total: NR **G1a:** 0	Total providers/ staff: NR Total providers/ staff formally trained: Three trained obstetricians provided the mandatory second opinion during a six week period. **Specialty:** Obstetrics	**<u>Mode of birth</u>** **Vaginal, spontaneous:** NR Vaginal, assisted**:** NR Cesarean births, mean % ± SD: Baseline period: 26.6 ± 4.4 Evaluation period: 22.1 ± 4.2 **EP/BL:** *P* < 0.001 **<u>Maternal outcomes</u>** **Maternal mortality:** NR **Maternal postpartum infection/fever, %:** **G1a:** 1.0 **G1b:** 5.2 **G2b:** 4.6 **G1a/G1b:** *P* < 0.001 **G1a/G2b:** *P* < 0.001 **<u>Neonatal outcomes</u>** **Neonatal mortality, %:** **Total:** 24 **G1a:** 1.0 (n = 501) **G1b:** 2.0 (n = 712) **G2b:** 1.4 (n = 363) **Apgar score < 7, 5 minutes, %:** **G1a:** 1.4 (n = 501) **G1b:** 2.5 (n = 712) **G2b:** 2.5 (n = 362) **NICU admissions, %:** **G1a:** 10.4 (n = 501) **G1b:** 20.8 (n = 712) **G2b:** 18.2 (n = 363) **G1a/G1b:** *P* < 0.001 **G1a/G2b:** *P* < 0.001 **Neonatal length of stay, mean days ± SD:** **G1a:** 3.37 ± 2.69 (n = 499)

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Sloan et al, 2000 (continued)			**G1b:** 0.4 **G2b:** 0		**G1b:** 4.57 ± 3.39 (n = 709) **G2b:** 4.68 ± 4.07 (n = 360) **Stillbirth, %:** **G1a:** 0.4 **G1b:** 0.3 **G2b:** 0.8

[1] The paper also reports cesarean rates for other major maternity hospitals in Ecuador without the intervention.

[2] 2111 women were identified as candidates for cesarean sections. Data were not collected on 506 women for whom cesarean was considered mandatory, and on 21 women eligible for co-management but accidently not included.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Smith et al., 2000 **Country:** US **System:** BryanLGH Medical Center, Lincoln, NE **Baseline period:** 01/1998 to 06/1998 **Evaluation period:** 07/1998 to 01/1999 **Post-evaluation period:** 01/1999 to 03/1999 **Funding:** NR **Author industry relationship disclosure:** NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Interdisciplinary team focused on educating nurses, physicians, and community about labor support measures. Electronic data performance measurement system adopted as part of hospital quality improvement activities Quality improve-ment team charged with decreasing total and primary cesarean rates Feedback of individual cesarean data to physicians	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births:** NR **Medicaid:** NR **Private insurance coverage:** NR	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR **Vaginal, assisted:** NR Cesarean birth, %:* Baseline period: 27.0 Evaluation period: 19.0 Post-evaluation: 24.5 **EP/BL:** *P* = NR **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality:** NR **Apgar score:** NR **NICU admission:** NR

* Quarterly total and primary cesarean birth rates only presented graphically.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Socol et al., 1993 **Country:** US **System:** Northwestern Memorial Hospital **Baseline period:** 1986 **Evaluation period:** 1987 to 1991[1] **Funding:** NR **Author industry relationship disclosure:** NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** 1987 to 1988 vaginal birth after prior low transverse cesarean encour-aged; 1988 forward cesarean birth rate of each obstetrician circulated annually to attending obstetricians; RCT of active management of labor completed and protocol recommended for routine practice.	**Inclusion criteria:** • All providers and births included **Exclusion criteria:** • See inclusion criteria	**Births, n:** 1986: 4,240 1987: 4,219 1988: 4,271 1989: 4,391 1990: 4,829 1991: 4,669 **Race/ethnicity, n (%):** White: 1986: 2,718 (64.1) 1987: 2,799 (66.3) 1988: 2,759 (64.6) 1989: 2,849 (64.9) 1990: 3,031 (62.8) 1991: 2,942 (63.0) Black: 1986: 894 (21.1) 1987: 850 (20.2) 1988: 932 (21.8) 1989: 916 (20.9) 1990: 1,009 (20.9) 1991: 888 (19.0) Other: 1986: 628 (14.8) 1987: 570 (13.5) 1988: 580 (13.6) 1989: 626 (14.2) 1990: 789 (16.3) 1991: 839 (18.0) **Parous, n (%):** 1986: 2,231 (52.6) 1987: 2,250 (53.3) 1988: 2,234 (52.3) 1989: 2,310 (52.6) 1990: 2,502 (51.8) 1991: 2,426 (52.0) **Medicaid/ Indigent, n (%):** 1986: 1,330 (31.4) 1987: 1,269 (30.1) 1988: 1,235 (28.9) 1989: 1,356 (30.9) 1990: 1,446 (29.9) 1991: 1,305 (28.0) **Private insurance coverage, n (%):** 1986: 2,910 (68.6) 1987: 2,950 (69.9) 1988: 3,036 (71.1) 1989: 3,035 (69.1) 1990: 3,383 (70.1)	Total providers/ staff: Private practice and academic obstetricians attending on labor and delivery Total providers/ staff formally trained: NR **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR **Vaginal, assisted:** NR Cesarean birth, %: Total: 1986: 27.3 1987-1990: NR* 1991: 16.9 **EP/BL:** *P* < 0.0001 Primary: 1986: 18.2 1987-1990: NR* 1991: 10.6 **EP/BL:** *P* < 0.0001 Repeat: 1986: 9.1 1987-1990: NR* 1991: 6.4 **EP/BL:** *P* < 0.0001 **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality, n (%):** 1986: 44 (1.0) 1987: 29 (0.7) 1988: 28 (0.6) 1989: 24 (0.5) 1990: 16 (0.3) 1991: 18 (0.4) **Apgar score, 5 minutes, n (%):** ≤ 3: 1986: 20 (0.4) 1987: 23 (0.5) 1988: 18 (0.4) 1989: 21 (0.5) 1990: 19 (0.4) 1991: 15 (0.3) < 7: 1986: 98 (2.2) 1987: 107 (2.5) 1988: 93 (2.1) 1989: 73 (1.6) 1990: 75 (1.5)

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Socol et al., 1993 (continued)			1991: 3,364 (72.0)		1991: 84 (1.8) **NICU admission, n (%):** 1986: 441 (10.3) 1987: 373 (8.7) 1988: 417 (9.6) 1989: 497 (11.2) 1990: 454 (9.3) 1991: 457 (9.7)

[1] Data provided for all years, statistical comparisons between 1986 and 1991.

