Wide variation in rates of C-section but why?

By ACSH Staff — March 5, 2013

A new study [1] published in the journal Health Affairs found that the rate of Caesarean deliveries varied widely across hospitals and regions of the United States, from 7 percent of all births at the hospital with the lowest rate, to 70 percent of all births at the hospital with the highest rate.

Researchers looked at the data from over 800,000 deliveries at 593 hospitals in 2009. Not only did they find extreme variation overall, but they also found extreme variation when looking only at low-risk births, characterized as those involving singleton babies who were carried to term, who were not breech and who were born to mothers who had never had a C-section before. Researchers also found that the rate of C-sections increased in recent years from 21 percent of all births in 1996 to 33 percent in 2011.

Although the data did not allow for more specific or intensive analysis, researchers say that the variations they found cannot be explained by clinical risks (having twins or triplets), hospital size, geographic location or an institution’s status as a teaching hospital. They also say the tremendous variation could not be explained by doctors pushing for the procedure for liability reasons or women or their doctors scheduling the procedure for convenience sake.

Katy B. Kozhimannil, an assistant professor of health policy and management at the University of Minnesota School of Public Health, suspects that, the vast patchwork of health management techniques was driving the variation, including how patients are admitted, how their labor is managed, and how hospitals and clinicians are paid for the work.

ACSH’s Dr. Gilbert Ross ventured to suggest that some combination of the older age of new moms, and the increased likelihood that a woman is in the workforce while also having a family (since the 1996 data) may account for increased pregnancy risk and a quicker option for C-section, for both medical and legal coverage. We have noted recent studies showing that delivery even one or two weeks before full-term can have serious adverse effects, so the temptation to schedule early C-section should be avoided.