

*Patterns of Induction, Cesarean Section and
Severe Maternal Morbidity in the U.S.*

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48th Annual High Risk Obstetrics Seminar

October 28, 2022

Hilton Franklin Cool Springs, Franklin, TN



Collaboration in Research

Warning!!

This presentation is also:

1. Very heavy on data

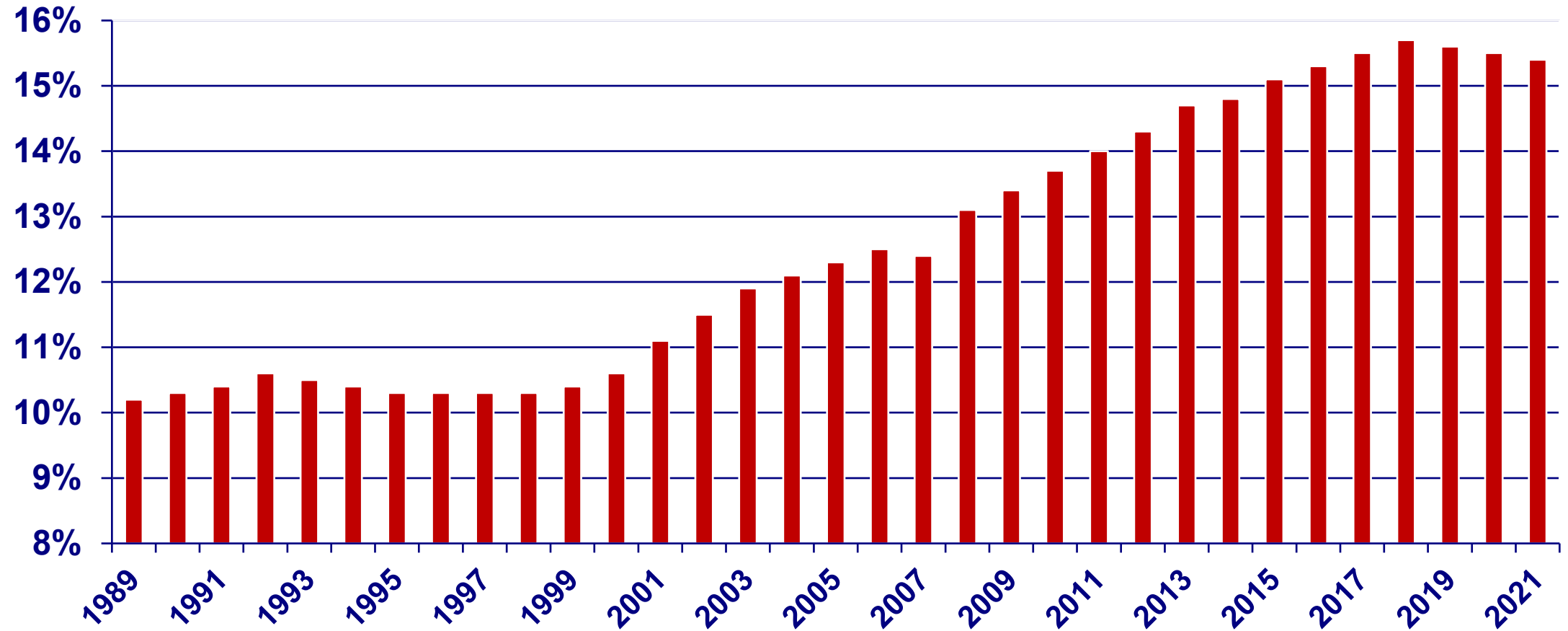
2. Regrettably short on solutions

3. Speaker has a strange accent

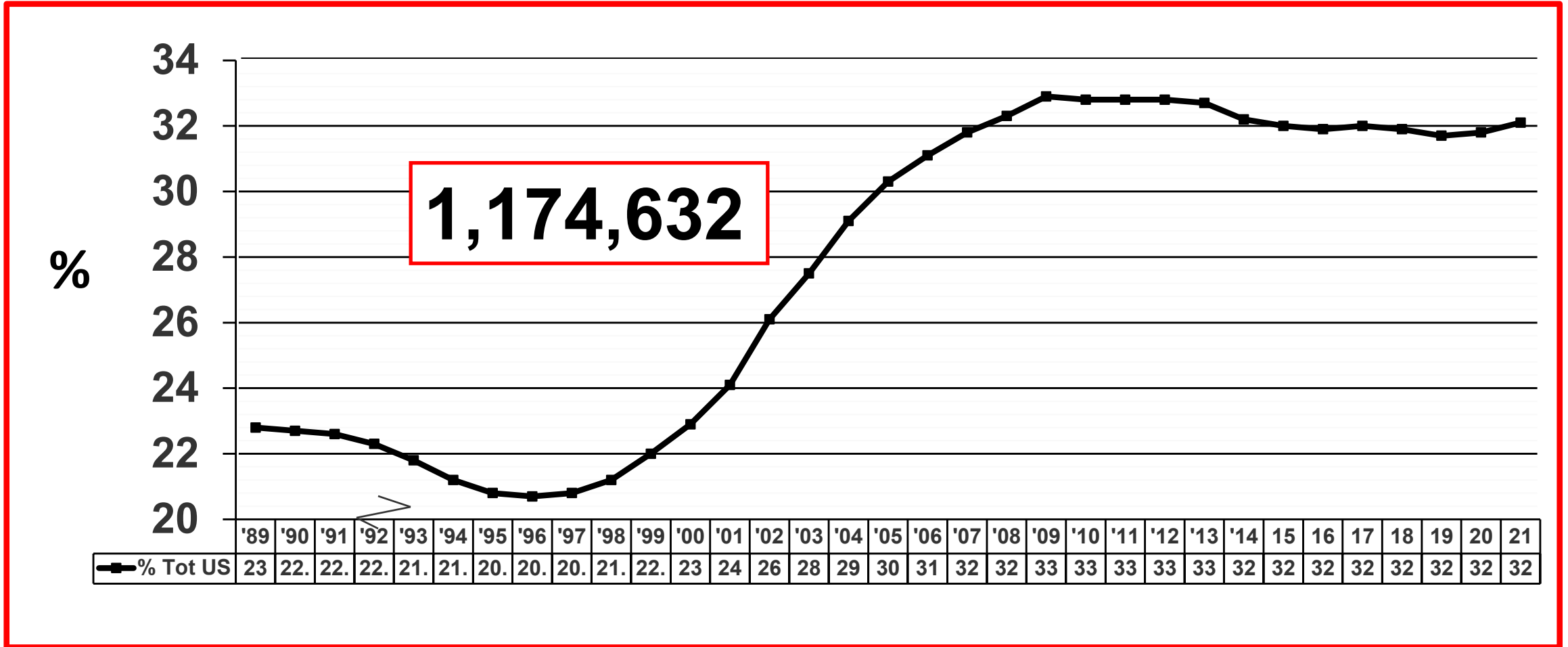
4. Please don't take pictures of slides. They'll be posted

Patterns of Cesarean Section in the U.S.

