

The Epidemic C-Section Rate: What does Interconception/Preconception Health Have to Do With It?

Kimberly D. Gregory MD, MPH
 Vice Chair, Women's Healthcare Quality & Performance Improvement Dept OB GYN
 Cedars Sinai Medical Center
 Professor, UCLA Schools of Medicine & Public Health

Disclosures

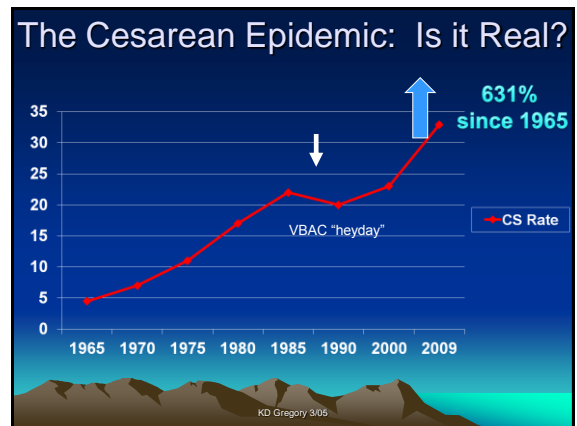
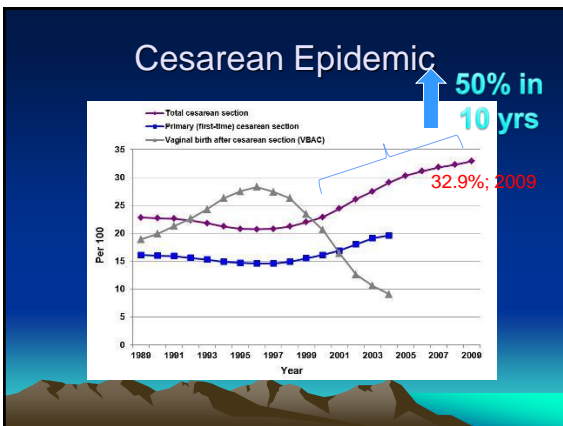
- I have no financial disclosures
- No off label use of medications

Objectives

- To describe the rising trend in cesarean deliveries
- To become aware of the risk factors for cesarean delivery
- To learn which risk factors can potentially be modified before getting pregnant
 - Importance of preconception & interconception health

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- To describe the rising trend in cesarean deliveries

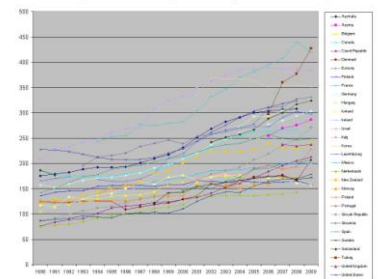


TheUnneCesarean.com

pulling back the curtain on the unnecessary cesarean epidemic

Global Problem

OECD Countries, Cesarean section, Procedures per 1000 live births, 1990 - 2009



Turkey
Mexico
Italy 42%



Finland 15%
Sweden 17%
Israel 18%

Why do we care?

- No data that increased rate associated with improved maternal or neonatal outcomes... may actually be worse
- Increased costs
- Ideal rate unknown
 - WHO 10-15%

Why is the Rate Rising?

- Low priority to “enhance” women ability to give birth
 - (low tech interventions eg doulas)
- Side effects of common interventions
 - Inductions, epidurals
 - Normalization of Deviance
 - 1/3 of women have cesarean; new cultural norm
- Lack of access to informed choice VBAC's

Why is the Rate Rising?

- Casual attitude about surgery in general, CS in particular
 - Rhinoplasty, breast augmentation
- Limited awareness of (rare) harms that are more common with cesarean
 - DVT, infection, death, fetal laceration, newborn allergies, asthma
- Retiring workforce with clinical expertise
 - Vaginal breech, forceps

Why is the Rate Rising?

- Provider fears of malpractice claims & lawsuits
- Incentives to practice in a manner that is efficient for the provider
 - Timed cesarean, efficient office, personal life
- Maternal request
- Increasing clinical morbidity
 - Age, twins, previa

Objectives

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What are the Risk Factors for Cesarean Delivery?

- Age: increases risk 4%/yr
- Insurance: Private > est; uninsured lowest
 - Concern re; over- and under- utilization
- Race/ethnicity: inconsistent
 - African Americans increased risk
 - Interaction age, insurance

What are the Risk Factors for Cesarean Delivery?