* Results only displayed graphically.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Studnicki et al., 1997 **Country:** US **System:** Florida **Baseline period:** 1990 to 1992 **Evaluation period:** 1990 to 1993 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** State passed a law in 1991 requiring the Department of Health and Rehabilitative Services to adopt rules to establish practice parameters in provider hospitals. Provider hospitals (defined as having 30 or more births per year fully paid by state or federal funds) required to provide copies of guidelines to staff credentialed to perform cesarean section deliveries, establish peer review board to review cesareans, incorporate peer review into hospital quality assurance monitoring. Guidelines comprised of fetal evaluation, definitions of labor and labor diagnosis.	**Inclusion criteria:** • Medical discharge data DRG codes 370-375 obtained from nonfederal acute care hospitals in Florida **Exclusion criteria:** • See inclusion criteria	**Births, n:** 1990: 187,054 1991: 182,896 1992: 182,385 Baseline period: 552,335 1993: 183,291 **Medicaid:** NR **Private insurance coverage:** NR **Prior cesarean, n (%):** 1990: 22,064 (11.8) 1991: 21,655 (11.8) 1992: 22,938 (12.6) Baseline period: 66,657 (12.1) 1993: 23,127 (12.6)	Total providers/ staff: NR Total providers/ staff formally trained: Obstetricians **Specialty:** NR	**Mode of birth** **Vaginal, spontaneous:** NR Vaginal, assisted**:** NR Cesarean births, n (%)**:**[1] Total: 1990: 49,543 (26.5) 1991: 46,176 (25.2) 1992: 45,793 (25.1) Baseline period: 141,512 (25.6) 1993: 44,082 (24.1) Primary: 1990: 32,295 (17.3) 1991: 30,061 (16.4) 1992: 28,988 (15.9) Baseline period: 91,344 (16.5) 1993: 28,106 (15.3) Repeat: 1990: 17,248 (9.2) 1991: 16,115 (8.8) 1992: 16,805 (9.2) Baseline period: 50,168 (9.1) 1993: 15,976 (8.7) **Maternal outcomes** **Maternal mortality:** NR **Neonatal outcomes** **Neonatal mortality,** NR **Apgar scores:** NR **NICU admissions:** NR

[1] The authors report cesarean rates among all women, women with a prior cesarean, and women without a prior cesarean for each quarter in the study.

Evidence Table 2: Strategies to Reduce Cesarean Birth--Systems Interventions (continued)

Study Description	Intervention & Population	Inclusion & Exclusion Criteria	Clinical Population	Provider Population	Outcomes
Author: Tay et al., 1992 **Country:** Singapore **System:** Singapore General Hospital **Baseline period:** 1987 **Evaluation period:** 1988 to 1990 **Funding:** NR Author industry relationship disclosure: NR **Design:** Pre-post assessment	**Cesarean reduction intervention:** Critical review of indications for cesarean delivery. Departmental audit of all cesareans.	**Inclusion criteria:** NR **Exclusion criteria:** NR	**Births, n:** 1987: 3,156 1988: 4,658 1989: 3,823 1990: 5,238 **Parous, %:** Primaparae: 1987: NR 1988: NR 1989: 52 1990: NR **Medicaid:** Not applicable **Private insurance coverage:** Not applicable	Total providers/ staff: NR Total providers/ staff formally trained: NR **Specialty:** NR	**<u>Mode of birth</u>** **Vaginal, spontaneous, n (%):** 1987: 2,244 (71.1) 1988: 3,667 (78.7) 1989: 2,759 (72.2) 1990: 3,787 (72.5) Vaginal, assisted, n (%)**:** 1987: 525 (16.6) 1988: 473 (10.2) 1989: 634 (16.6) 1990: 835 (15.9) Cesarean birth, n (%)**:** 1987: 387 (12.3) 1988: 518 (11.1) 1989: 430 (11.2) 1990: 616 (11.7) **<u>Maternal outcomes</u>** **Maternal mortality:** NR **<u>Neonatal outcomes</u>** **Perinatal mortality, rate per 1000 births:** > 500 grams: 1987: 8.25 1988: 7.05 1989: 9.39 1990: 5.83 > 1000 grams: 1987: 7.58 1988: 5.77 1989: 6.25 1990: 4.89 **Apgar scores:** NR **NICU admission:** NR

APPENDIX D. Sample Data Abstraction Forms

Strategies to Reduce Cesarean Birth CER
Abstract Review Form

First Author, Year: _____

Endnote Reference ID #: _____ Abstractor Initials: __ __ __

Primary Inclusion/Exclusion Criteria			
1. Eligible Study Type? a. __ RCT/System Intervention	Yes	No	Cannot Determine
2. Original research (exclude reviews, editorials, commentaries, letters to editor, etc.)	Yes	No	Cannot Determine
3. Pregnant women in labor	Yes	No	Cannot Determine
4. Relevant to CER topic If "No", select at least one of the following reasons: a. ___ Exclusively related to labor b. ___ Elective or prior cesarean c. ___ Breech delivery only d. ___ Other_____	Yes	No	Cannot Determine

Retain for:

_____**BACKGROUND/DISCUSSION**

_____**REVIEW OF REFERENCES**

_____**Other**_____

COMMENTS:

