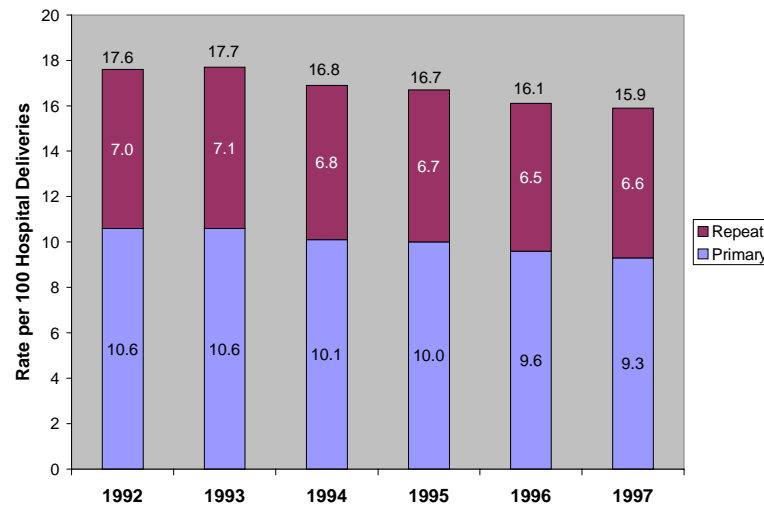


Utah Health Status Update: *Cesarean Section in Utah*

Cesarean section (C-section) is the surgical delivery of an infant through incisions in the abdomen and uterus. When used appropriately, C-section can be lifesaving for the mother or fetus. However, C-sections also result in longer hospital stays, longer recovery times, and higher medical costs. C-section rates in the U.S. increased from 4.5% in 1965 to a peak rate of 24.4% in 1987. Rates in the late 1980s were much higher than in other developed countries with comparable or better birth and maternal outcomes, leading to efforts to reduce the U.S. C-section rate. More recently, concerns have been raised that some efforts to reduce C-section rates further may have adverse outcomes. This Health Status Update reviews data from a recent Utah Department of Health and Health Data Committee report, *Cesarean Section Deliveries in Utah Hospitals, 1992-1997*.

Cesarean Section Trends

Rates of Cesarean section deliveries per 100 hospital deliveries, according to whether the C-section was a primary or repeat C-section, Utah 1992-1997.

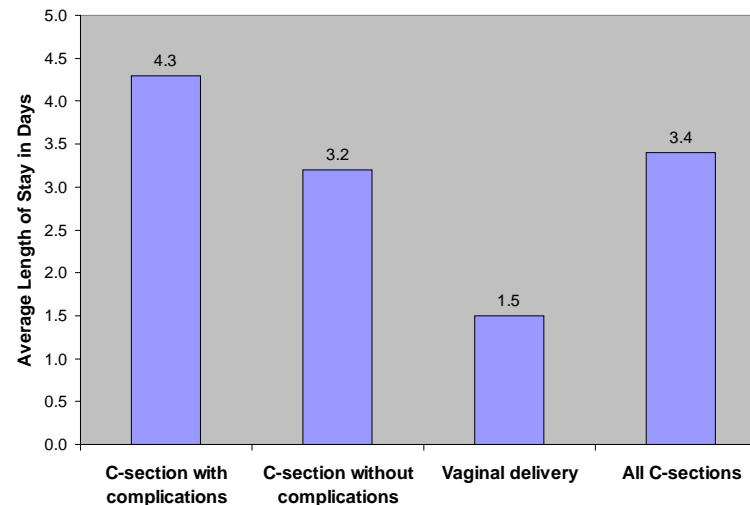


Key findings from that report included:

- The overall C-section rate in Utah declined from 17.7% in 1993 to 15.9% in 1997. The 1997 rate had nearly reached the Healthy People 2000 Objective of (no more than) 15%.
- Utah's overall, primary, and repeat C-section rates were all lower than the respective U.S. rates. Utah's 1995 primary C-section rate was 11.2 per 100 women without a previous C-section compared to the U.S. rate of 14.7. Utah's 1995 repeat C-section rate was 63.8 per 100 deliveries in women with a previous C-section, compared to the U.S. rate of 72.5.
- In Utah from 1992-1997, average lengths of stay were substantially longer for women with C-section deliveries with and without complications (4.3 and 3.2 days, respectively) than for vaginal deliveries (1.5 days).