Proportion of U.S. Women Giving Birth with a Prior Cesarean, 1989-2021

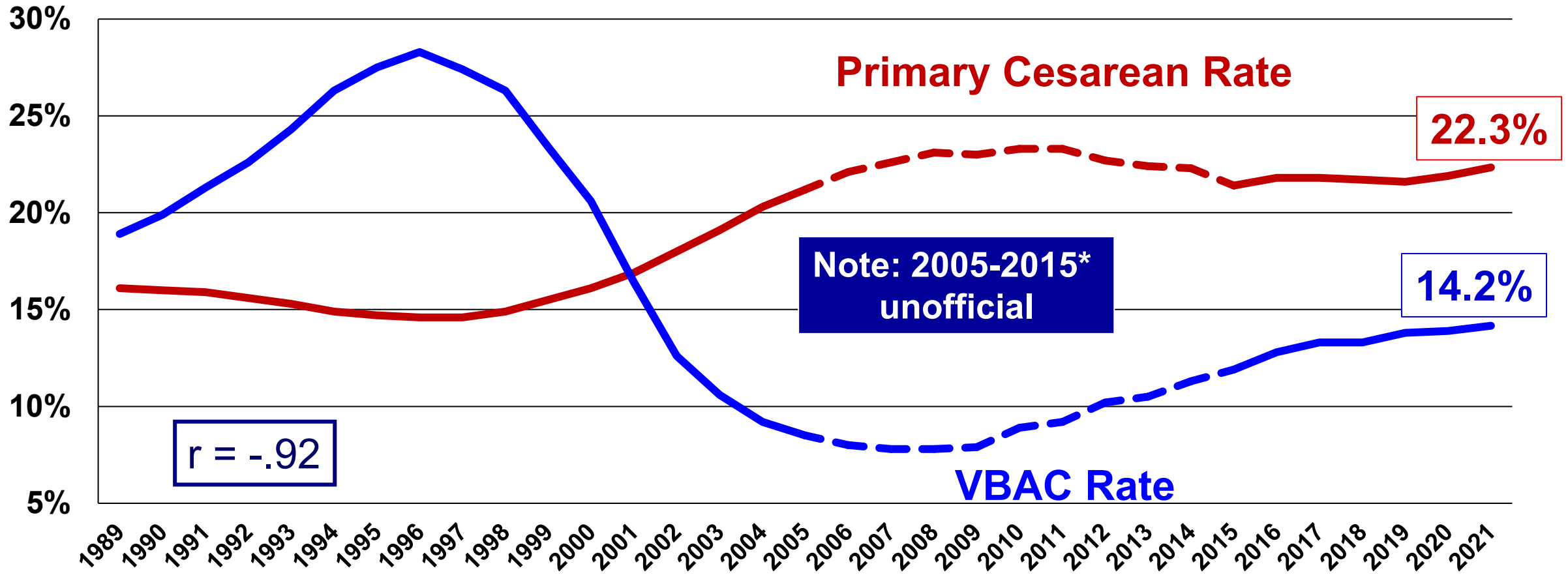


US Cesarean Rates, 1989-2021



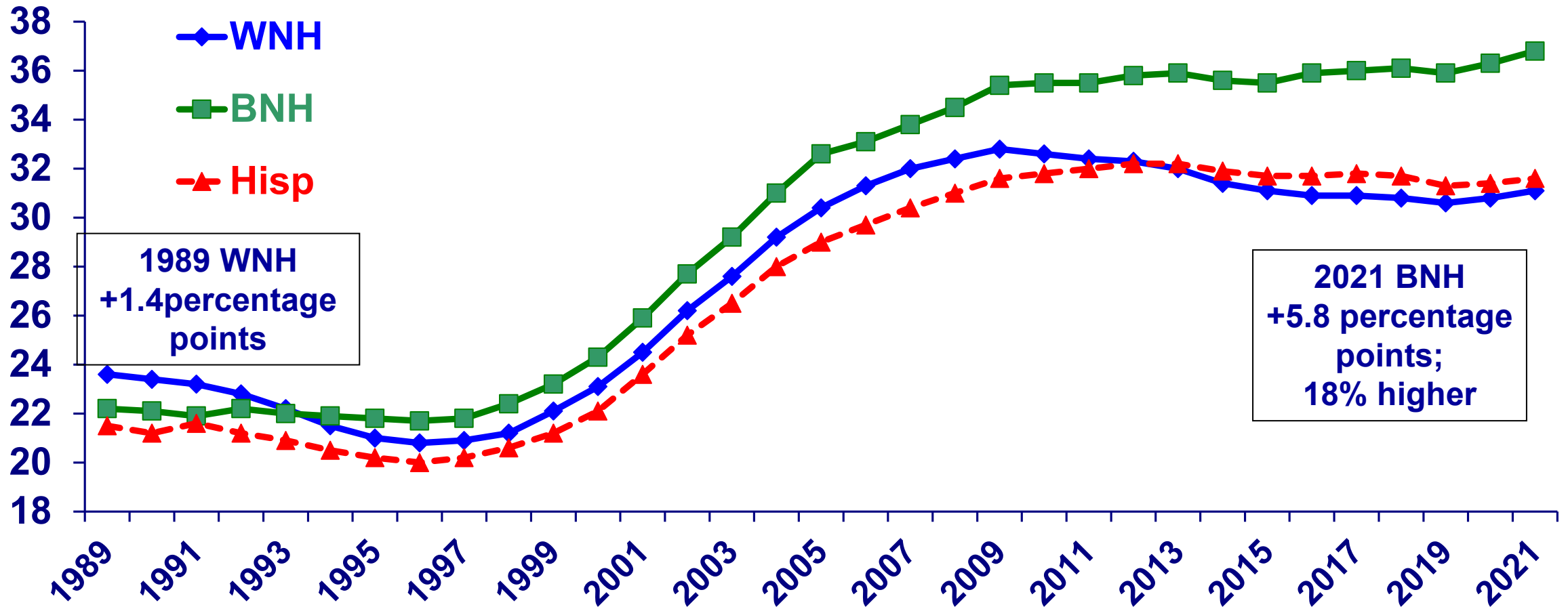
If the 2021 cesarean rate (32.1%) was the same as in 1996 (20.7%), there would have been 417,000 fewer cesareans in the U.S. in '21.