Strategies to Reduce Cesarean Birth CER
Full Text Review Form

First Author, Year: _____

Endnote Reference ID #: _____ Abstractor Initials: __ __ __

Primary Inclusion/Exclusion Criteria		
1. Eligible Study Type? RCT/System Intervention	Yes	No
2. Original research (exclude reviews, editorials, commentaries, letters to editor, etc.)	Yes	No
3. Pregnant women intending a vaginal birth	Yes	No
4. Relevant to CER topic If "No", select at least one of the following reasons: a. ___ Exclusively related to labor (does not include route of birth data) b. ___ Elective or prior cesarean c. ___ Breech delivery only d. ___ Comparison of two or more agents of induction e. ___ Other_____	Yes	No
5. Do the authors state that the intent is to improve/reduce cesarean rates?	Yes	No
6. If "Yes" to all, select which of the following describes the intent: ___ Introduction includes literature review of improving or reducing cesarean risk/rate OR influencing route of birth as an outcome that would be influenced by the intervention ___ Stated primary and secondary aims indicate intention to examine influence of the intervention on cesarean risk/rate or route of birth ___ Analytic models indicate they conducted data analysis of the effect of the intervention as it relates to cesarean risk/rate or route of birth ___ Results feature data about the relationship of the intervention to cesarean risk/rate or route of birth as reporting of a primary or secondary aim ___ Tables in the results section feature data about the relationship of the intervention to cesarean risk/rate or route of birth as reporting of a primary or secondary aim ___ Discussion interprets the intervention as potentially having value for modifying cesarean risk/rates or influencing route of delivery ___ Authors express dismay that did not find it had value for modifying cesarean risk/rates or influencing route of delivery		

Retain for:

_____BACKGROUND/DISCUSSION

_____REVIEW OF REFERENCES

_____Other_____

COMMENTS:

Appendix E. Quality of the Literature

1. The Cochrane Risk of Bias Tool for Randomized Controlled Trials
2. Newcastle-Ottawa Quality Assessment Form for Cohort Studies
3. Table 1. Quality Ratings for Randomized Controlled Trials
4. Table 2. Quality Ratings for Cohort studies (including case series, cross-sectional, uncontrolled and nonrandomized trials)

The Cochrane Risk of Bias Tool for Randomized Controlled Trials

RANDOM SEQUENCE GENERATION **Selection bias (biased allocation to interventions) due to inadequate generation of a randomised sequence.**	
Criteria for a judgment of 'Low risk' of bias.	The investigators describe a random component in the sequence generation process such as: • Referring to a random number table; • Using a computer random number generator; • Coin tossing; • Shuffling cards or envelopes; • Throwing dice; • Drawing of lots; • Minimization*. *Minimization may be implemented without a random element, and this is considered to be equivalent to being random.
Criteria for the judgment of 'High risk' of bias.	The investigators describe a non-random component in the sequence generation process. Usually, the description would involve some systematic, non-random approach, for example: • Sequence generated by odd or even date of birth; • Sequence generated by some rule based on date (or day) of admission; • Sequence generated by some rule based on hospital or clinic record number. Other non-random approaches happen much less frequently than the systematic approaches mentioned above and tend to be obvious. They usually involve judgement or some method of non-random categorization of participants, for example: • Allocation by judgement of the clinician; • Allocation by preference of the participant; • Allocation based on the results of a laboratory test or a series of tests; • Allocation by availability of the intervention.
Criteria for the judgment of 'Unclear risk' of bias.	Insufficient information about the sequence generation process to permit judgement of 'Low risk' or 'High risk'.

The Cochrane Risk of Bias Tool for Randomized Controlled Trials (continued)

ALLOCATION CONCEALMENT **Selection bias (biased allocation to interventions) due to inadequate concealment of allocations prior to assignment.**	
Criteria for a judgment of 'Low risk' of bias.	Participants and investigators enrolling participants could not foresee assignment because one of the following, or an equivalent method, was used to conceal allocation: • Central allocation (including telephone, web-based and pharmacy-controlled randomization); • Sequentially numbered drug containers of identical appearance; • Sequentially numbered, opaque, sealed envelopes.
Criteria for the judgment of 'High risk' of bias.	Participants or investigators enrolling participants could possibly foresee assignments and thus introduce selection bias, such as allocation based on: • Using an open random allocation schedule (e.g. a list of random numbers); • Assignment envelopes were used without appropriate safeguards (e.g. if envelopes were unsealed or non-opaque or not sequentially numbered); • Alternation or rotation; • Date of birth; • Case record number; • Any other explicitly unconcealed procedure.
Criteria for the judgment of 'Unclear risk' of bias.	Insufficient information to permit judgement of 'Low risk' or 'High risk'. This is usually the case if the method of concealment is not described or not described in sufficient detail to allow a definite judgement – for example if the use of assignment envelopes is described, but it remains unclear whether envelopes were sequentially numbered, opaque and sealed.
SELECTIVE REPORTING **Reporting bias due to selective outcome reporting.**	
Criteria for a judgment of 'Low risk' of bias.	Any of the following: • The study protocol is available and all of the study's pre-specified (primary and secondary) outcomes that are of interest in the review have been reported in the pre-specified way; • The study protocol is not available but it is clear that the published reports include all expected outcomes, including those that were pre-specified (convincing text of this nature may be uncommon).
Criteria for the judgment of 'High risk' of bias.	Any one of the following: • Not all of the study's pre-specified primary outcomes have been reported; • One or more primary outcomes is reported using measurements, analysis methods or subsets of the data (e.g. subscales) that were not pre-specified; • One or more reported primary outcomes were not pre-specified (unless clear justification for their reporting is provided, such as an unexpected adverse effect); • One or more outcomes of interest in the review are reported incompletely so that they cannot be entered in a meta-analysis; • The study report fails to include results for a key outcome that would be expected to have been reported for such a study.
Criteria for the judgment of 'Unclear risk' of bias.	Insufficient information to permit judgement of 'Low risk' or 'High risk'. It is likely that the majority of studies will fall into this category.