- Hospital type
 - Private > HMO = Teaching
 - Community > others
 - For profit > = Not for profit > Church affiliated
 - > County / District
- Provider type
 - OB > FP and or midwife (duh)
- Provider
 - Dr Jones > Dr Smith > me

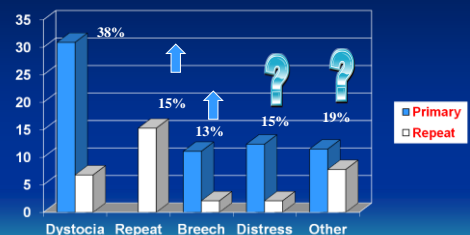
What are the Risk Factors for Cesarean Delivery?

- BMI (obesity):
 - increases 4%/unit increase BMI
- Clinical conditions/severity

What are the Indications for Cesarean Delivery?

- | | |
|--|--|
| <ul style="list-style-type: none"> • Pre 1960 • <5% of all births • Maternal indications <ul style="list-style-type: none"> – placenta pr – absolute CPD – severe preeclampsia | <ul style="list-style-type: none"> • Post 1960 • 20-25% of births • Maternal indications <ul style="list-style-type: none"> – placenta pr – repeat cesarean – dystocia • Fetal indications <ul style="list-style-type: none"> – fetal distress – breech |
|--|--|
- Expanding indications*

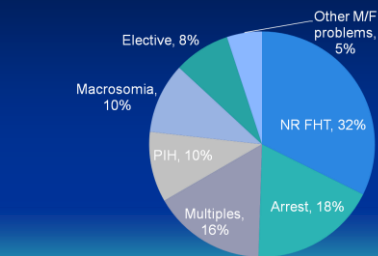
Indications for Cesarean



Are “Other” Indications Increasing?

- Probably...

Indications Contributing to Increase in Primary Cesarean



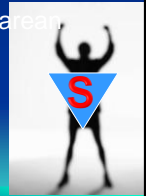
Baker, Ob Gyn 2011

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Preconception & Interconception **Modifiable** Risk Factors for Cesarean Delivery

- **Age:** Avoid delay!
 - just because you can doesn't mean you should;
 - ART also increases risk of cesarean



Preconception & Interconception **Modifiable** Risk Factors for Cesarean Delivery

- **Insurance:** Private > est; uninsured lowest
 - Drop your insurance coverage
 - Get government insurance/Kaiser insurance
- **Race/ethnicity:**
 - A rose is still a rose...

What are the **Modifiable** Risk Factors for Cesarean Delivery?

- **Hospital type**
 - Private > HMO = Teaching
 - Community > others
 - For profit > = Not for profit > Church affiliated > County / District
- Cesarean rates are publicly available
 - CHART, [www.Healthgrades](http://www.healthgrades.com), most hospital websites
 - Do your homework... know hospital “culture”

What are the **Modifiable** Risk Factors for Cesarean Delivery?

- **Provider type**
 - OB>FP and or midwife
 - MD rates not yet widely available, but it's coming (AMA PCPI)

What are the **Modifiable** Risk Factors for Cesarean Delivery?

- **Provider**
 - Dr Jones>Dr Smith>me
 - Ask MD what is his rate: should know or be willing to find out
 - Talk about your birth plan
 - Don't bring it to L&D
 - Ask L&D nurses...they know!

What are the **Modifiable** Risk Factors for Cesarean Delivery?

- **BMI (obesity):**
 - increases 4%/unit increase BMI
 - Lose weight!
 - Exercise (associated with lower CS rates, less pain; less macrosomia, improved carbohydrate metabolism...less GDM)

What are the **Modifiable** Risk Factors for Cesarean Delivery?

- **Clinical conditions/severity**
- **Be informed**
 - Avoid "unindicated" inductions
 - Induction associated with increased CS risk
 - If induced, have favorable cervix; nullips especially
 - Herpes-take prophylaxis
 - Prematurity-no clear benefit; most anomalies
 - PIH remote from term-60+% chance VD
 - Macrosomia-75% VD w/o complications

What are the **Modifiable** Risk Factors for Cesarean Delivery?

- **VBAC:** Does hospital allow them?
 - What is there VBAC rate (vbac/priors)
 - Nationally 10%
 - What is VBAC success rate (success/attempt)
 - 70-80% for nonrecurring condition
 - In house anesthesia? Covering MD? Supportive RN
- Does MD do them? Believe in them? When was last one?
 - If you don't feel like a team, probably not
 - Complications of failed VBAC worse than CS

What are the **Modifiable** Risk Factors for Cesarean Delivery?

- **Patient education/empowerment**



Don't ask for one!

What are the **Modifiable** Risk Factors for Cesarean Delivery?

- **Patient education/empowerment**
- Be informed
 - Labor...not fun
 - Normal duration can be >24 hrs
 - Support person
 - Don't come too early
 - BELIEVE!!!