

## THE ACNM REDUCE CAMPAIGN: “RESEARCH AND EDUCATION TO DECREASE UNNECESSARY CESAREAN SECTIONS”

**Q. How many cesarean deliveries are performed each year?**

A. 1.2 million cesarean sections are done each year and cost \$14.6 billion in 2003.<sup>1</sup> Cesarean section is the number one most common hospital procedure performed in this country, according to the Agency for Healthcare Research and Quality.

**Q. What percentage of births performed in this country are cesarean deliveries?**

A. “The cesarean delivery rate rose 6 percent in 2004 to 29.1 percent of all births, the highest rate ever reported in the United States. The rate has increased by over 40 percent since 1996. For 2003–04 the primary cesarean rate rose 8 percent, and the rate of vaginal birth after cesarean delivery (VBAC) dropped 13 percent. The primary rate has climbed 41 percent and the VBAC rate has fallen 67 percent since 1996, according to the National Center for Health Statistics.<sup>2</sup> (See page 5 for more details.)

**Q. How many ‘elective’ cesareans are performed?**

A. While a number of authors have made educated guesses, the answer to this question remains elusive, as there is not a common definition of ‘elective’ and there is good reason to believe some of the women who are classified as elective did not in fact ‘request’ the procedure with full informed consent. Conclusions that compare populations of women who requested and received a cesarean section for which there was no medical indication, to women who had a vaginal birth, should not be endorsed at this time.

**Q. How much do cesarean sections cost?**

A. According to the Agency for Healthcare Research & Quality, cesarean deliveries were responsible for hospital charges of \$14.6 billion in 2003.<sup>3</sup> It has been estimated that approximately half of the cesareans currently performed in the United States are medically unnecessary, resulting in considerable avoidable maternal morbidity and mortality and a cost of over \$1 billion per year.<sup>4,5</sup> As one example of insurance costs related to cesareans, the *Detroit Free Press* reported: “Blue Cross Blue Shield of Michigan, for example, reimburses hospitals ... \$11,354 for a C-section and \$7,278 for a vaginal birth. Other medical interventions to induce labor or chart a baby’s progress can add thousands of dollars to a bill.”<sup>6</sup> (See page 4 for more details.)

**Q. What are the risks of cesarean section?**

A. Risks to the mother around the time of birth include: Emergency hysterectomy, hemorrhage, blood clots and stroke, infections, longer hospitalization and hospital readmission, bowel obstructions, severe and longer lasting pain, and maternal death. Ongoing risks for the mother include pelvic pain and bowel obstruction. Long-term reproductive health risks include infertility, ectopic pregnancy, and problems with the placenta.

Risks to the baby around the time of birth include: Accidental surgical wounds, respiratory distress and problems initiating breastfeeding. Ongoing risks for babies include: potential for developing asthma in childhood. There are risks, too, for babies in future pregnancies: low birth weigh and premature birth, injuries to the central nervous system and increased risk of stillbirth.

1 Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project - <http://www.hcup.ahrq.gov/>

2 Martin JA, Hamilton BE, Menacker F, Sutton PD, Mathews T.J. Preliminary births for 2004: Infant and maternal health. Health E-stats. Released November 15, 2005. <http://www.cdc.gov/nchs/products/pubs/pubd/hestat6/prelimbirths04/prelimbirths04health.htm>

3 Agency for Healthcare Research and Quality's Healthcare Cost and Utilization Project - <http://www.hcup.ahrq.gov/>

4 <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat6.section.700>. Health Technology Advisory Committee-Minnesota (Static collection). Fetal Heart Rate Assessment During Labor

