**Family-Centered Cesarean Delivery**

Sarah B. Francis, MD\(^a\), Shelley L. Galvin, MA\(^b\), Kacey R. Scott, MLIS\(^c\), Kiran Sigmon, MD\(^a\)

Mountain Area Health Education Center, Asheville, North Carolina

\(^a\)Department of Obstetrics and Gynecology; \(^b\)Center for Research; \(^c\)Library and Knowledge Services

**Study Objective:** We implemented a pilot of family-centered cesarean delivery (FCCD) for healthy, term pregnancies (October-December, 2012). This project describes patients’ and operative teams’ experiences, and compares outcomes between FCCD patients versus patients who underwent routine cesarean delivery (October-December 2011).

**Methods:** Pilot patients were surveyed via telephone post-discharge on satisfaction with the delivery. FCCD operative teams were surveyed individually immediately post-FCCD on job performance concerns. A retrospective, cohort study, pilot versus historical cohort, matched 2:1, compared intra-operative parameters. We conducted Chi square or Mann-Whitney analysis (\(p<0.05\)).

**Results:** Eighteen patients underwent FCCD; all reported complete satisfaction, and 12 described their experience: “Like night and day from last c-sec. This was a wonderful experience!”

Two (12.5\%) of the infant care team and 1 (6.7\%) circulating nurse expressed discomfort due to a lack of experience with FCCD. No negative impact on job performance was reported.

Length of FCCD was not significantly longer [median = 79 (47-126) vs. 67 (42-107) minutes]. No FCCD babies (\(n=36\)) had temperatures requiring intervention (cooling or warming) as compared to 6 (16.7\%) comparison babies (\(p=0.066\)). One (2.8\%) comparison baby was admitted to the NICU (respiratory distress).

**Conclusions:** Due to this success, we have instituted mandatory training and routinely offer FCCD.

Key Words: Family-centered cesarean delivery