The Cochrane Risk of Bias Tool for Randomized Controlled Trials (continued)

OTHER BIAS **Bias due to problems not covered elsewhere in the table.**	
Criteria for a judgment of 'Low risk' of bias.	The study appears to be free of other sources of bias.
Criteria for the judgment of 'High risk' of bias.	There is at least one important risk of bias. For example, the study: • Had a potential source of bias related to the specific study design used; or • Has been claimed to have been fraudulent; or • Had some other problem.
Criteria for the judgment of 'Unclear risk' of bias.	There may be a risk of bias, but there is either: • Insufficient information to assess whether an important risk of bias exists; or • Insufficient rationale or evidence that an identified problem will introduce bias.
BLINDING OF PARTICIPANTS AND PERSONNEL **Performance bias due to knowledge of the allocated interventions by participants and personnel during the study.**	
Criteria for a judgment of 'Low risk' of bias.	Any one of the following: • No blinding or incomplete blinding, but the review authors judge that the outcome is not likely to be influenced by lack of blinding; • Blinding of participants and key study personnel ensured, and unlikely that the blinding could have been broken.
Criteria for the judgment of 'High risk' of bias.	Any one of the following: • No blinding or incomplete blinding, and the outcome is likely to be influenced by lack of blinding; • Blinding of key study participants and personnel attempted, but likely that the blinding could have been broken, and the outcome is likely to be influenced by lack of blinding.
Criteria for the judgment of 'Unclear risk' of bias.	Any one of the following: • Insufficient information to permit judgment of 'Low risk' or 'High risk'; • The study did not address this outcome.

The Cochrane Risk of Bias Tool for Randomized Controlled Trials (continued)

BLINDING OF OUTCOME ASSESSMENT **Detection bias due to knowledge of the allocated interventions by outcome assessors.**	
Criteria for a judgment of 'Low risk' of bias.	Any one of the following: • No blinding of outcome assessment, but the review authors judge that the outcome measurement is not likely to be influenced by lack of blinding; • Blinding of outcome assessment ensured, and unlikely that the blinding could have been broken.
Criteria for the judgment of 'High risk' of bias.	Any one of the following: • No blinding of outcome assessment, and the outcome measurement is likely to be influenced by lack of blinding; • Blinding of outcome assessment, but likely that the blinding could have been broken, and the outcome measurement is likely to be influenced by lack of blinding.
Criteria for the judgment of 'Unclear risk' of bias.	Any one of the following: • Insufficient information to permit judgment of 'Low risk' or 'High risk'; • The study did not address this outcome.
INCOMPLETE OUTCOME DATA **Attrition bias due to amount, nature or handling of incomplete outcome data.**	
Criteria for a judgment of 'Low risk' of bias.	Any one of the following: • No missing outcome data; • Reasons for missing outcome data unlikely to be related to true outcome (for survival data, censoring unlikely to be introducing bias); • Missing outcome data balanced in numbers across intervention groups, with similar reasons for missing data across groups; • For dichotomous outcome data, the proportion of missing outcomes compared with observed event risk not enough to have a clinically relevant impact on the intervention effect estimate; • For continuous outcome data, plausible effect size (difference in means or standardized difference in means) among missing outcomes not enough to have a clinically relevant impact on observed effect size; • Missing data have been imputed using appropriate methods.
Criteria for the judgment of 'High risk' of bias.	Any one of the following: • Reason for missing outcome data likely to be related to true outcome, with either imbalance in numbers or reasons for missing data across intervention groups; • For dichotomous outcome data, the proportion of missing outcomes compared with observed event risk enough to induce clinically relevant bias in intervention effect estimate; • For continuous outcome data, plausible effect size (difference in means or standardized difference in means) among missing outcomes enough to induce clinically relevant bias in observed effect size; • 'As-treated' analysis done with substantial departure of the intervention received from that assigned at randomization; • Potentially inappropriate application of simple imputation.
Criteria for the judgment of 'Unclear risk' of bias.	Any one of the following: • Insufficient reporting of attrition/exclusions to permit judgement of 'Low risk' or 'High risk' (e.g. number randomized not stated, no reasons for missing data provided); • The study did not address this outcome.

Thresholds for converting the Cochrane Risk of Bias tool to AHRQ standards (good, fair, and poor):

Good quality: All criteria met (i.e. low for each domain)
Using the Cochrane ROB tool, it is possible for a criterion to be met even when the element was technically not part of the method. For instance, a judgment that knowledge of the allocated interventions was adequately prevented can be made even if the study was not blinded, if EPC team members judge that the outcome and the outcome measurement are not likely to be influenced by lack of blinding.

Fair quality: One criterion not met (i.e. high risk of bias for one domain) or two criteria unclear, and the assessment that this was **unlikely** to have biased the outcome, and there is no known important limitation that could invalidate the results

Poor quality: One criterion not met (i.e. high risk of bias for one domain) or two criteria unclear, and the assessment that this was **likely** to have biased the outcome, and there are important limitations that could invalidate the results

Poor quality: Two or more criteria listed as high or unclear risk of bias

Newcastle-Ottawa Quality Assessment Form for Cohort Studies

Note: A study can be given a maximum of one star for each numbered item within the Selection and Outcome categories. A maximum of two stars can be given for Comparability.