Primary Cesarean and VBAC Rates, U.S., 1989-2021

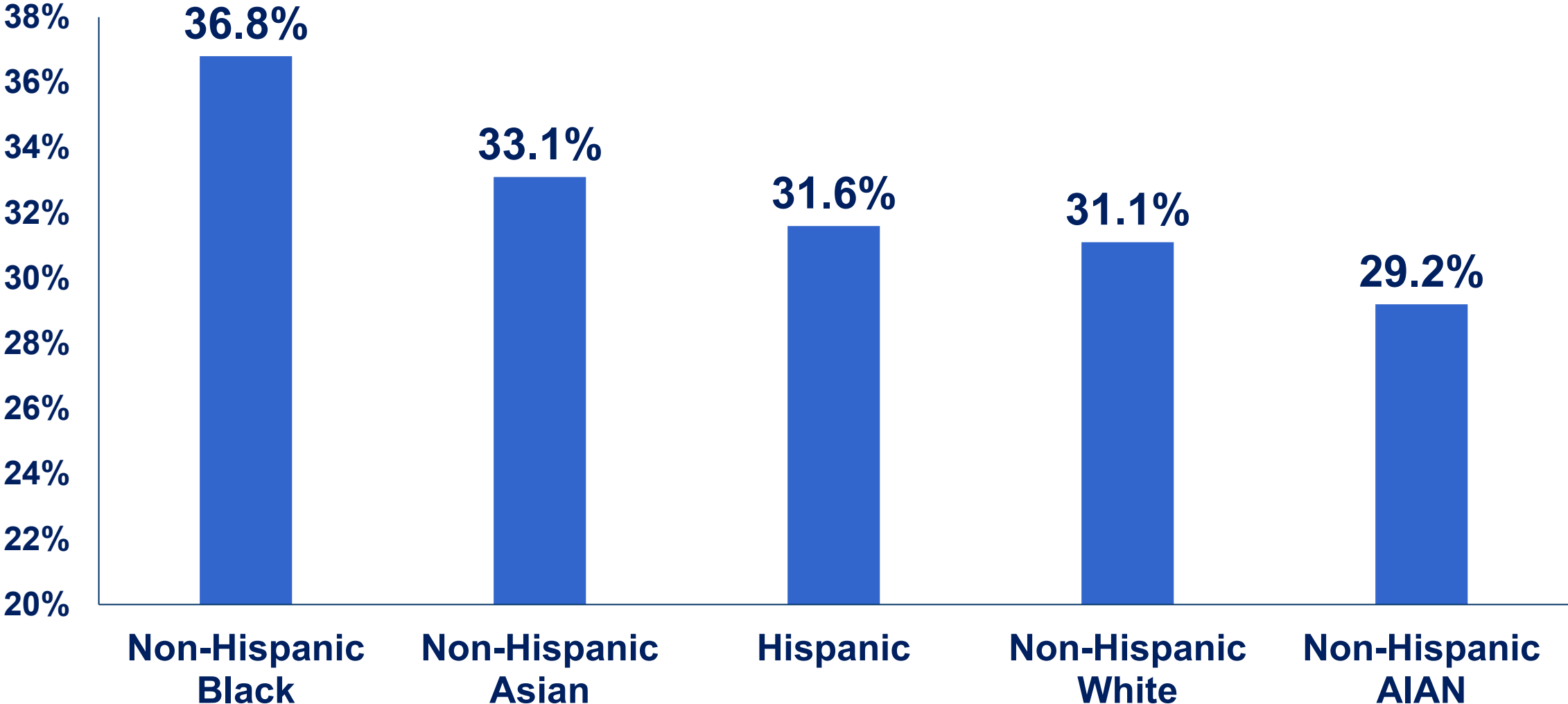


The Demographics of Cesareans

Total cesarean rates by race/ethnicity, U.S. 1989-2021

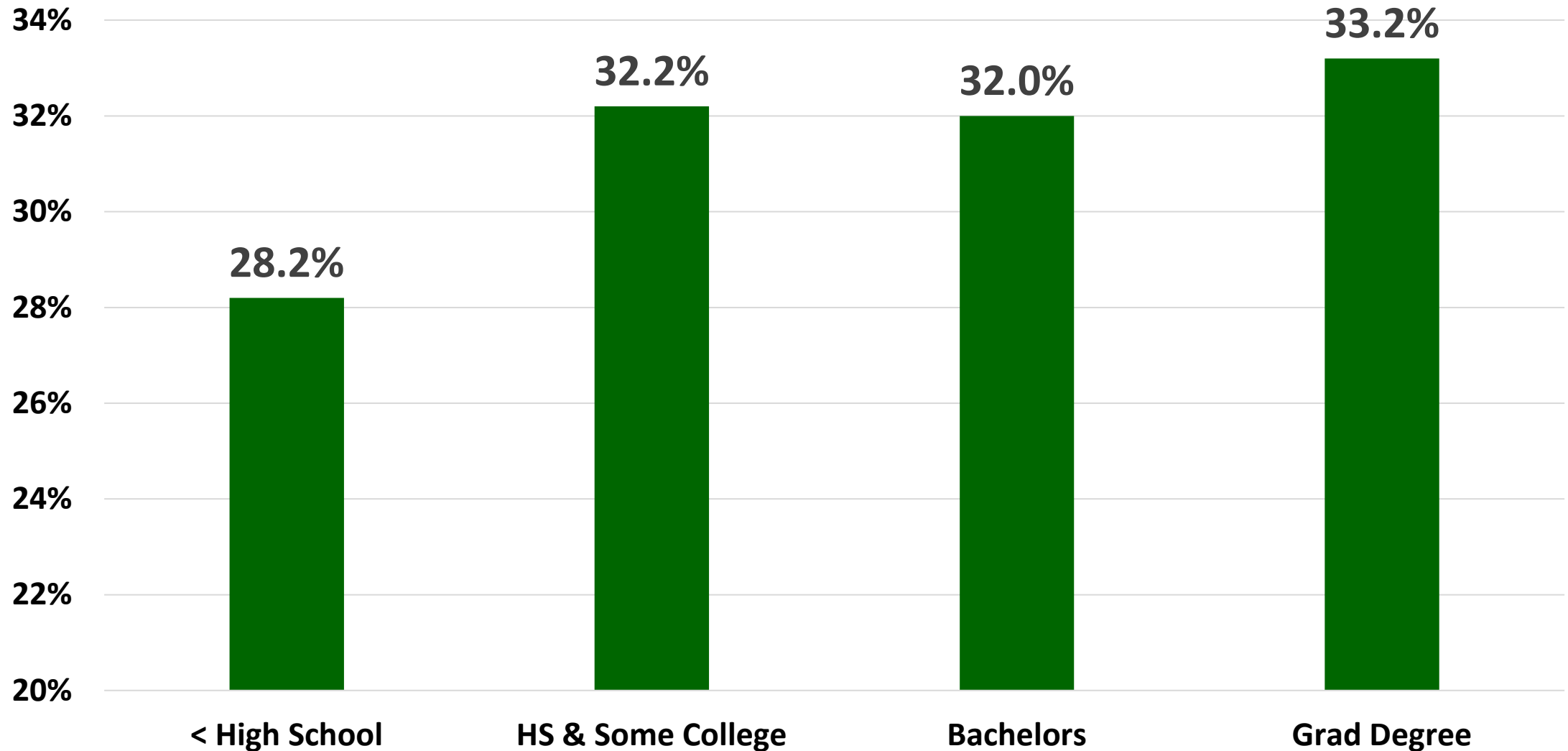


2021 Cesarean Rates* by Race/Ethnicity

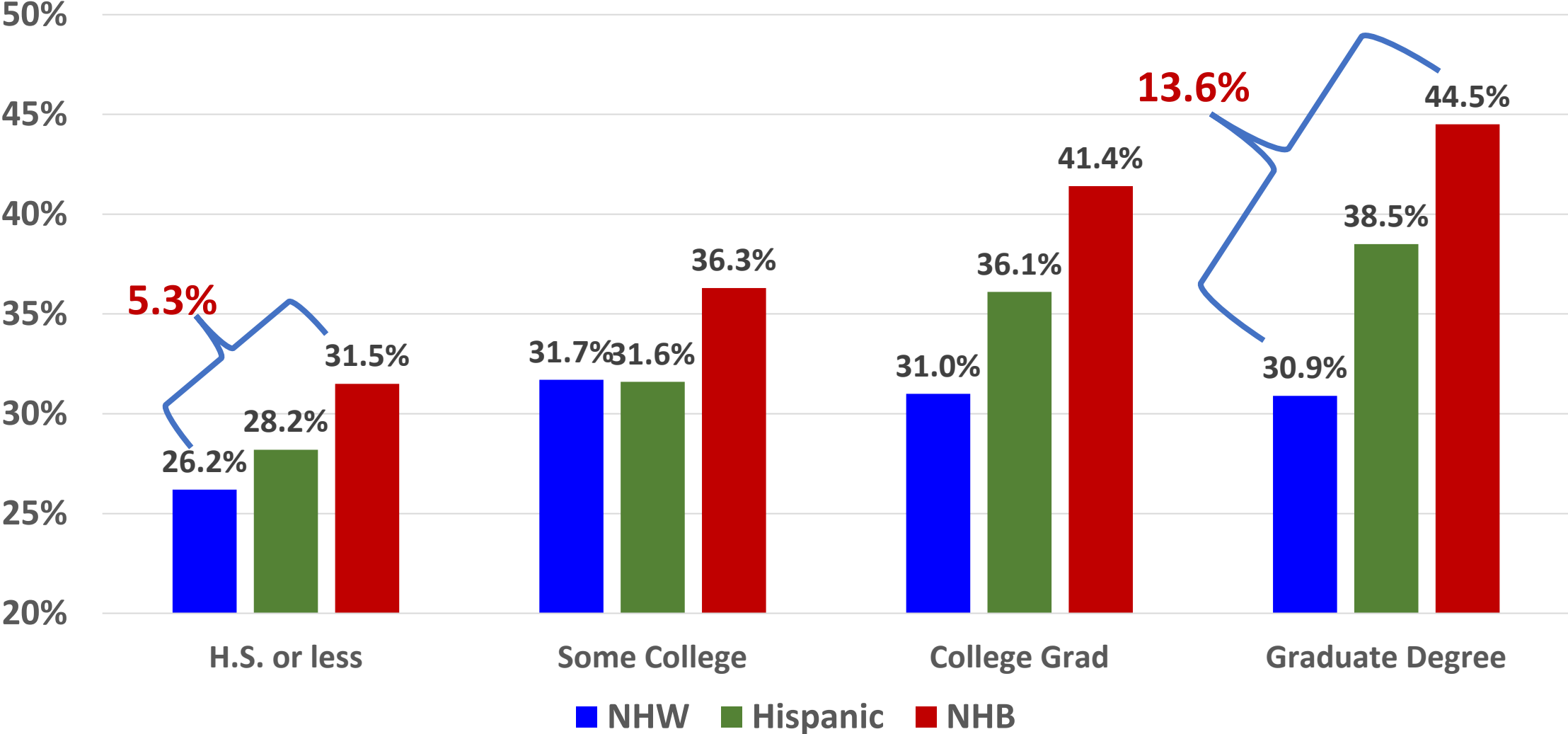


Source: NCHS.

Cesarean Rate by Education Status , U.S., 2020



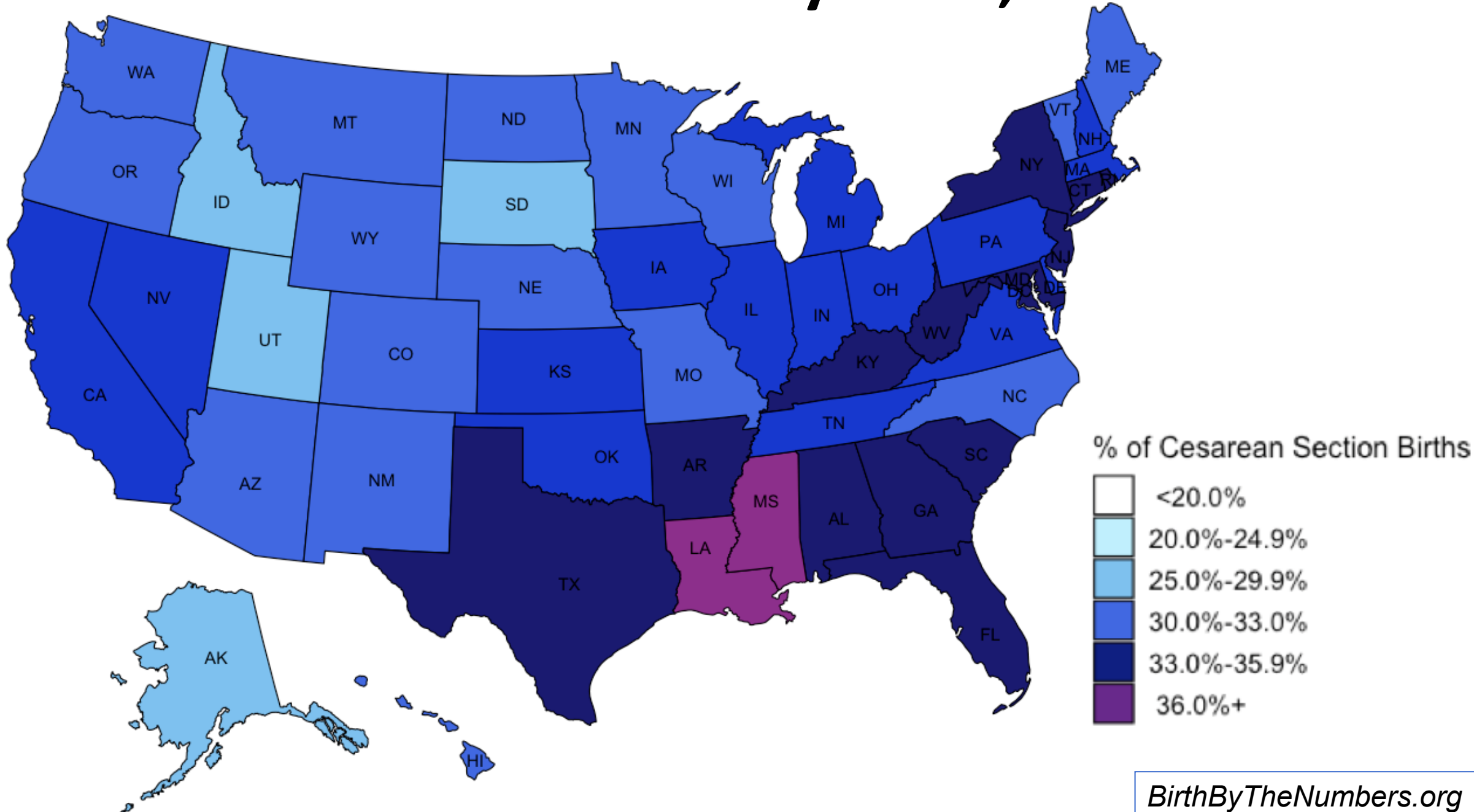
U.S. Cesarean Rates by Education & Race/Ethnicity, 2021



