

## Interprofessional Care and Cesarean Section Rates: A Systematic Review

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The cesarean delivery rate in the United States steadily rose from the mid-1990s until 2009 from 21% to 33%; greater than the upper limit of 15% recommended by the World Health Organization. Non-medically indicated cesarean sections are associated with avoidable maternal complications and risks. Interprofessional models of care are the provision of comprehensive health services to patients by multiple health care professionals. Preliminary evidence demonstrates a correlation between interprofessional models of care and improved outcomes. However, the relationship has not been well studied. The purpose of this systematic review was to determine if interprofessional models of care were associated with lower cesarean section rates.

The review was conducted according to systematic reviews for social science (Petticrew and Roberts, 2006). The practical screen included electronic databases including Pubmed, Cochrane Library, CINAHL, web of science, and grey literature. Search terms included a combination of free-text and thesaurus terms for concepts including “caesarean section, interdisciplinary care, maternal health service, midwifery, and physicians,” combined with a qualitative and quantitative methods filter, respectively. Specific inclusion criteria (e.g., experimental design, time period 1970-2014, cesarean section outcome measure) and exclusion criteria (e.g., non-English publication) were used. A methodological screen was conducted to ensure the search was exhaustive and included a review of the reference sections in each of the retrieved articles. Two reviewers independently assessed all papers against the inclusion criteria, with any disagreement discussed and resolved by study team. Data was abstracted from each article (e.g., study design, participant characteristics, and sample size). No meta-analysis was conducted.

The search returned 1366 articles for review; 1320 were excluded due to lack of interprofessional care, editorial pieces, lack of experimental design/outcome measure, or review articles, after reviewing titles and abstracts. Of the remaining 46 studies, 11 remained after a full-text evaluation. The other 35 were excluded for lack of outcome measure, commentary pieces, or lack of interprofessional care. The included articles were from 1991-2013 and included both US and international settings. The majority of articles 73% (n=8) reported lower cesarean section rates among women receiving interprofessional maternity care. The other three articles reported no difference. Other improvements associated with interprofessional care were more likely to breastfeed exclusively, infants were born at greater birth weights, and more frequent term deliveries.

Interprofessional health care teams work toward promoting client-centered, collaborative, and shared decision-making regarding health issues. This interprofessional model of care could be utilized more often in the U.S. to address high cesarean section rates.