Selection

1) Representativeness of the exposed cohort
   a) Truly representative ***(one star)***
   b) Somewhat representative ***(one star)***
   c) Selected group
   d) No description of the derivation of the cohort

2) Selection of the non-exposed cohort
   a) Drawn from the same community as the exposed cohort ***(one star)***
   b) Drawn from a different source
   c) No description of the derivation of the non exposed cohort

3) Ascertainment of exposure
   a) Secure record/institutional documentation of the intervention (e.g., surgical record) ***(one star)***
   b) Structured interview ***(one star)***
   c) Written self report
   d) No description
   e) Other

4) Demonstration that outcome of interest was not present at start of study
   a) Yes ***(one star)***
   b) No

Comparability

1) Comparability of cohorts on the basis of the design or analysis controlled for confounders
   a) The study controls for vaginal parity and prior cesarean status ***(one star)***
   b) Study controls for other factors (list) _____ ***(one star)***
   c) Cohorts are not comparable on the basis of the design or analysis controlled for confounders
   d) No comparison group*
   e) N/A*

Outcome

1) Assessment of outcome
   a) Independent blind assessment ***(one star)***
   b) Record linkage ***(one star)***
   c) Self report
   d) No description
   e) Other

2) Was follow-up long enough for outcomes to occur
   a) Yes ***(one star)***
   b) No

Indicate the median duration of follow-up and a brief rationale for the assessment above:_____

3) Adequacy of follow-up of cohorts
   a) Complete follow up- all subject accounted for ***(one star)***
   b) Subjects lost to follow up unlikely to introduce bias- number lost less than or equal to 20% or description of those lost suggested no different from those followed. ***(one star)***
   c) Follow up rate greater than 80% and no description of those lost
   d) No statement

**Added by Vanderbilt EPC*

Thresholds for converting the Newcastle-Ottawa scales to AHRQ standards (good, fair, and poor):

Good quality: 3 or 4 stars in selection domain AND 1 or 2 stars in comparability domain AND 2 or 3 stars in outcome/exposure domain

Fair quality: 2 stars in selection domain AND 1 or 2 stars in comparability domain AND 2 or 3 stars in outcome/exposure domain

Poor quality: 0 or 1 star in selection domain OR 0 stars in comparability domain OR 0 or 1 stars in outcome/exposure domain

The Vanderbilt EPC included two additional options in the comparability domain not generally included in the Newcastle-Ottawa scales: “no comparison group” and “not applicable”. This was necessary because the review included single-arm studies for both the effectiveness and harms assessments.

Studies of the effectiveness of strategies to reduce cesarean birth that included only one study arm were marked as “no comparison group”, which equates to receiving no stars and an automatic rating of poor quality.

Cross sectional studies used to identify potential harms and measures of environmental exposure could appropriately have no comparison group, and were marked for comparability as “not applicable.” The quality scores for these studies were downgraded to account for their non-comparative study designs. For example, a study with three or four stars in the selection domain and two or three stars in the outcome/exposure domain, which would normally equate to a “good” quality rating, would be deemed “fair” quality if the comparability domain response was “not applicable”.

Table 1. Risk of Bias of RCTs of strategies to reduce cesarean births

Author, Year Country	Adequate sequence generation	Allocation concealment	Blinding of (Route of delivery)	Blinding (Maternal morbidity/mortality)	Blinding (Neonatal morbidity/mortality)	Incomplete outcome data (Route of delivery)	Incomplete outcome data (Maternal morbidity/mortality)	Incomplete outcome data (Neonatal morbidity/mortality)	Free of selective reporting	Free of other bias	Quality
World Health Organization, 1994[1]	+	?	-	+	+	+	+	+	+	+	Fair
Abdel-Aleem et al., 2005[2]	+	+	?	+	+	+	+	+	+	+	Fair
Adamsons et al., 1999[3]	?	?	-	+	+	+	+	+	+	?	Poor
Ajadi et al., 2006[4]	+	+	?	+	+	+	+	+	?	+	Fair
Althabe et al.,[5]	+	+	-	+	+	?	?	?	+	?	Poor
Asher et al., 2009[6]	+	+	?	+	+	+	+	+	+	+	Fair
Barakat et al., 2009[7]	?	+	+	+	+	+	+	+	+	-	Fair
Bidgood et al., 1987[8]	+	+	-	+	+	+	+	+	+	+	Fair
Bloom et al., 2006[9]	+	+	+	+	+	+	+	+	+	+	Good
Bloom et al., 1998[10]	?	?	-	+	+	+	+	+	+	?	Poor
Campbell et al., 2006[11]	+	+	?	+	+	+	+	+	-	+	Poor
Choudhary et al., 2010[12]	+	+	-	-	-	+	+	+	+	+	Poor
Cohen et al., 1987[13]	-	-	-	+	+	+	+	+	+	+	Poor
Cox et al., 1999[14]	+	+	+	+	+	+	+	+	+	+	Good
East et al., 2006[15]	+	+	+	+	+	?	+	+	+	+	Fair
Elferink-Stinkens et al., 2004[16]	?	?	+	+	+	+	+	+	+	+	Poor
Gagnon, 1997[17]	+	+	?	+	+	+	+	+	+	+	Poor
Gambling et al., 1998[18]	+	+	+	+	+	+	+	+	+	-	Fair
Garite et al., 2000{, #2837}	+	+	-	+	+	+	+	+	+	?	Fair
Garite et al., 2000{, #2829}	+	+	+	+	+	+	+	+	+	+	Good
Hamilton et al., 2004[21]	+	?	?	+	+	+	+	+	+	?	Poor
Harper et al., 2006[22]	+	+	+	+	+	+	+	+	+	?	Fair
Hemminki et al., 1990[23]	?	+	-	+	+	+	+	?	+	?	Poor
Hinshaw et al., 2008[24]	+	+	-	+	+	+	+	+	+	+	Poor
Hodnett et al., 2002[25]	+	+	?	+	+	+	+	+	+	+	Fair
Hofmeyr et al.,1998[26]	+	+	-	+	+	+	+	+	+	?	Poor
Homer et al., 2011[27]	+	?	-	-	+	+	+	+	+	?	Poor
Jalil et al., 2009[28]	?	+	-	+	+	+	+	+	+	+	Fair