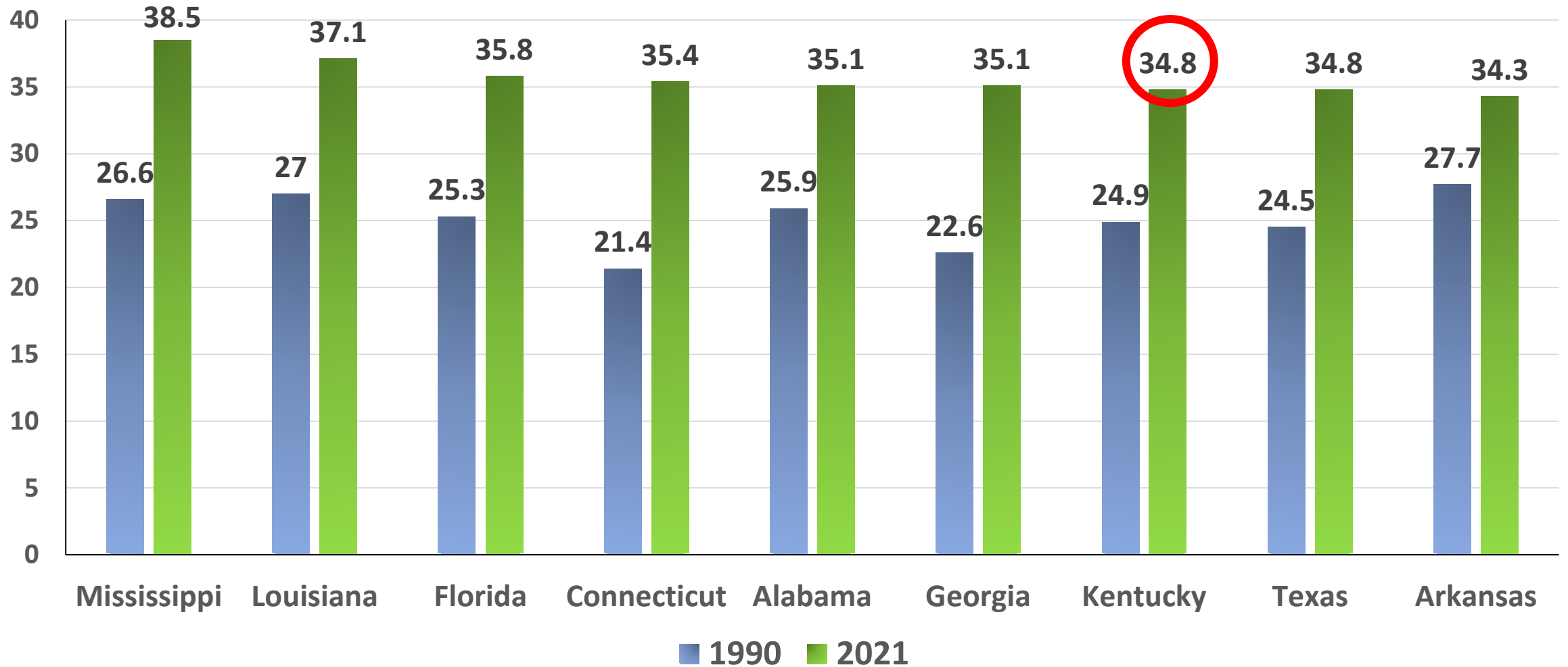
Source: CDC Wonder

Cesareans in the States

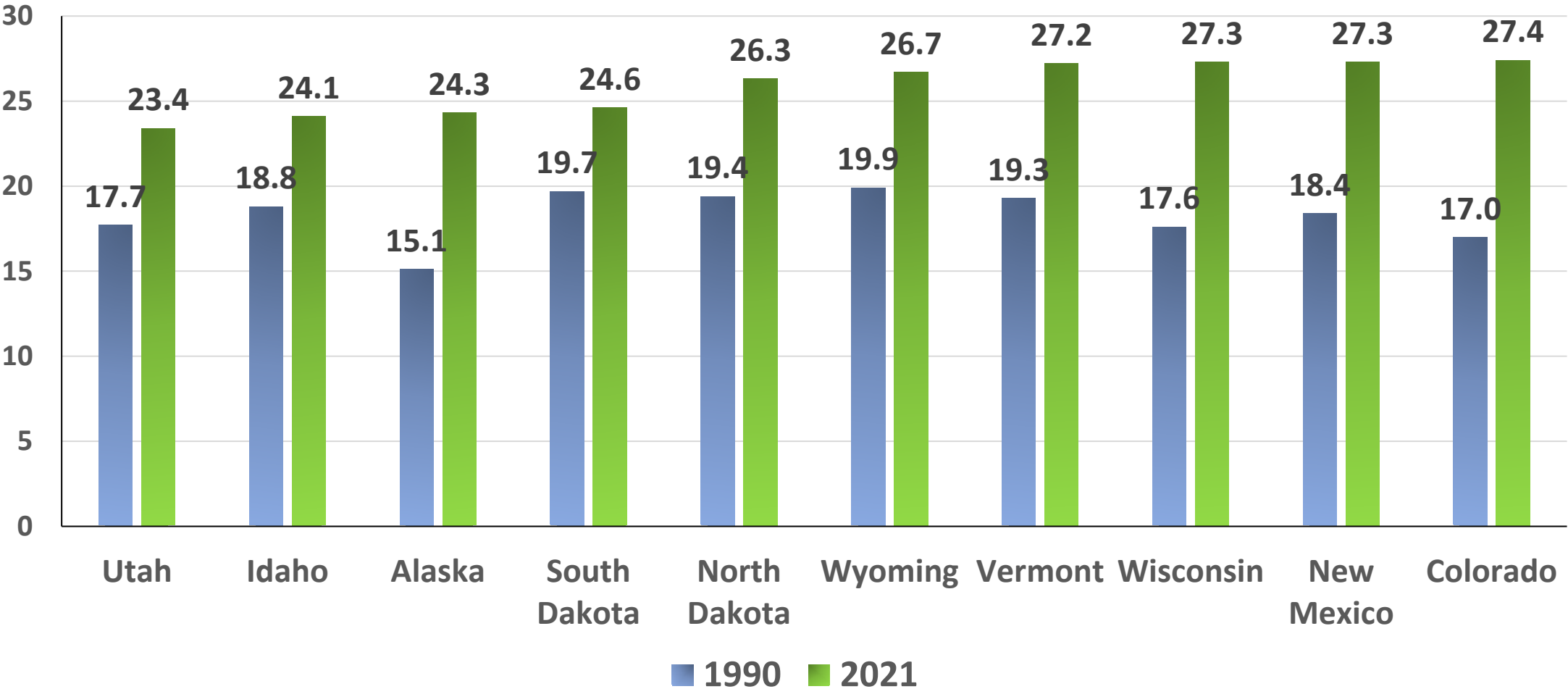
Cesarean Births by State, 2020



States with the Highest 2021 Cesarean Rates (%)



States with the Lowest 2021 Cesarean Rates (%)



Source: CDC Wonder & NCHS Annual reports

So what about us?

Where does Tennessee rank?

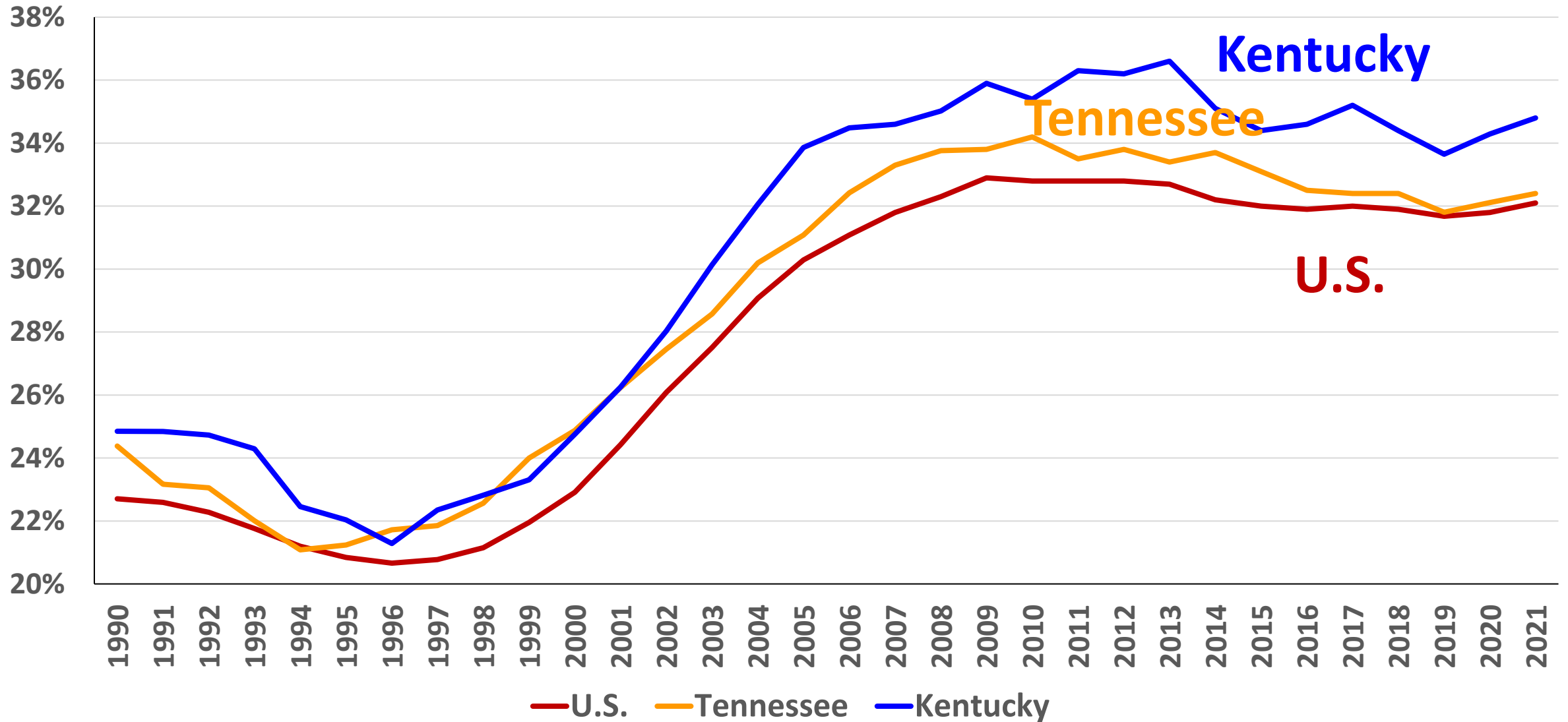
So what about us?

Where does Tennessee rank?

