Reducing Low-Risk Cesarean Section (C-Section) Births in California

Each year, about 4 million births take place in the United States, with California accounting for about 1 in 8 of all U.S. births, or 500,000 births annually. Childbirth is the No. 1 reason for hospitalization nationally and in California. Medi-Cal pays for about half of all births in the state. Between 1997 and 2015, California’s total C-section rate increased dramatically from about 1 in 5 births to nearly 1 in 3 births. While life-saving in certain cases, C-sections can pose serious risks to both babies and mothers, and once a woman has a C-section, she is 90 percent likely to have a C-section for subsequent births, increasing her risk of major complications. Smart Care California, a public-private partnership promoting safe, affordable care in California, is working with hospitals and their clinical teams to reduce low-risk, first-birth C-sections to the federal Healthy People 2020 goal of 23.9 percent. Smart Care California is co-chaired by the California Department of Health Care Services (DHCS), Covered California and the California Public Employees’ Retirement System (CalPERS). Collectively, Smart Care California participants purchase or manage care for more than 16 million Californians, or 40 percent of the state.

C-Section Health and Financial Risks

C-sections can save lives in certain circumstances, but the procedure poses serious risks to mothers—higher rates of hemorrhage, transfusions, infection and blood clots—and babies—higher rates of infection, respiratory complications and neonatal intensive care unit stays. Also, once a woman has had a C-section, she has a 90 percent chance of having a C-section for subsequent births, leading to higher risks of major complications, such as hysterectomy and uterine rupture. Of note, the American College of Obstetricians and Gynecologists in March 2014 released an Obstetric Care Consensus statement to guide clinicians in balancing the risks and benefits of C-sections, especially for low-risk, first-birth deliveries.

Along with potential health risks, C-sections cost about 50 percent more on average than vaginal deliveries. Therefore, unnecessary C-sections increase costs for patients, consumers, purchasers and taxpayers without improving outcomes and in some cases harming patients.

Wide, Unwarranted Variation in C-Section Rates

Evidence suggests that a woman’s chance of having a C-section depends in large part on the hospital where she delivers and the practice patterns of her clinical team. As in other states, California hospital C-section rates vary widely, ranging from less than 15 percent to more than 60 percent. In 2015, about 40 percent of the 244 California hospitals providing maternity services in California met the Healthy People 2020 goal of a 23.9 percent C-section rate for low-risk, first-birth deliveries. The fact that so many hospitals in the state have already reached this goal indicates it is achievable. However, the fact that more than half have not underscores that there is still significant improvement work to be done.

—MORE—
California C-Section Resources

The California Maternal Quality Care Collaborative (CMQCC), based at Stanford University, is a nationally recognized leader in maternity care quality measurement and improvement. With funding from the California Health Care Foundation (CHCF), as part of the Foundation’s statewide initiative to reduce unnecessary C-sections, CMQCC developed a toolkit to assist hospitals and clinicians in promoting vaginal birth and reducing unnecessary C-sections. CMQCC is currently working with California hospitals and their clinical teams to implement this toolkit. Hospital recruitment is underway for new collaboratives beginning in January 2017. For more information, contact Cathie Markow, CMQCC administrative director, at cmarkow@stanford.edu.

The toolkit emphasizes that reducing C-section rates starts with the culture of the hospital, and involves engagement with the data; changes to physician practice patterns; education of nurses and support staff, especially regarding labor support to promote vaginal birth; and implementation of new policies within the facility. The toolkit also emphasizes educating mothers and their families about their options. Collaboration and communication among each of these players is essential, as is the need to align payment and purchaser requirements with desired outcomes.

Many other partners in the state are engaged in reducing unnecessary low-risk, first-birth C-sections, including but not limited to: DCHS, CalPERS, Consumer Reports, Covered California, the Hospital Quality Institute, the Integrated Healthcare Association (IHA), the Pacific Business Group on Health, and state and national specialty provider societies.

Hospital Honor Roll

Efforts to improve maternity care are starting to yield positive results in California as low-risk, first-birth C-section rates have begun to decline from 27.3 percent in 2013 to 25.6 percent in 2015, according to CMQCC data. However, significant overuse of this surgical procedure and unwarranted variation persists. To spotlight the issue and encourage more hospitals and clinicians to provide only medically necessary low-risk, first-birth C-sections, California Health and Human Services Secretary Diana Dooley in October 2016 on behalf of Smart Care California recognized the 104 California hospitals that have met or surpassed the Healthy People 2020 C-section goal of 23.9 percent for low-risk, first-births. Hospital C-section rates, along with other maternity care measures, may be found at www.CalHospitalCompare.org.

Smart Care California

Smart Care California is a public-private partnership working to promote safe, affordable health care in California. The group currently focuses on three issues: C-sections, opioid prescriptions and low back pain. Collectively, Smart Care California participants purchase or manage care for more than 16 million Californians—or 40 percent of the state. Smart Care California is co-chaired by the state’s leading health care purchasers: DHCS, which administers Medi-Cal; Covered California, the state’s health insurance marketplace; and CalPERS. IHA convenes and coordinates the partnership with funding from CHCF. Learn more about Smart Care California.

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