

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 has a 9 in 10 chance of having a C-section for subsequent births, increasing her risk of major complications. [Smart Care California](#) is aligning stakeholders to reduce low-risk, first-birth C-sections in California hospitals to the federal Healthy People 2020 target of 23.9 percent.

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. A woman's first birth plays significant importance because once a woman has 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 largely on the hospital where she delivers and the practice patterns of her clinical team. As in other states, the low-risk, first birth C-section rate varies widely among California hospitals, 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 target 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 target indicates it is achievable. However, the fact that more than half have not underscores that there is still significant opportunity for improvement.

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 released a [toolkit](#) in 2016 to assist hospitals and clinicians in

promoting vaginal birth and reducing unnecessary C-sections. In addition, CMQCC is working with California hospitals and their clinical teams to implement this toolkit through an 18-month [Supporting Vaginal Birth](#) quality improvement collaborative. For more information, contact Cathie Markow, CMQCC administrative director, at cmarkow@stanford.edu.

Reducing C-section rates starts with the culture of the hospital, involving changes to physician practice patterns, educating nurses and support staff, implementing new policies within the facility, and informing mothers of their options. Collaboration and communication among each of these players is essential. Aligning payment and purchaser requirements to support clinical teams in providing only medically necessary C-section is also important. Smart Care California developed a [menu of payment and contracting options](#) that gives payers specific strategies to align payment 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: the Department of Health Care Services (DHCS), 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 yielding positive results in California as low-risk, first-birth C-section rates have decreased from 27.3 percent in 2013 to 25.0 percent in 2016, according to CMQCC. To spotlight the overuse and unwarranted variation of low-risk, first-birth C-sections, in October 2016 California Health and Human Services Secretary Diana Dooley on behalf of Smart Care California recognized [104 California hospitals](#) who met or surpassed the Healthy People 2020 C-section target of 23.9 percent for low-risk, first-births. To continue acknowledging the efforts taken by hospitals to reduce unnecessary C-section, in January 2018, Secretary Dooley recognized [111 hospitals](#) on behalf of Smart Care California who met or surpassed the 23.9 percent target. 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, opioids 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, which manages pension and health benefits for California's public employees, retirees, and their families. IHA convenes and coordinates the partnership with funding from CHCF. Learn more about [Smart Care California](#).

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Based in Oakland, Calif., the nonprofit Integrated Healthcare Association (IHA) convenes diverse stakeholders—including physicians, hospitals and health systems, purchasers, and health plans—committed to high-value, integrated care that improves quality and affordability for patients across California and the nation.