5 Soc Sci Med. 1993 Nov;37(10):1223-31. Shearer EL. Cesarean section: medical benefits and costs.

6 HOSPITALS LIMIT BIRTHING OPTIONS *Detroit Free Press*, METRO FINAL, Sec. NWS, p 1A08-10-2004 By PATRICIA ANSTETT

**Q. Are there are alternatives or options in providing care that might decrease unnecessary cesareans?**

A. Women can become better informed about how to avoid an unnecessary cesarean and increase the likelihood of having a safe, vaginal birth experience. For instance, women should find a doctor or midwife with low rates of technical interventions (such as episiotomies, induction and electronic fetal monitoring) and seek out a birth setting with the lowest overall rates of those interventions. Women should discuss their preferences with their care providers and develop their own plan. Women should consider arranging for continuous labor support, such as a doula (trained labor support professional). Women should explore their options regarding pain relief. More tips and suggestions are available from Childbirth Connection's 'What Every Woman Needs to Know about Cesarean Section' available from [www.childbirthconnection.org](http://www.childbirthconnection.org).

**Q. What is the position of the American College of Nurse-Midwives (ACNM)?**

A. "Elective primary cesarean section has recently been proposed as a substitute for vaginal birth...It is the position of the [ACNM] that this practice is not supported by scientific evidence. [ACNM]...recognizes that, after review of the scientific data, the safety and efficacy of elective primary cesarean section as a substitute for vaginal birth has not been established. There is no convincing evidence to endorse this change in practice and there is concern for harm... [ACNM] therefore, identifies vaginal birth as the optimal mode of birth for women who do not have a health indication for cesarean section."<sup>7</sup>

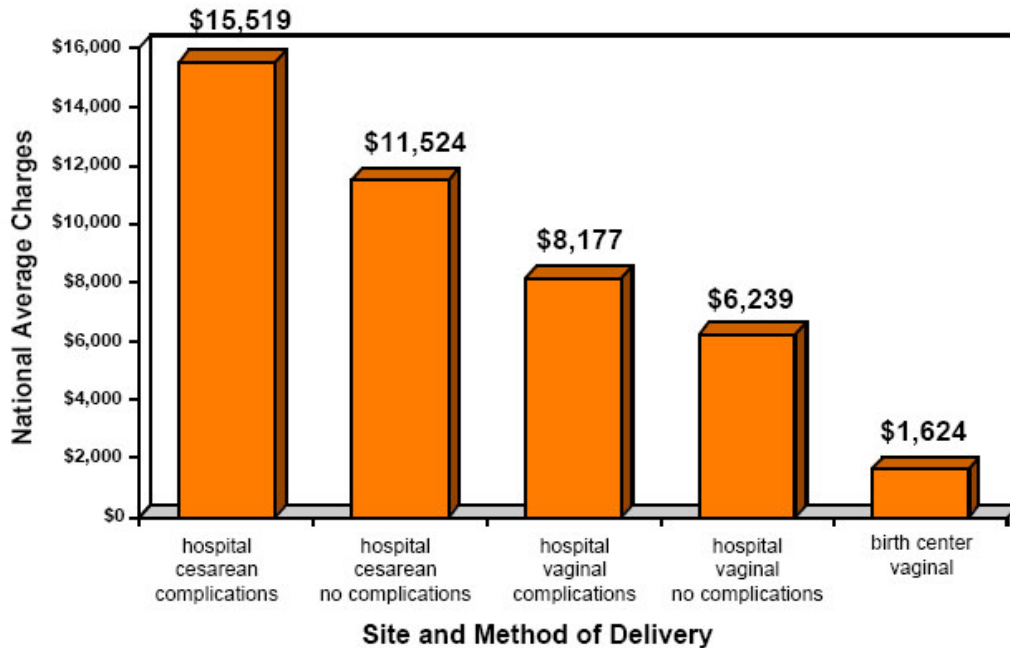
**According to the American College of Nurse-Midwives, the research clearly demonstrates:**

