

Impact of WHO Labor Care Guide on reducing caesarean sections at a tertiary center

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ABSTRACT

Introduction: The World Health Organization Labor Care Guide was introduced to implement World Health Organization (WHO) guidelines on intra-partum care for a positive childbirth experience. This study aimed to determine the effect of the WHO Labor Care Guide on labor outcomes, especially in reducing primary cesarean deliveries. **Materials and Methods:** This was a case control study conducted at Kharadar General Hospital from 1st October 2023 to 30th November 2023 on 560 low-risk antenatal women admitted for delivery. After getting their informed consent, women were allocated into the study and control groups. Labor monitoring was performed using the WHO Labor Care Guide in the study group and the World Health Organization-modified partograph in the control group. Women who underwent a caesarean delivery in the latent phase of labor were excluded. The primary outcome was mode of delivery, whereas the secondary outcomes were duration of active labor, maternal complications (postpartum hemorrhage and puerperal sepsis), duration of hospital stay, Apgar score at 5 minutes, and neonatal intensive care unit admission. The labor outcomes in both groups were compared. SPSS software (version 21.0; IBM Corporation, Chicago, IL) was used for statistical analysis. **Results:** After excluding women who underwent caesarean delivery in the latent phase, 272 women in the study group and 270 women in the control group were observed for labor outcomes. The caesarean delivery rate was 5.9% in the study group vs 18.1% in the control group ($P=0.0001$). The duration of the active phase of labor was significantly shorter in the study group than in the control group ($P<0.001$). Both groups were similar in terms of maternal complications, duration of hospital stay and Apgar score. **Conclusion:** The WHO Labor Care Guide is a simple labor monitoring tool for reducing primary caesarean delivery rate without increasing the duration of hospital stay and fetomaternal complications.