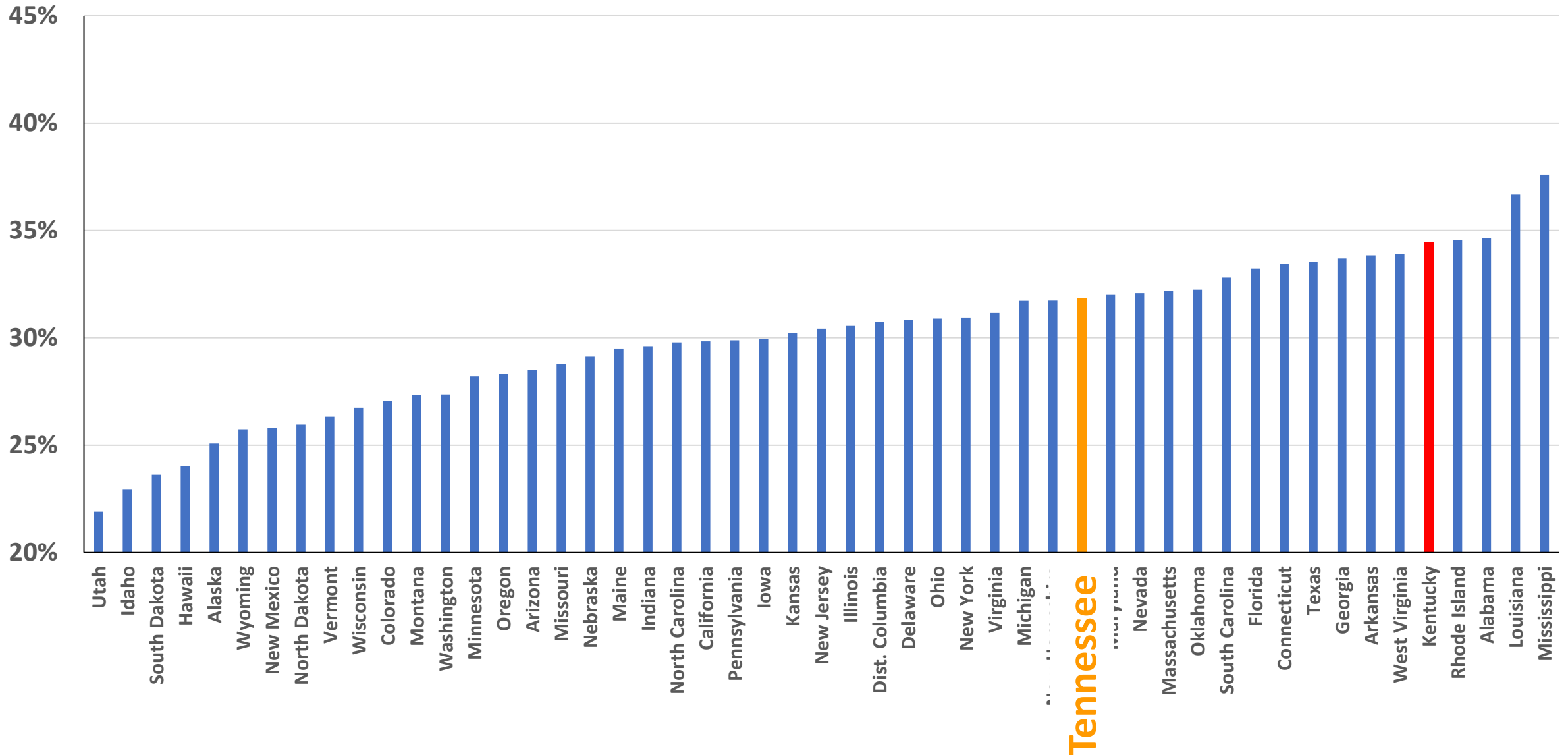
14th highest in 1990 (24.4%)

21st highest in 2021 (32.4%)

Cesarean Rates, TN, KY, U.S., 1990-2021



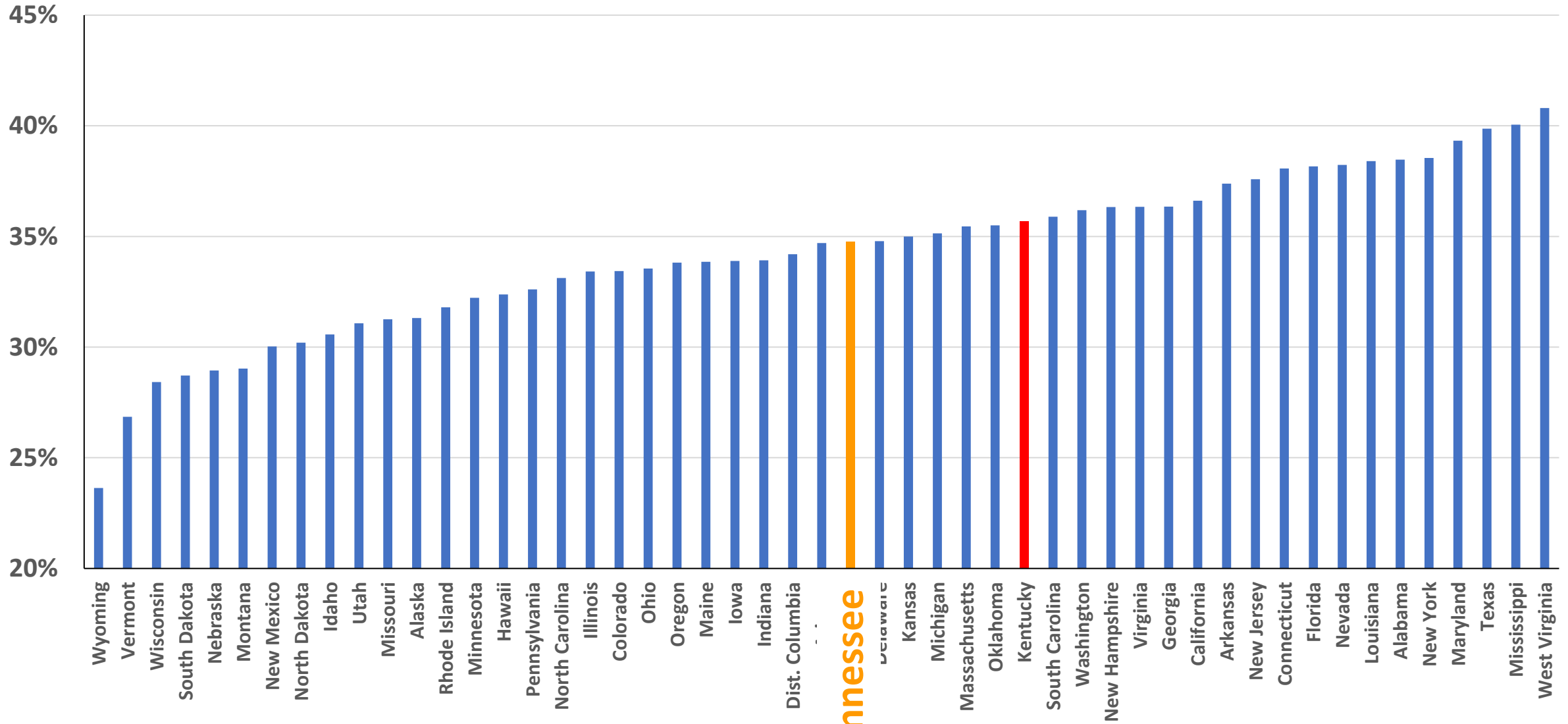
Cesarean Rates, Non-Hispanic White Women, U.S. States, 2020



Source: CDC Wonder

BirthByTheNumbers.org

Cesarean Rates, Non-Hispanic Black Women, U.S. States, 2020



Source: CDC Wonder

BirthByTheNumbers.org

Risk and Protective Factors for Cesareans:

Is it the Women's fault ?