- No research has been done to quantify the risk of elective (no medical indication) primary cesarean section compared to the risk of normal vaginal birth. Thus, providers must refrain from claiming that cesarean sections are as safe as or better than normal vaginal births.
- There is no clinical evidence that primary or repeat elective (no medical indication) cesarean section will protect all women from urinary or fecal incontinence in later life.
- The rise and fall of cesarean section rates in the last 20 years has had little effect on the neonatal mortality rate.
- Clinical evidence demonstrates that cesarean sections have long term serious risks for subsequent pregnancies, including an increase in unexplained stillbirth, and an increase in placentas that don't attach normally, causing hemorrhages and hysterectomies.
- The list of reasons women must not think that surgical birth is as safe as vaginal birth is long and ranges from the increased incidence of drug resistant infections, to the potential for life threatening complications from blood transfusions. Women risk permanent damage to abdominal and urinary tract organs, longer recovery times, little-to-no chance for a subsequent vaginal birth and a premature end to their ability to safely bear children.
- There is insufficient evidence to support the equivalent safety of primary elective cesarean as compared to vaginal birth in low-risk women with no medical indication for the intervention. As such, the practice currently relies for justification on beliefs that may well not be substantiated. In women's health, the list is long of practices that that many once believed beneficial and defended vociferously, but which have since debunked by clinical evidence.
  - The list of untested but strongly defended myths in women's health care which have been shown to be inaccurate and/or harmful includes: routine episiotomies, routine use of forceps to protect the fetal head, estrogen replacement therapy for all menopausal women, twilight sleep to block the memory of pain, formula is equivalent to breast milk, continuous electronic fetal monitoring for all laboring women, excluding families and support people from women during labor and birth, isolating all newborns from their families.

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<sup>7</sup> ACNM Position Statement 'Elective Primary Cesarean Section' published March 2006 online at [http://www.midwife.org/siteFiles/position/Elective\\_Primary\\_CS.pdf](http://www.midwife.org/siteFiles/position/Elective_Primary_CS.pdf)

## Facility Labor & Birth Charges, U.S., 2003 By Site and Method of Delivery



**Notes: Figures in graph do not include the following:**

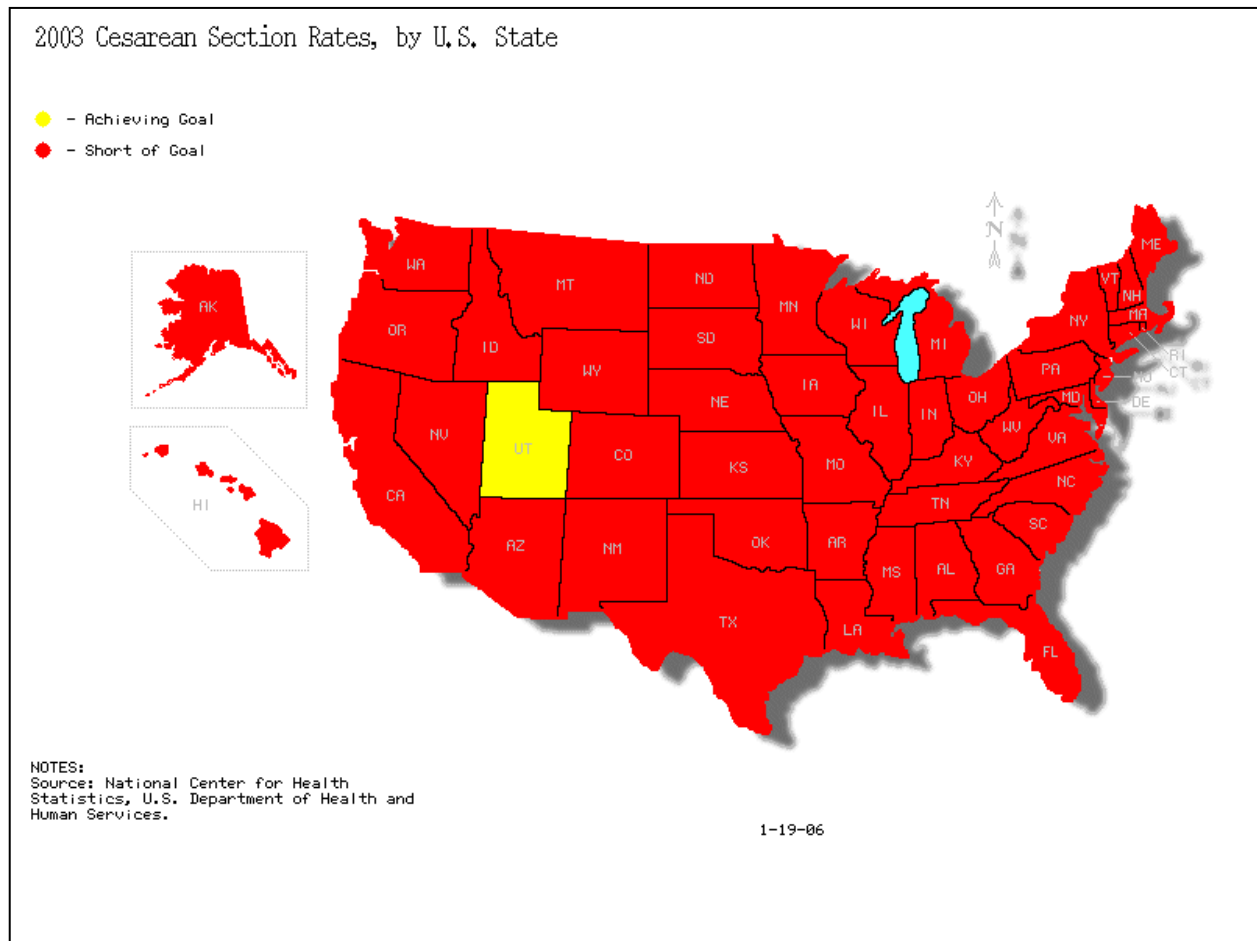
- additional anesthesia services charge for all cesarean and most vaginal births in hospitals
- additional newborn care charge for all births in hospitals
- additional maternity provider charge for all births.
- Payments of third-party payers typically reflect a discounting of charges.