+ = Low risk of bias; - = High risk of bias; ? = Unclear risk of bias

Table 1. Risk of Bias of RCTs of strategies to reduce cesarean births

Author, Year Country	Adequate sequence generation	Allocation concealment	Blinding of (Route of delivery)	Blinding (Maternal morbidity/mortality)	Blinding (Neonatal morbidity/mortality)	Incomplete outcome data (Route of delivery)	Incomplete outcome data (Maternal morbidity/mortality)	Incomplete outcome data (Neonatal morbidity/mortality)	Free of selective reporting	Free of other bias	Quality
Janssen et al., 2006[29]	+	+	-	+	+	+	+	+	+	+	Fair
Karraz, 2003[30]	?	?	-	+	+	+	+	+	+	+	Poor
Kennell et al., 1991[31]	?	?	-	+	+	+	+	+	+	+	Poor
Kuhnert et al., 2004 [32]	?	?	+	+	+	+	+	+	+	+	Fair
Lavender et al., 1998[33]	+	+	+	+	+	+	+	+	+	+	Good
Lavender et al., 2006[34]	+	+	+	+	+	+	+	+	+	+	Good
Lopez-Zeno et al., 1992[35]	+	+	-	+	+	+	+	+	+	+	Poor
Mahomed et al., 1998[36]	+	+	?	+	+	+	+	+	+	+	Fair
Matsuo et al., 2009[37]	?	+	-	-	+	+	+	+	+	+	Poor
McGrath and Kennell, 2008[38]	?	+	+	+	+	+	+	+	+	-	Poor
McNiven et al., 1998[39]	?	+	+	+	+	+	+	+	+	+	Fair
Mehrangiz et al., 2004[40]	?	?	-	+	+	+	+	+	+	?	Poor
Moodley et al., 1998[41]	+	+	-	+	+	+	+	+	+	?	Poor
Nicholson et al., 2009[42]	+	+	+	+	+	+	+	+	+	-	Fair
Norris et al., 2001[43]	-	-	?	+	+	-	+	+	+	+	Poor
Ojala et al., 2006[44]	+	+	-	+	+	+	+	+	+	+	Fair
Olofsson et al., 1998[45]	+	+	-	+	+	+	+	+	+	+	Poor
O'Sullivan et al., 2009[46]	+	+	+	+	+	+	+	+	+	+	Good
Palomäki et al., 2006[47]	+	?	+	+	+	+	+	+	+	+	Fair
Pattinson et al., 2003[48]	+	+	+	+	+	+	+	+	+	+	Good
Phipps et al.,2009[49]	+	+	-	+	+	+	+	+	+	+	Fair
Rathor et al., 2002[50]	+	+	-	+	+	+	+	+	+	+	Fair
Regi et al., 2009[51]	+	+	-	?	?	+	+	+	+	-	Poor
Rogers et al., 1997[52]	+	+	+	+	+	+	+	+	+	+	Good
Saisto et al., 2001[53]	?	+	-	+	+	+	+	?	+	?	Poor
Sanchez-Ramos et al., 1996[54]	+	+	+	+	+	+	+	+	+	+	Good
Skrablin et al., 2011[55]	-	-	+	+	+	+	+	+	+	?	Poor
Somprasit et al., 2005[56]	+	+	-	+	+	+	+	+	+	+	Poor

+ = Low risk of bias; - = High risk of bias; ? = Unclear risk of bias

Table 1. Risk of Bias of RCTs of strategies to reduce cesarean births

Author, Year Country	Adequate sequence generation	Allocation concealment	Blinding of (Route of delivery)	Blinding (Maternal morbidity/mortality)	Blinding (Neonatal morbidity/mortality)	Incomplete outcome data (Route of delivery)	Incomplete outcome data (Maternal morbidity/mortality)	Incomplete outcome data (Neonatal morbidity/mortality)	Free of selective reporting	Free of other bias	Quality
Spallicci et al., 2007[57]	+	+	+	+	+	+	+	+	+	-	Fair
Strong et al., 1990[58]	+	+	-	+	+	+	+	+	+	+	Poor
Trueba et al., 2000[59]	?	?	-	+	+	+	+	+	+	+	Poor
Vayssiere et al., 2007[60]	?	+	?	+	+	+	+	+	+	+	Fair
Waldenstrom et al., 1997[61]	+	+	+	-	+	+	+	+	+	+	Fair
Waldenstrom et al., 2001[62]	?	+	-	+	+	+	+	+	+	+	Fair
Windrim et al., 2007[63]	+	+	?	+	+	+	+	+	+	+	Fair

+ = Low risk of bias; - = High risk of bias; ? = Unclear risk of bias

Table 2. Newcastle Ottawa Quality Rating Systems-level strategies to reduce cesarean births

Author, Year Country	Selection (0-4)				Comparability	Outcome (0-3)			Quality
	Representativeness of the exposed cohort	Selection of the non exposed cohort	Ascertainment of exposure	Outcome of interest was not present at start of study		Assessment of outcome	Follow-up long enough for outcomes to occur	Adequacy of follow up of cohorts	
Berglund et al., 2010[64]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Bickell et al., 1996[65]	★	★	★	★	★	★	★	★	Good (4+1+3)
Boylan et al., 1991[66]	★	★	★	★	★	★	★	★	Good (4+1+3)
Calvo et al., 2009[67]	★	★	★	★	N/A	★	★	No statem ent	Poor (4+0+2)
Dillon et al., 1992[68]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Gilstrap et al., 1984[69]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Gregory et al., 1999[70]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Iglesias et al., 1991[71]	★	★	★	★	★	★	★	★	Good (4+1+3)
Kazandjian and Lied, 1998[72]	★	★	★	★	★	★	★	★	Good (4+1+3)
Kim et al., 2005 [73]	★	★	★	★	★	★	★	★	Good (4+1+3)
Kiwanuka and Moore, 1993[74]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Langrew et al.,1996[75]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Liang et al., 2004[76]	★	★	★	★	N/A	★	★	No statem ent	Poor (4+0+2)
Maher et al.,1994[77]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Main et al., 1999[78]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Meyers and Gleicher, 1988, 1993[79-80]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Oleske et al., 1992[81]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Poma, 1998[82]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Porreco, 1990[83]	★	★	★	★	N/A	★	★	No statem ent	Poor (4+0+2)
Pridjian et al., 1991[84]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)

