

C-sections more common, less healthy for baby

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SALT LAKE CITY — Cesarean sections have become the most common surgery in U.S. hospitals, increasing more than 50 percent since the 1990s, many of them "unnecessary," according to Intermountain Healthcare physicians.

The births translate into higher maternal care costs and potential trauma for the baby — all of which can be largely avoided if future parents and their health care providers weigh the decision more heavily and assess the typical risks associated with C-section deliveries, said Dr. Ware Branch, director of Intermountain's Women and Newborns Clinical program.

"When we analyzed the data from births at Intermountain's hospitals, we found that women who deliver before babies reach 39 weeks gestational age tend to have longer and more complicated deliveries, an increased proportion of which led to more C-sections," he said.

While cesarean sections may be more convenient, as far as scheduling the birth of a baby and avoiding the last few uncomfortable weeks of a pregnancy, Branch said babies delivered before 39 weeks — the ideal gestational period — are also "more likely to have medical complications."

"We're talking about increased rates of respiratory disorders, elevated bilirubin levels and jaundice, and feeding disorders," he said.

Janie Wilson, a nurse and director of the program, said there is a level of complacency when it comes to available medical care, and mothers believe their babies will be OK regardless of the condition they are in at birth because of the capabilities of modern medicine.

In the last 10 years and after 300,000 births, Intermountain has tracked enough data to implement guidelines that have reduced elective inductions, resulting in lower costs and healthier babies.

In 1999, approximately 28 percent of all inductions at Intermountain's hospitals occurred before 39 weeks. Now, that percentage is under 2 percent, and with the significant drop in early elective inductions, the organization has also seen a drop in the average length of labor, fewer C-sections and a reduction in certain newborn complications in electively induced patients.

Nationally, costs for cesarean births hover around \$16,700 for associated maternal care, while vaginal deliveries cost about \$9,500, not including additional costs for anesthesia, follow-up care and other fees charged by various physicians.

Intermountain averages about \$9,100 for C-sections and \$5,000 for vaginal births and claims it saved patients nearly \$50 million for deliveries in 2008.

By keeping its C-section rate below the national average, Intermountain, which delivers more than 33,000 babies every year, estimates it has decreased patient costs by more than \$270 million over a 10-year period. It claims that nearly \$3.5 billion could be saved in annual medical charges if the nation's C-section rates were similar to their own.

Utah has the highest birth rate in the country as well as the highest number of children per capita, so Wilson said it makes sense for Intermountain to be developing new criteria and setting an example for more healthy deliveries and fewer elective inductions.

She said she hopes that with presentation of this recent data, more patients will talk to their providers about the the benefits of not inducing labor before babies reach 39 weeks gestational age.

"We want the public to know that quality improvement is here," Branch said. "And we're seeing favorable results."

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