**Sources:**

- U.S. Agency for Healthcare Research and Quality, HCUPnet, Healthcare Cost and Utilization Project. Rockville, MD: AHRQ. Available at: <http://www.ahrq.gov/HCUPnet/> [DRGs 370-373.]
- National Association of Childbearing Centers, NACC Survey Report of Birth Center Experience 2003. NACC, 2004. [Figure is average charge reported by 86 out-of-hospital birth centers.]
- Chart available from Childbirth Connection, online at <http://www.maternitywise.org/pdfs/birthcharges.pdf>.

## Are We Meeting the Goals Set by Healthy People 2010?

- Healthy People 2010 is a statement by the federal government “of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats,” according to the HP2010 Web site.<sup>8</sup>
- HP2010 set an objective titled “Reduce cesarean births among low-risk (full term, singleton, vertex presentation) women” to be reached by 2010. The target national percentage is 15%.
- The map below compares the most recent data regarding state-by-state cesarean delivery rates<sup>9</sup> to the national target set by HP2010 of a 15% cesarean delivery rate.
- Only Utah is currently achieving the goal of reducing their cesarean delivery rate to the HP2010 objectives. Nurse-midwives attended more than 10% of vaginal births in the state in 2001 (the most recent year for which data has been published.)<sup>10</sup>