N/A, Not applicable

Table 2. Newcastle Ottawa Quality Rating Systems-level strategies to reduce cesarean births

Author, Year Country	Selection (0-4)				Comparability	Outcome (0-3)			Quality
	Representativeness of the exposed cohort	Selection of the non exposed cohort	Ascertainment of exposure	Outcome of interest was not present at start of study		Assessment of outcome	Follow-up long enough for outcomes to occur	Adequacy of follow up of cohorts	
Robson et al., 1996[85]	★	★	★	★	★	★	★	★	Good (4+1+3)
Rust et al., 1993[86]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Sanchez-Ramos et al., 1990[87]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Sloan et al., 2000[88]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Smith et al., 2000[89]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Socol et al., 1993[90]	★	★	★	★	★	★	★	★	Good (4+1+3)
Studnicki et al., 1997[91]	★	★	★	★	N/A	★	★	★	Poor (4+0+3)
Tay et al., 1992[92]	★	★	★	★	N/A	★	★	No statement	Poor (4+0+2)

N/A, Not applicable

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Appendix F. Applicability Summary Tables

Table 1. Key Question 1--Applicability for Antenatal Care
Table 2. Key Question 2--Applicability for Management of Labor
Table 3. Key Question 2--Applicability for Psychosocial Support
Table 4. Key Question 2--Applicability for Pain Management
Table 5. Key Question 2--Applicability for Fetal Assessments
Table 6. Key Question 2--Applicability for Amnioinfusion
Table 7. Key Question 2--Applicability for Unique Interventions

Table 1. Key Question 1--Applicability for Antenatal Care

Domain	Description of applicability of evidence compared to question
Population	The populations of patients from which the study participants were selected varied considerably across the studies. The control group CS rate (surrogate for baseline event rate) ranged from 9-49% - the rate was high in women with fear of vaginal birth (48%) and in women with a low Bishop score (49%); the control group rate in 5 studies of women with a low risk pregnancy ranged from 9-26%. The control group rate in a study of women at high risk for CS was 15%. Only one of the eight studies conducted in USA. The target population is likely to differ in many characteristics, including baseline risk of Cesarean, willingness to accept risk, pregnancy complications, and demographics.
Intervention	The interventions differed considerably. The antenatal care model studies were conducted in Australia and Sweden; the intervention in the antenatal care model studies might be unavailable to difficult to implement in U.S. settings because of the requirements for trained experienced midwives who are integrated into a system of care. The other interventions could be replicated in the U.S. in many target populations and settings.
Comparators	The antenatal care model studies were conducted in Australia and Sweden, where the standard care model differs from the standard care model at many U.S. centers. The comparator in the other intervention studies was consistent with usual care in U.S. settings.
Outcomes	The outcome of interest was the Cesarean section procedure. The definition and validation of this outcome would apply to any target population. However, the classification of indications for Cesarean may differ considerably in different countries and different regions and centers.
Setting	The studies were international; only one of eight studies conducted in USA. All of the antenatal care model studies were conducted 12-20 years ago, and standards may have changed. The other studies were conducted within the last 5-12 years.

Table 2. Key Questions 2--Applicability for Management of Labor

Domain	Description of applicability of evidence compared to question
Population	Most of the studies (15 of 17) only included nulliparous women. Five of the studies focused on women whose labors had become abnormal. The control group cesarean rate (surrogate for baseline event rate) ranged from 1.6% to 51.1%.
Intervention	The interventions differed considerably and were categorized as early labor assessment, measurement of labor progress, active management of labor, management of abnormal labor, amniotomy, and increased intravenous fluids. Even within categories, interventions were not consistent. For example, what constituted active management of labor varied across studies. All of the interventions could be replicated in the United States in many target populations and settings.
Comparators	Partograms are not commonly used in the United States and were used as the comparator in some studies. The comparators in the other studies were consistent with usual care in U.S. settings.
Outcomes	The outcome of interest was cesarean. The definition and validation of this outcome would apply to any target population. However, the classification of indications for cesarean may differ considerably in different countries and different regions and centers.
Setting	Many of the studies were international; only 6 of 17 studies were conducted in the United States. The most recent U.S. study, which also included study sites in Canada, was conducted 7 years ago. The other U.S. studies were conducted 11-24 years ago. Seven of the 11 international studies were conducted in the past 8 years.

Table 3. Key Question 2--Applicability for Psychosocial Support

Domain	Description of applicability of evidence compared to question
Population	The baseline cesarean rates for the population from which participants were selected varied across studies. The baseline cesarean rate in three of the doula support studies ranged from 18 to 40 percent. The baseline cesarean rate in the nursing support studies ranged from 9.8 to 20 percent. There was some variation in the countries in which studies were conducted. Three of the four doula studies were conducted in the US and one in Mexico. The nursing labor support studies were held in Canada, Canada and the US and in Finland. All participants in the doula support studies were nullips. Two of the nursing support studies included both nullips and multips. The mean age for one doula support study was higher than mean age for the other studies. The mean age for the nursing support studies were similar. The race/ethnicity and socio-economic backgrounds of study populations varied significantly across studies.
Intervention	The type of training and experience levels of labor support persons varied considerably across studies.
Comparators	The comparator groups received usual labor care. The studies did not uniformly describe usual labor care. Usual labor care may differ considerably by country.
Outcomes	The outcome of interest was cesarean births, which is defined uniformly across studies.
Setting	Study settings varied somewhat. Two doula support studies were conducted at academic hospitals and two at community hospitals. Two hospitals served were tertiary care facilities. Two of the nursing support studies were conducted at academic hospitals and one at 9 academic and 4 community hospitals. Some of these sites were reported to be tertiary care facilities.