Length of Stay for Cesarean Sections

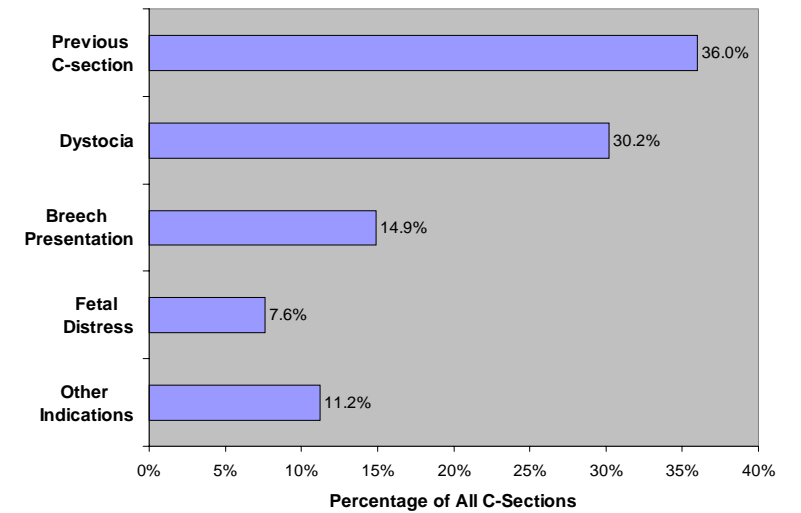
Average length of stay for hospital deliveries with Cesarean section (with and without complications), and vaginal deliveries, Utah 1992-1997.



- The most common indications for C-section delivery in Utah (1992-1997) were previous C-section delivery (36.0% of all C-section deliveries), dystocia (abnormal labor) (30.2%), breech presentation (14.9%), fetal distress (7.6%), and "other medical reasons" (11.2%).

Cesarean Sections by Indication

Percentage of all cesarean sections according to the principal indication, Utah 1992-1997.



- For women with those potential indications for C-section (1992-1997), the risk of C-section was highest for breech presentation (where breech presentation was noted, 90% of deliveries were by C-section), followed by previous C-section (63%), dystocia (50%), and fetal distress (24%).
- C-section rates varied among hospitals: primary C-section rates (mother's age 18-34) were higher in hospitals with no obstetrician on staff; in hospitals with no anesthesiologist on staff; in hospitals with fewer deliveries per year, and in rural hospitals (see figure for rates).

Primary C-section by Hospital Type

Rate of primary cesarean section (per 100 hospital deliveries in women without previous C-section) in women age 18-34 years according to selected characteristics of the hospital, Utah 1992-1997.



- Rates of C-section varied by community (examined using 61 small areas based on zip code of mother's residence):
 - C-section rates were highest for Sevier/Piute/Wayne counties (24%), Southwest Health District (excluding Cedar City and Washington County), Tri-county Health District (23%), and Juab/Millard/Sanpete counties (21%).
 - C-section rates were lowest for Logan and Other Cache/Rich counties (12%) and Provo/BYU and Provo South (13%).

C-section rates in Utah are lower than national rates and have decreased over the past 5 years. When used for appropriate indications, C-section is a safe and effective intervention to improve infant or maternal outcomes. However, C-sections also result in increased morbidity and costs and should not be used solely for convenience of doctor or patient. Variation in use of C-sections across communities and hospitals in Utah suggest that avoidable C-sections continue to occur in Utah and can provide guidance for carefully focused efforts to prevent unnecessary surgical deliveries.



September Utah Health Status Update

Copies of the complete report, *Cesarean Section Deliveries in Utah Hospitals, 1992-1997*, can be obtained from the Office of Health Care Statistics, Utah Department of Health, P. O. Box 144004, Salt Lake City, Utah 84114-4004, (801) 538-7048, FAX (801) 538-9916, email: jscarlet@doh.state.ut.us. Additional information about this topic is available from the Center for Health Data, Utah Department of Health, P O Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-9191, FAX (801) 536-0947, email: phdata@doh.state.ut.us. Please send any comments on this report to the Center for Health Data.

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