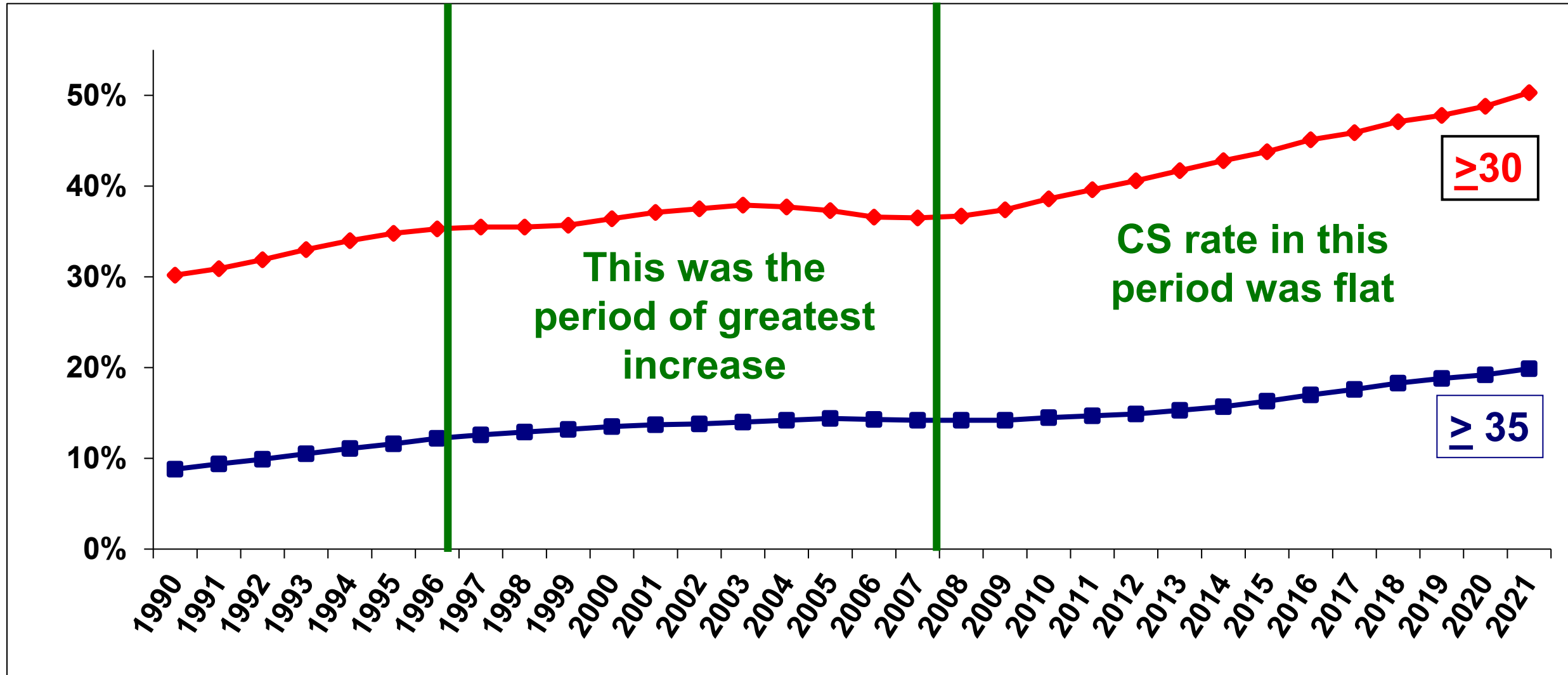
Spoiler alert – Pretty much NO

Familiar Excuses: Too Old, Too Fat, Too Sick, Maternal Request

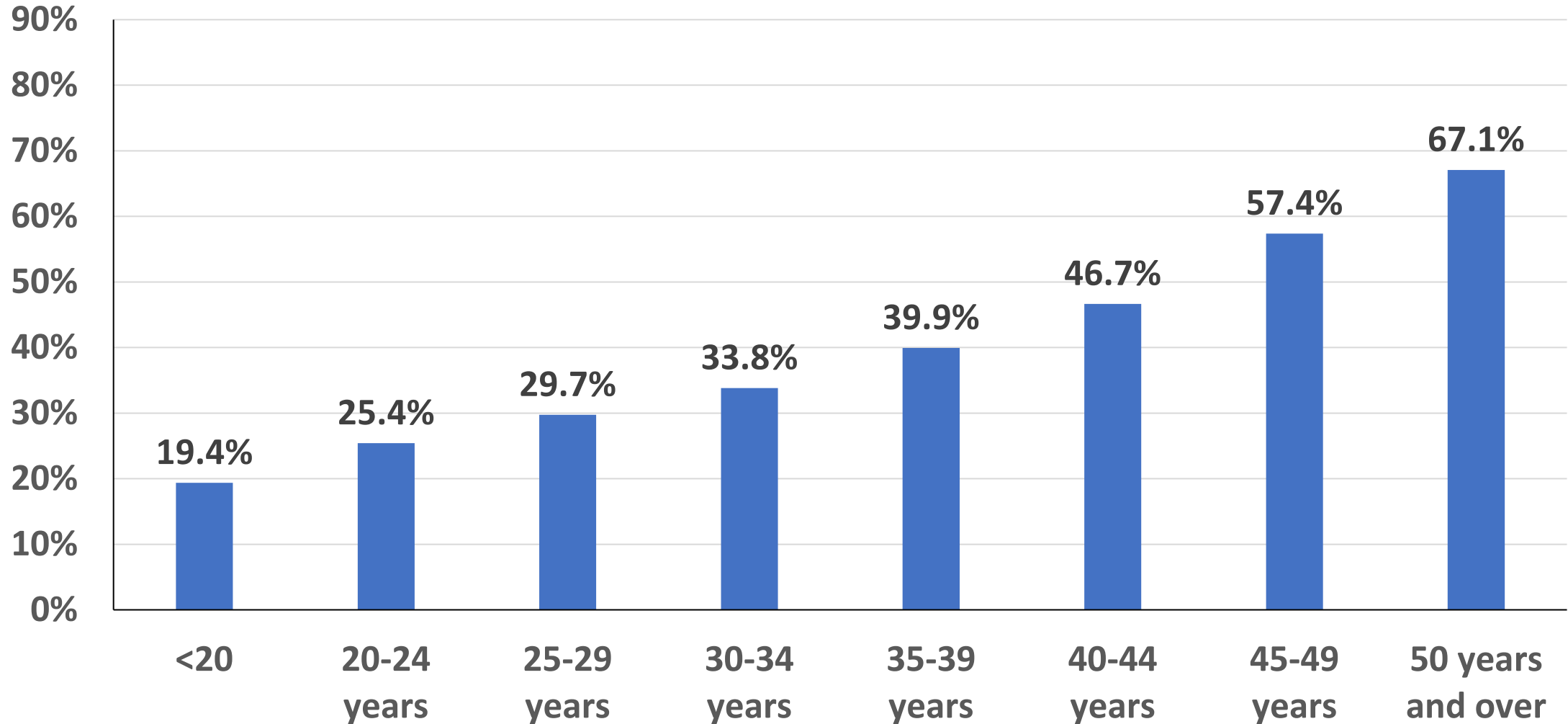
- *High cesarean rates are sometimes blamed on women themselves – claims that they are older, less healthy, too often obese, and asking for a cesarean – hence it's their fault.*
- *There are changes in the demographics of birth, but that's not driving the cesarean rate.*

Is it older women?

Proportion of Births to Women 30+, U.S. 1990-2021



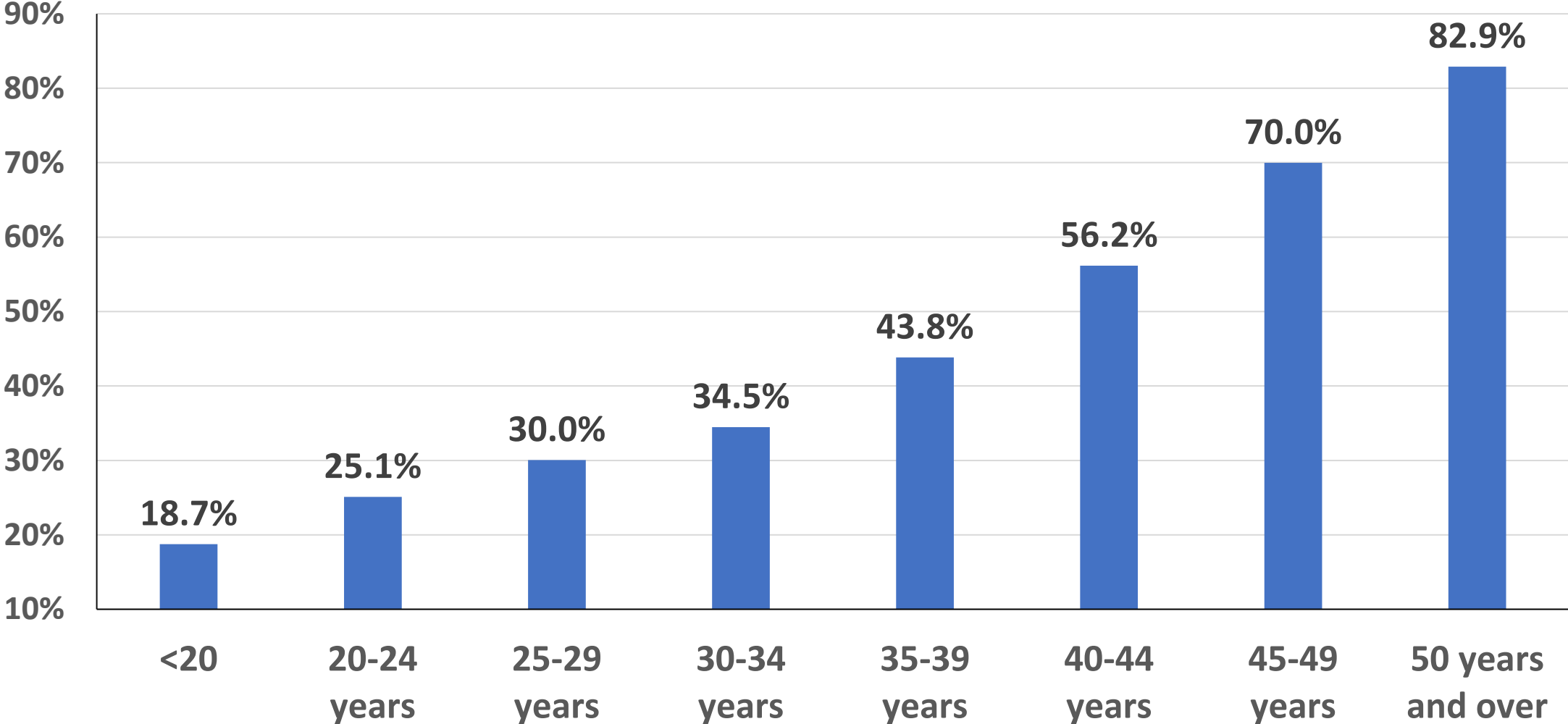
Overall Cesarean Rate by Age, U.S., 2021



