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The Laborist

Is This New Trend Associated With Higher Rates of Primary Cesarean Delivery?

Daniele S. Feldman, MD
Cedars Sinai Medical Center, Los Angeles, CA
D. Lisa Bollman, MSN, Lisa M. Korst, MD, PhD, Moshe Fridman, PhD, Samia El Haj Ibrahim, MS, and Kimberly D. Gregory, MD, MPH

INTRODUCTION: Many hospitals across the nation use laborists, yet little evidence exists to suggest how this affects patient outcomes. We aim to determine if the presence of a laborist is associated with primary cesarean delivery rates.

METHODS: We designed and validated a survey to collect information on policies and practices on labor and delivery units across all hospitals in southern California. Hospital-level primary cesarean delivery rates were obtained from the California Office of Health Planning and Development. Recursive partitioning algorithms were used to evaluate the primary cesarean delivery rates. We evaluated structural variables associated with primary cesarean delivery including obstetrics–gynecology resident teaching, presence of laborists and volume (low volume=200–2,000 deliveries per year; midvolume=2,001–3,500 deliveries per year; high volume=3,500 deliveries or more per year). Analysis was weighted by delivery volume. Logistic regression was performed to confirm these results.

RESULTS: Seventy percent of hospitals responded (84/121). Recursive partitioning algorithms showed an initial branch point by hospital volume with comparable primary cesarean delivery rates among these (low volume: 19.9%, midvolume: 18%, high volume: 19.7%). The second branch point differed by hospital volume. Teaching status was most discriminant for low-volume hospitals, whereas the presence of a laborist was most discriminant for midvolume and high-volume hospitals. The highest and lowest primary cesarean delivery rates were in nonlaborist hospitals with midvolume (17.6%) and high volume (22.5%), respectively. Controlling for structural risk factors, logistic regression showed no statistically significant difference between primary cesarean delivery rates across groups.

CONCLUSION: Among southern California hospitals that participated in the survey, primary cesarean delivery rates are comparable to the state average of 17% and did not vary significantly among hospitals with laborists.

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The Laborist

What Is the Frequency of This Model of Care and How Is It Being Used in California?

Daniele S. Feldman, MD
Cedars Sinai Medical Center, Los Angeles, CA
D. Lisa Bollman, MSN, Lisa M. Korst, MD, PhD, Moshe Fridman, PhD, Samia El Haj Ibrahim, MS, and Kimberly D. Gregory, MD, MPH

INTRODUCTION: Many hospitals use laborists; however, little data exist regarding how this model is being implemented. We aim to describe the frequencies, features, and characteristics of the laborist model in southern California hospitals.

METHODS: We designed and validated a survey to collect information on policies and practices on labor and delivery units across all hospitals in southern California. Analysis of Regional Perinatal Programs of California (Regional Perinatal Programs of California regions 6–9 representing southern California) was performed. We determined frequencies of different responses for hospitals reporting that they have a laborist.

RESULTS: Total response rate was 70%. Of these, 40% of hospitals reported that they have a laborist. Forty-seven percent of hospitals have had a laborist program for less than 5 years. At 52.9% the majority of laborists are 6–15 years out of residency training and 85.3% of laborists are obstetrics–gynecology physicians. Fifty-three percent of laborists were hired from within the hospital and 41.2% are paid both a salary and fee for service. While covering the floor, 41.2% of laborists care for less than 50% of labor and delivery patients and 26.4% reported that they have more than one responsibility outside of labor and delivery. At any given time, 79.4% of hospitals have one laborist at a time and 23.5% report that there is no plan for backup.

CONCLUSION: There is an increasing trend toward the use of laborists. Understanding the specific characteristics of how this model of care is being used will allow for a more detailed investigation as to how this model of care affects patient outcomes.

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Use of Prophylactic Misoprostol in Reduction of Blood Loss at Vaginal Delivery

Aleksandr M. Fuks, MD
Icahn School of Medicine at Mount Sinai program at Queens Hospital Center, Jamaica, NY
Pallavi Khanna, MD, Tricia Yusaf, MD, Azita Aslian, MD, Dorota Kowalska, MD, and Carolyn M. Salafia, MD

INTRODUCTION: The objective of this study was to assess the effect of prophylactic adjunctive rectal administration of