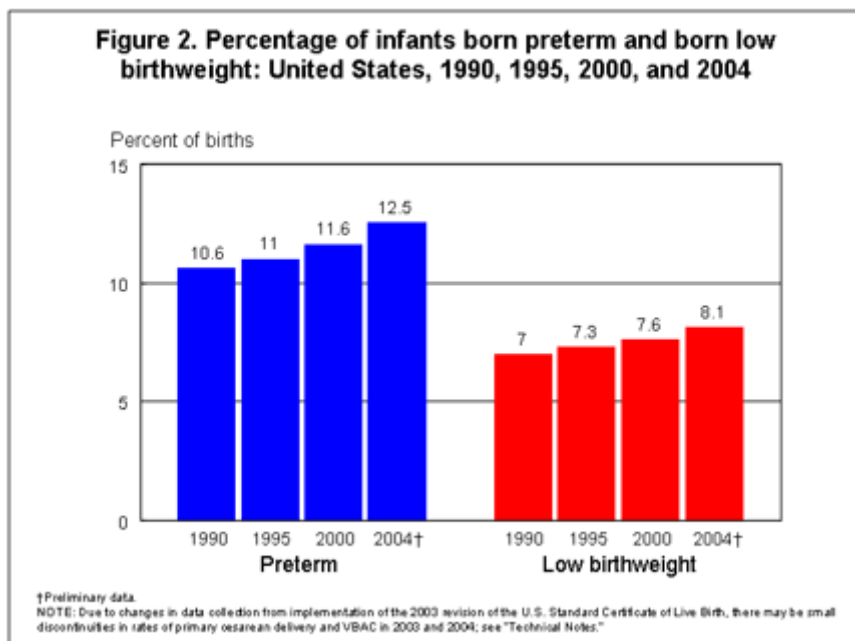
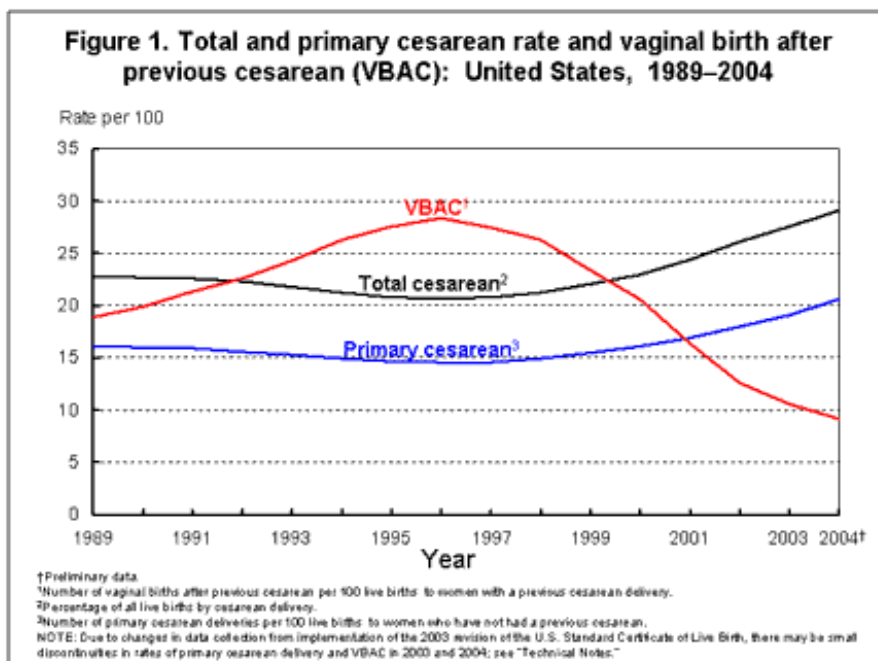
8 <http://www.healthypeople.gov/About/> (accessed March 9, 2006)

9 Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2003. National vital statistics reports; vol. 54, no. 2. Hyattsville, MD: National Center for Health Statistics. 2005.

10 Percentage of live births attended by CNMS in the United States, 1989–2001. Declercq E. Journal of Midwifery & Women’s Health- 2004 01 (Vol. 49, Issue 1)

- The following figures were excerpted from “Preliminary Births for 2004: Infant and Maternal Health,” by Joyce A. Martin, M.P.H.; Brady E. Hamilton, Ph.D.; Fay Menacker, Ph.D.; Paul D. Sutton, Ph.D.; and T.J. Mathews, M.S., Division of Vital Statistics, from CDC’s National Center for Health Statistics.<sup>11</sup>

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<sup>11</sup> Martin JA, Hamilton BE, Menacker F, Sutton PD, Mathews T.J. Preliminary births for 2004: Infant and maternal health. Health E-stats. Hyattsville, MD: National Center for Health Statistics. Released November 15, 2005.