Table 4. Key Questions 2--Applicability for Pain Management

Domain	Description of applicability of evidence compared to question
Population	The populations of patients varied considerably in the seven studies. The percent of nulliparous women ranged from 0 to 100%. The rates of Cesarean sections in these studies ranged from 2 to 16 percent Only two of the seven studies were conducted in the USA. The target population is likely to differ in many characteristics, including baseline risk of Cesarean, willingness to accept risk, pregnancy complications, and demographics.
Intervention	Six studies used epidural analgesia but the medications and dosages were unique in each study. Drugs, dosages and methods of administration have changed over time. There are regional differences in analgesia use (i.e. meperidine is widely used worldwide but not popular in the US).
Comparators	The comparators used in these studies was another form of analgesia (either different medication or dose).Drugs and dosages, as well as method of administration have changed over time (i.e meperidine is now less popular in the US)
Outcomes	The outcome of interest was the Cesarean section procedure. The definition and validation of this outcome would apply to any target population. However, the classification of indications for Cesarean may differ considerably in different countries and different regions and centers.
Setting	The studies were international; only two of seven studies were conducted in the USA. All of the studies were conducted within the past 2 decades.

Table 5. Key Question 2--Applicability for Fetal Assessments

Domain	Description of applicability of evidence compared to question
Population	The populations of patients from which the study participants were selected varied considerably across the studies. The control group CS rate (surrogate for baseline event rate) ranged from 4.7- 48.1%. Two of six studies conducted in USA. The target population is likely to differ from the remaining studies in baseline risk of Cesarean, demographics, willingness to accept risk, and pregnancy complications.
Intervention	The interventions using fetal pulse oximetry were similar among studies. Although the fetal pulse oximetry intervention has been utilized in 2 multi-center U.S. trials, and could be replicated in the U.S. in many target populations and settings, it might prove challenging to implement for routine use in U.S. settings because of the requirements for trained experienced hospital personnel. The interventions using STAN monitoring were similar among studies. The use of STAN might also be difficult to implement in U.S. settings because of the requirements for trained experienced hospital personnel.
Comparators	Two of the studies were conducted in the U.S. The remaining four studies were conducted in Gemany, France, Australia, and Finland, where the standard care model does not appear consistent with usual care in U.S. settings.
Outcomes	The outcome of interest was the Cesarean section procedure. The definition and validation of this outcome would apply to any target population. However, the classification of indications for Cesarean may differ considerably in different countries and different regions and centers.
Setting	Four studies were international; only two of six studies conducted in USA. All of the fetal monitoring studies were conducted within the last 4-11 years.

Table 6. Key Question 2--Applicability for Amnioinfusion

Domain	Description of applicability of evidence compared to question
Population	The populations of patients from which the study participants were selected varied considerably across the studies. The control group CS rate (surrogate for baseline event rate) ranged from 12.3-68%. Only one of the eight studies was conducted in USA. The remaining seven studies were conducted in India, Egypt, South Africa and Zimbabwe. The actual target population is likely to differ in many characteristics, including baseline risk of cesarean, demographics, access to standard care, willingness to accept risk, and pregnancy complications.
Intervention	The intervention differed slightly between studies in terms of rates of infusion and total fluid goals of the transcervical amnioinfusion. The amnioinfusion studies appear easy to implement in the U.S. in many target populations and settings because the materials needed are tend to be readily available and the intervention appears simple and relatively easy to perform.
Comparators	Three of the amnioinfusion studies were conducted in India (2) and Zimbabwe (1), where the standard care model differs from the standard care model at many U.S. centers. The comparator in the remaining five intervention studies were consistent with usual care in U.S. settings.
Outcomes	The outcome of interest was the Cesarean section procedure. The definition and validation of this outcome would apply to any target population. However, the classification of indications for Cesarean may differ considerably in different countries and different regions and centers.
Setting	The studies were international; only one of eight studies conducted in USA. Seven of the amnioinfusion studies were conducted within the last 1-13 years. The remaining study, performed in the U.S. was conducted 21 years ago during which time standards may have changed.

Table 7. Key Question 2--Applicability for Other Interventions

Domain	Description of applicability of evidence compared to question
Population	Six of the studies were limited to nulliparous women, with only the walking study including both parous and nulliparous women. The control group cesarean rate (surrogate for baseline event rate) varied widely, ranging from 6-57%. Four of the seven studies were conducted in USA.
Intervention	The interventions differed considerably, including devices, activities, acupuncture, and one medical intervention. With the exception of the obstetric belt tested in a UK study which may not be available commercially in the US, the other interventions could likely be replicated in the United States
Comparators	Four studies were conducted in the United States, two in the United Kingdom, and one in Puerto Rico. The comparators in the other intervention studies were consistent with usual care in U.S. settings. The studies were published within the last fifteen years, with four published in the last five years.
Outcomes	The outcome of interest was the cesarean section procedure. The definition and validation of this outcome would apply to any target population. However, the classification of indications for cesarean may differ considerably in different countries and different regions and centers.
Setting	Three of the studies were international and four were conducted in the United States. Five studies focused on an academic health care setting and two included nonacademic centers.

Appendix G. Strength of the Evidence Calculator

Strength of the Evidence Calculator

Domain:	Risk of Bias judgment (aggregate quality of studies)			Consistency			Directness			Precision		Subtotal numeric
Category								Indirect				
Subcategory	Low	Mod	High	Consistent	Inconsistent	NA (single study)	Direct	Surrogate outcome	Indirect comparator	Precise	Imprecise	
Numeric rating	4	3	2	0	-1	-0.5 or -1	0	-1	-1	0	-0.5 or -1	
Study A												

Interpretation of Results

Numeric Score	Strength of Evidence	Interpretation
3.5-4	High	Highly confident of true effect, further research unlikely to change confidence
2.5-3.5	Moderate	Moderately confident of true effect, further research may change confidence and may change effect estimate
1-2.5	Low	Not confident of true effect, further research likely to change confidence and estimate of effect
1-2.5 or NA	Insufficient	Available evidence inadequate for conclusion: too weak, too sparse, too inconsistent