



Cross-Sectional Study of Cesarean Delivery and Safety Culture by Family Medicine Presence

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HOW IT WORKS

Annals provides discussion tips and questions related to one original research article in each issue. We welcome you to post a summary of your conversation to our [eLetters section](#), a forum for readers to share their responses to Annals articles. Further information and links to [previous Annals Journal Club features](#) can be found on our [website](#).

CURRENT SELECTION

[White VanGompel E, Singh L, Carlock F, Rittenhouse C, Ryckman KK, Radke S. Family medicine presence on labor and delivery: effect on safety culture and cesarean delivery. Ann Fam Med. 2024;22\(5\):375-382](#)

Discussion Tips

The authors investigate whether different types of staffing models for obstetrics units (Family Medicine only, Obstetrics only, or both) were associated with rates of nulliparous, term, singleton, vertex (NTSV) cesarean deliveries and nursing survey results to investigate unit culture during a period in 2021. The data came from a statewide quality improvement program that appeared to have good uptake, which allows for a good view of the states obstetrics systems. The goal of

studying the outcomes is presumably to link the different unit types to the risk of severe maternal morbidity and mortality.

Discussion Questions

- What question is asked by this study and why does it matter?
- How does this study advance beyond previous research and clinical practice on this topic?
- How strong is the study design for answering the question?
- What is a cross-sectional study? What are the strengths/weaknesses of this type of study design?
- What is a counterfactual; how does this concept relate to this study?
- Are there predictors that were not included in the statistical model that you feel would improve the modeling of the NTSV?
- To what degree can the findings be accounted for by:
 - Differences in risk of obstetrical patients?
 - Other individual patient and/or community characteristics?
 - Differences in obstetrical staffing models?
- What are the main study findings?
- How comparable is the study sample to similar patients in your practice or region? What is your judgment about the transportability of the findings?
- How might this study change FM residency training and education? FM credentialing to practice OB within larger academic centers?
- Who are the constituencies for the findings, and how might they be engaged in interpreting or using the findings?
- What researchable questions remain?