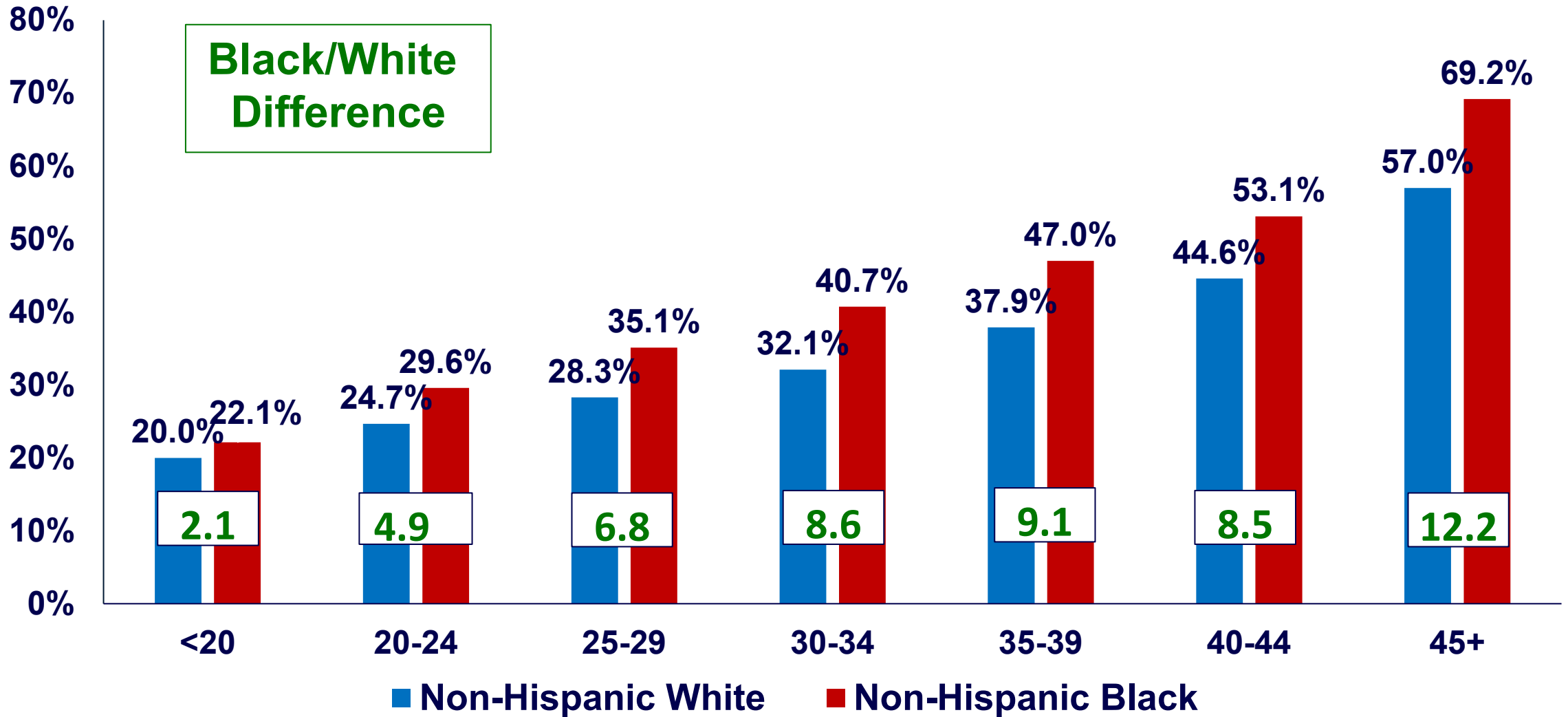
Source: CDC Wonder

BirthByTheNumbers.org

Cesarean Rate **First Births**, by Age, U.S., 2021



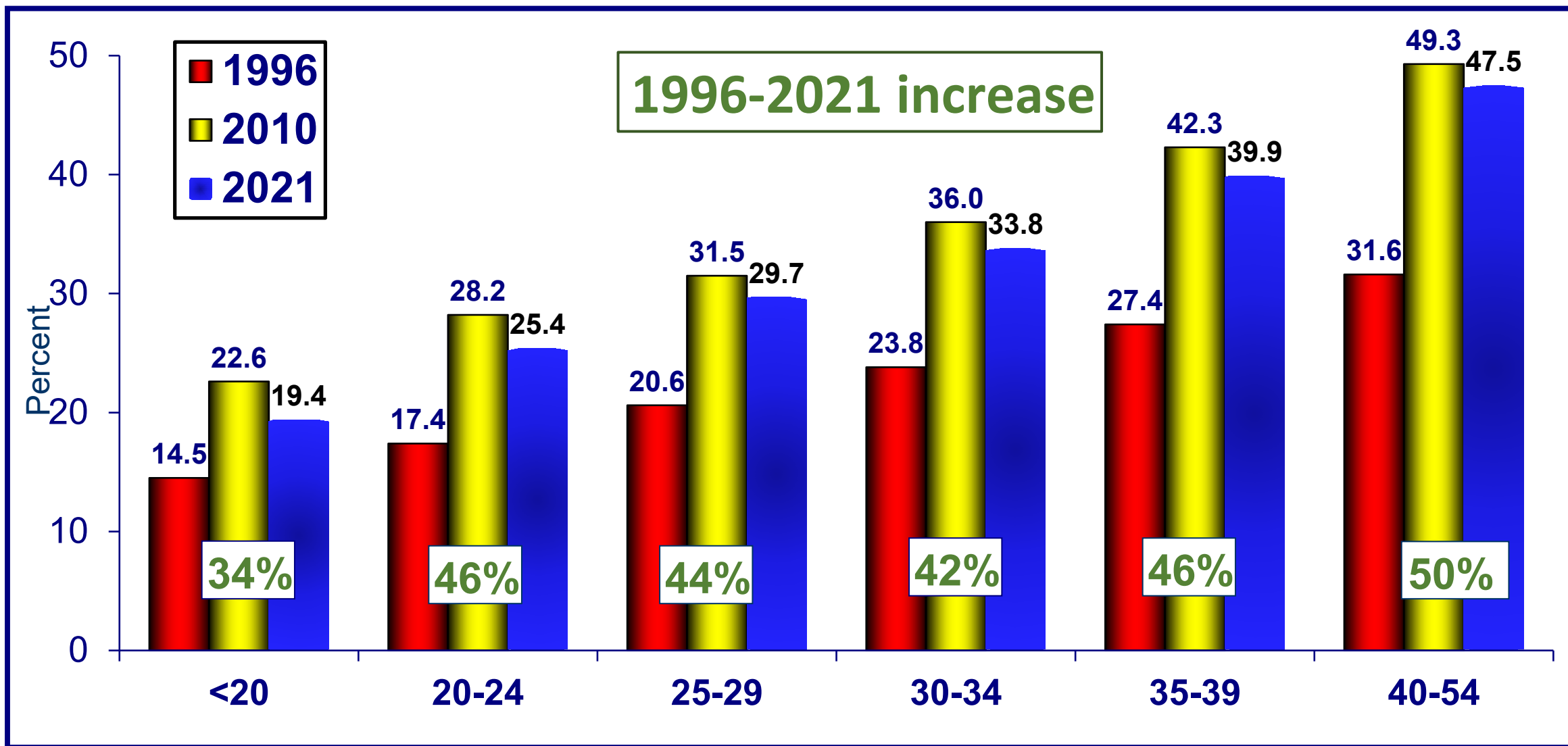
Cesareans by Age & Race/Ethnicity, U.S. 2021



Source: CDC Wonder

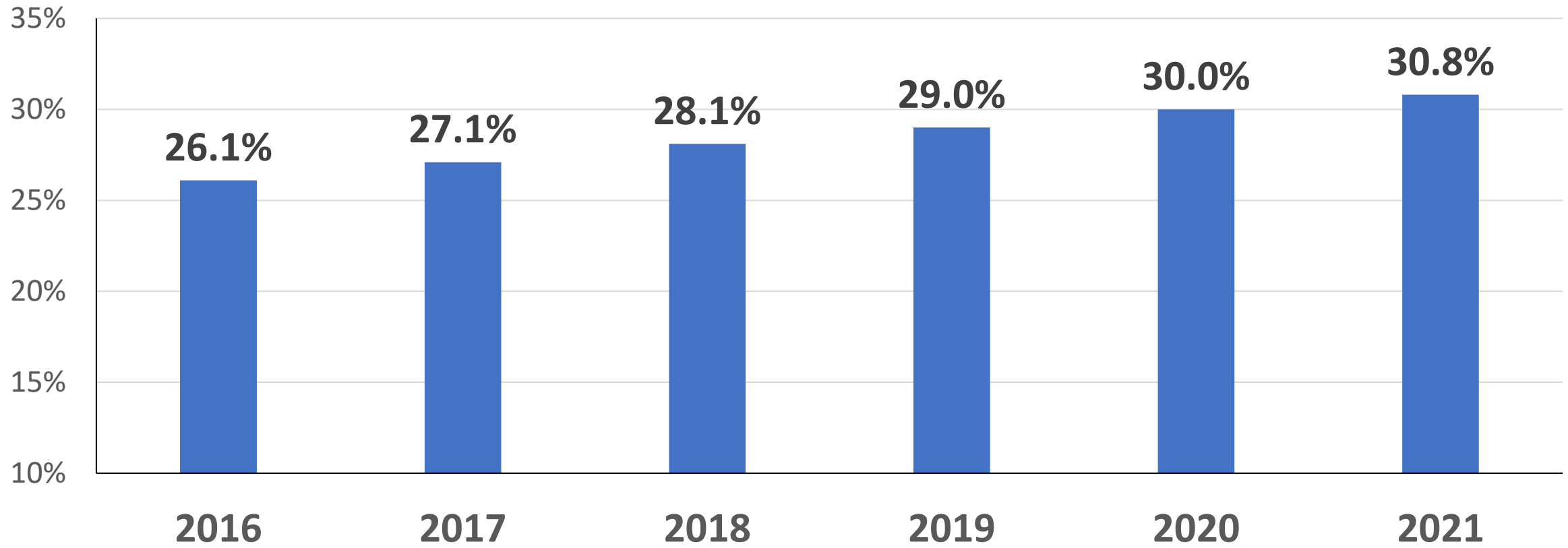
BirthByTheNumbers.org

Total Cesarean Rates (per 100 births) by Age of Mother: United States, 1996, 2010 & 2021

