

C-Section Rates Vary Widely

By Crystal Phend, Senior Staff Writer, Med-Page Today Published: March 04, 2013

Action Points

This study utilizing data from the National Inpatient Sample demonstrates wide variation in the rate of Cesarean delivery at U.S. hospitals. Be aware that multiple factors, including case-mix, failed to account for the variations suggesting that local practice patterns may be dictating these rates.

Cesarean delivery rates ranged from as low as 7% to as high as 70% at U.S. hospitals, a nationwide study showed. The magnitude of the variation was more than could be accounted for by case mix, suggesting a possible quality-of-care problem, Katy Backes Kozhimannil, PhD, of the University of Minnesota School of Public Health in Minneapolis, and colleagues reported.

Even among lower-risk pregnancies, "in which more limited variation might be expected," hospital cesarean rates varied 15-fold, from 2% to 37%.

"Thus, vast differences in practice patterns are likely to be driving the costly overuse of cesarean delivery in many U.S. hospitals," they wrote in the March issue of *Health Affairs*. "Because Medicaid pays for nearly half of U.S. births, government efforts to decrease variation are warranted."

C-section is the most common procedure done in the operating room, and boosted the cost of delivery to an average of almost \$13,000 compared with \$9,000 for vaginal births in 2010, based on a prior study of private health insurance payments.

Both overuse and underuse of cesarean delivery may be clinically harmful as well, with higher risk of infection, injury, and need for emergency hysterectomy for the mother and greater risk of asphyxia, respiratory distress, and other pulmonary disorders for the baby compared with vaginal birth.

The group analyzed inpatient claims data from the 593 hospitals with at least 100 deliveries included in the 2009 Nationwide Inpatient Sample, which covers about 20% of all U.S. centers.

The mean cesarean delivery rate across the hospitals was 33%, which didn't differ by number of beds, teaching status, or location categories, although rates varied widely within each category.

Small and rural hospitals showed slightly more variability, while teaching hospitals showed less, the researchers noted. Women asking for C-sections accounts for too small a percentage of these deliveries to drive the variations either, they argued.

That leaves practice patterns as the likely the driver, and one that "ought to be the focus of policy interventions," the researchers wrote.

One solution, they suggested, might be better triage in maternity care so that high-risk pregnancies go to hospitals that can manage them while others go to **licensed birth centers that focus on vaginal delivery**.

Another would be to start monitoring cesarean section rates as part of a hospital's quality of care reporting, perhaps tied to Medicaid payments, and perhaps with public reporting.