INTRODUCTION
In the literature on cesarean delivery rates, organizational structure remains an understudied topic. This qualitative study aimed to identify how teams decide to perform non-urgent cesarean deliveries for arrest of descent and arrest of dilation.

AIM
Identify how the decision to perform non-urgent cesarean deliveries is determined by:
• Interactions between different health care providers
• An interconnected network of institutional goals
• Interpersonal decision making

METHOD
Interviews occurred between September 1, 2022 and June 30, 2023:
• Obstetrical staff at a Hartford, CT hospital invited to participate
• Participants interviewed about labor dystocia in nulliparous, term, singleton, vertex (NTSV) patients
• Two transcript readers identified themes among staff
• Interview transcripts analyzed according to codebook of themes

CONCLUSIONS
• Non-urgent primary cesareans represent a gray area where clinical decision making is influenced by more than purely medical criteria.
• Obstetrical staff have shared values and knowledge about achieving vaginal deliveries but do not share a unified protocol to prevent primary, non-urgent cesareans for NTSV patients.
• As labor stalls, labor and delivery staff use a variety of intervention combinations and invest varying degrees of effort to encourage vaginal delivery.
• Our results can help to direct Saint Francis Hospital policies to reduce primary non-urgent cesarean deliveries in NTSV patients.
• Further research with larger samples has the potential to guide professional society recommendations.

REFERENCES

ACKNOWLEDGEMENTS
• ACOG Districts I & V Annual District Meeting
• Trinity Health Of New England at Saint Francis Hospital
• University of Connecticut School of Medicine

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