

# Appropriate Use of Cesarean Section

## Clinical Practice Guideline from multiple sources including the American College of Obstetrics and Gynecology

| Intervention   | Recommendation  |
|--|---|
| <b>Indications for Cesarean delivery:</b>                                  | <ul style="list-style-type: none"> <li>✓ Malpresentation: Breech or transverse lie</li> <li>✓ Umbilical cord prolapse</li> <li>✓ Placenta previa</li> <li>✓ Active genital Herpes</li> <li>✓ Previous classical Cesarean section (or unknown type)</li> <li>✓ Multiple gestation of three or more fetuses</li> <li>✓ Macrosomia (estimated fetal weight is greater than 5,000 grams in normal pregnancy or greater than 4,500 grams in diabetic pregnancy)</li> <li>✓ Monoamniotic twin pregnancy</li> <li>✓ Dystocia</li> <li>✓ Non-reassuring fetal heart rate tracing (fetal stress).</li> </ul>   |
| <b>Management interventions to reduce the incidence of Cesarean birth:</b> | <ul style="list-style-type: none"> <li>✓ Reference Prenatal / Perinatal Care Guideline (PHG-003)</li> <li>✓ If no contraindications exist, a woman with previous low transverse Cesarean section should be counseled and encouraged to attempt labor.</li> <li>✓ Arbitrary time limits should not be placed on the second stage of labor especially if epidural anesthesia is being utilized.</li> <li>✓ Timing of epidural may influence Cesarean risk: significant increase in Cesareans observed when epidurals administered before 3 cm dilation, but little seen when given after 5 cm.</li> <li>✓ Appropriate consideration and use of oxytocin in cases of dysfunctional labor.</li> <li>✓ Abnormal fetal heart rate tracings should be interpreted by the physician and interventions undertaken when appropriate (maternal position changes, oxygen therapy, and hydration).</li> <li>✓ Cesarean delivery in cases of severe maternal PIH or systemic diseases should be evaluated individually utilizing prudent clinical judgment.</li> <li>✓ Consideration external version prior to onset of labor for the fetus that remains in the breech position at 37 weeks gestation.</li> <li>✓ Labor and vaginal delivery can be attempted with breech presentation by a physician skilled in the conduction of breech deliveries.</li> <li>✓ The diagnosis of "failure of dilation" or "failure of descent after complete dilation" will require no change in cervical dilation or descent of the presenting part after at least two hours of active labor. Active labor is defined as two to three minute contractions of 40-80 mm pressure as measured by an IUPC, after the cervix is at least four centimeters dilated and completely effaced.</li> </ul> |

**References / Source:** Advisory Board. *Coming to Term – Innovations in Safely Reducing Cesarean Rates*. Medical Leadership Council, 1996. American College of Obstetrics and Gynecology. *Vaginal Delivery After a Previous Cesarean Birth*. ACOG Committee Opinion No. 143, 1994; Flamm, Bruce L. *Birth after Cesarean; Coming to Term*, Advisory Board Co., 1996; *The Medical Facts*. New York: Fireside, 1992; Flamm, Bruce L. Quilligan, Edward J. *Cesarean Section; Guidelines for Appropriate Utilization*. New York: Springer-Berlag, 1995; Keith, et al., *Multiple Pregnancy; Epidemiology, Gestation and Perinatal Outcome*. New York: Parthemon Publishing Group, 1995. P. 491-499; Skupski, et al. *Cesarean Delivery for Intrapartum Fetal Heart Rate Abnormalities: Incorporating Survey Data into Clinical Judgment* *Obstetrics and Gynecology*. Vol. 88, (1), July 1996, P. 60-64; *Williams Obstetrics*, 19<sup>th</sup> Edition.

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The guideline is also subject to change, pending the release and review of additional data by the health plan and its internal review committees or as authorized by leading national accredited medical organizations and/or federal or state regulatory agencies. Updated guidelines will be distributed to contracting groups upon review and revision by the health plan. Should you have questions or concerns about these recommendations, please write, call or contact your PacifiCare/Secure Horizons Clinical Services Representative.

### PacifiCare QI Committee Information

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Clinical Practice Guideline has been reviewed for consistency with PacifiCare's UM Criteria, Benefit Interpretation and Member materials.