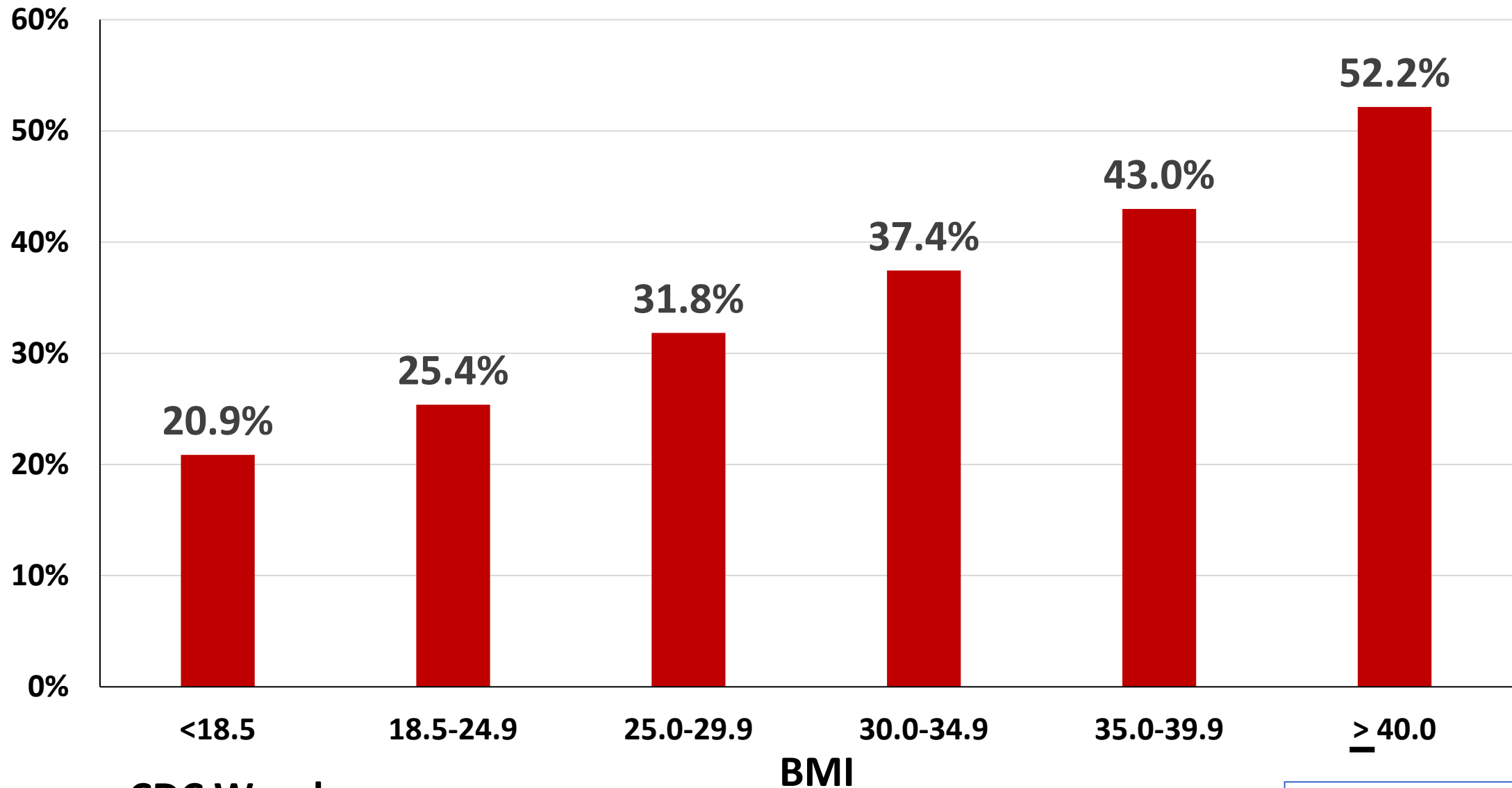


Is it body mass index?

Proportion of Women with Prepregnancy BMI in 30+, U.S., 2016-21



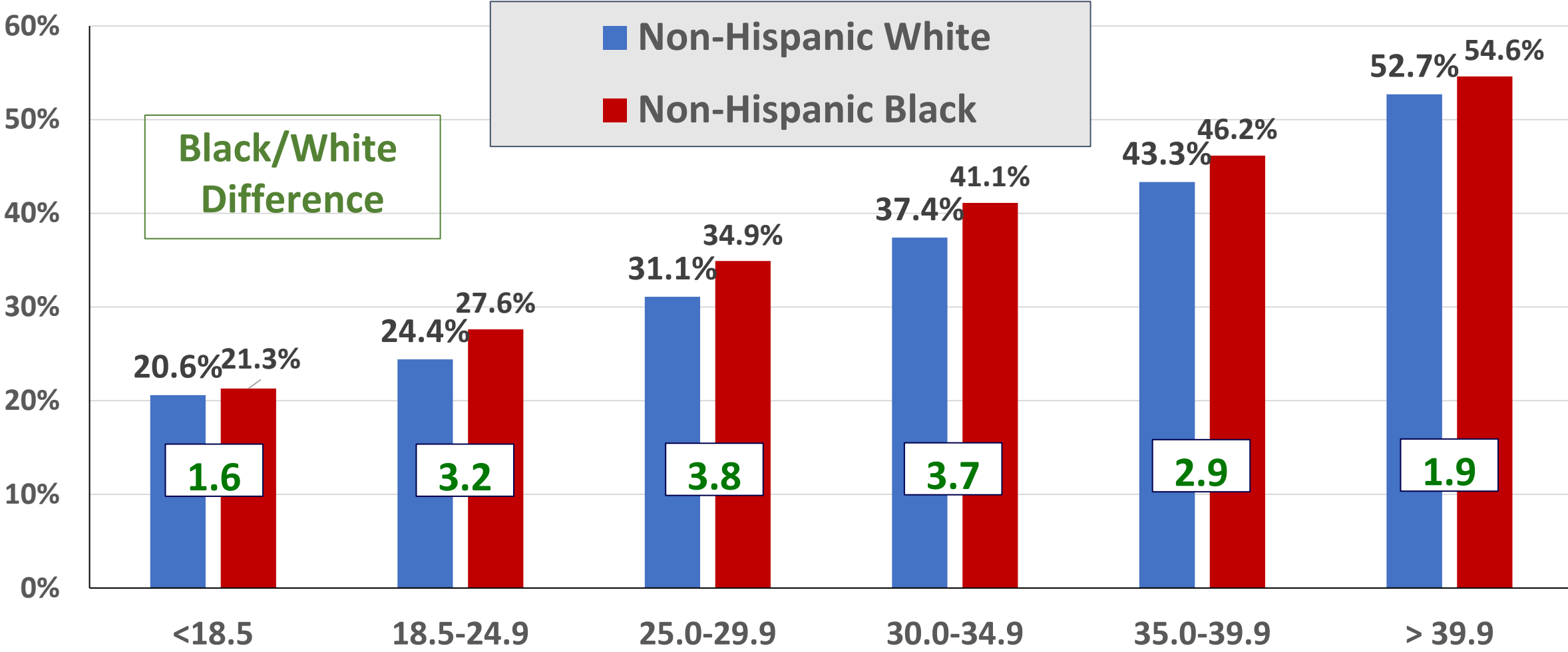
Cesarean Rates by Body Mass Index, U.S., 2021



Source: CDC Wonder

BirthByTheNumbers.org

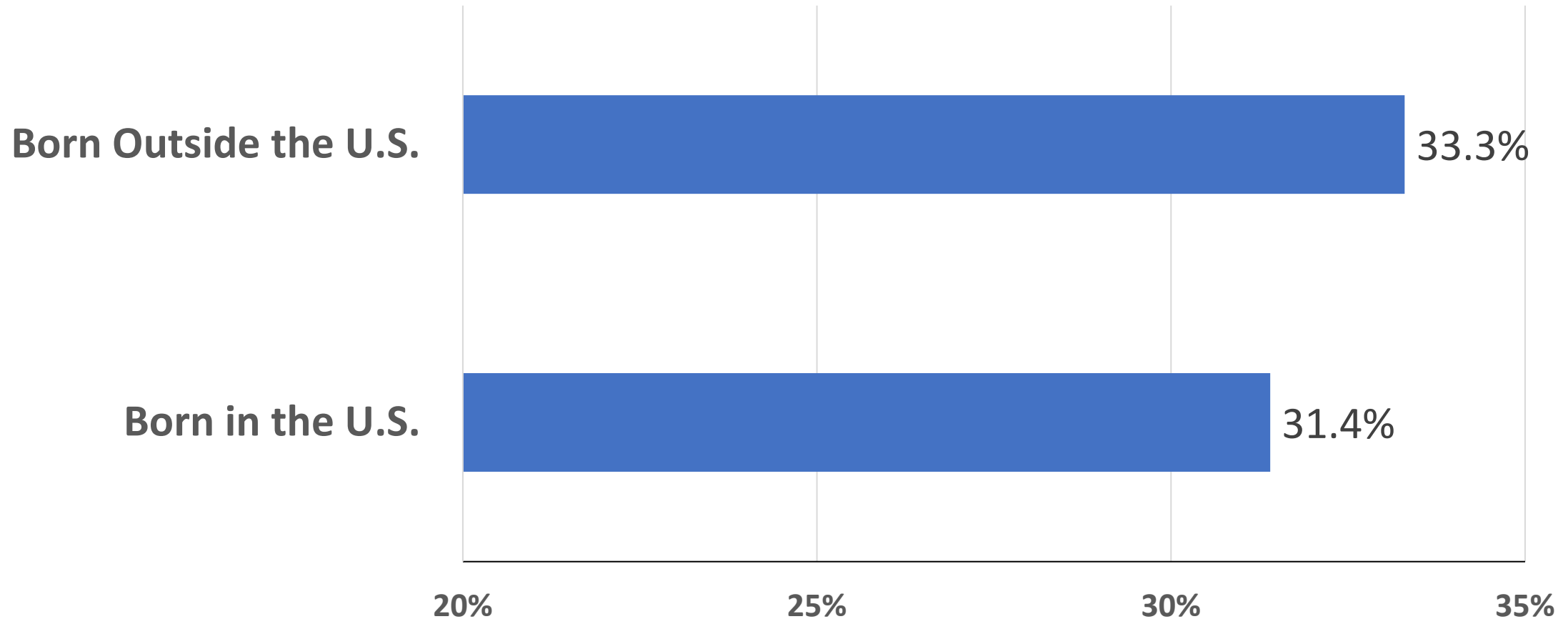
Cesarean Rates by BMI Category & Race/Ethnicity, 2021



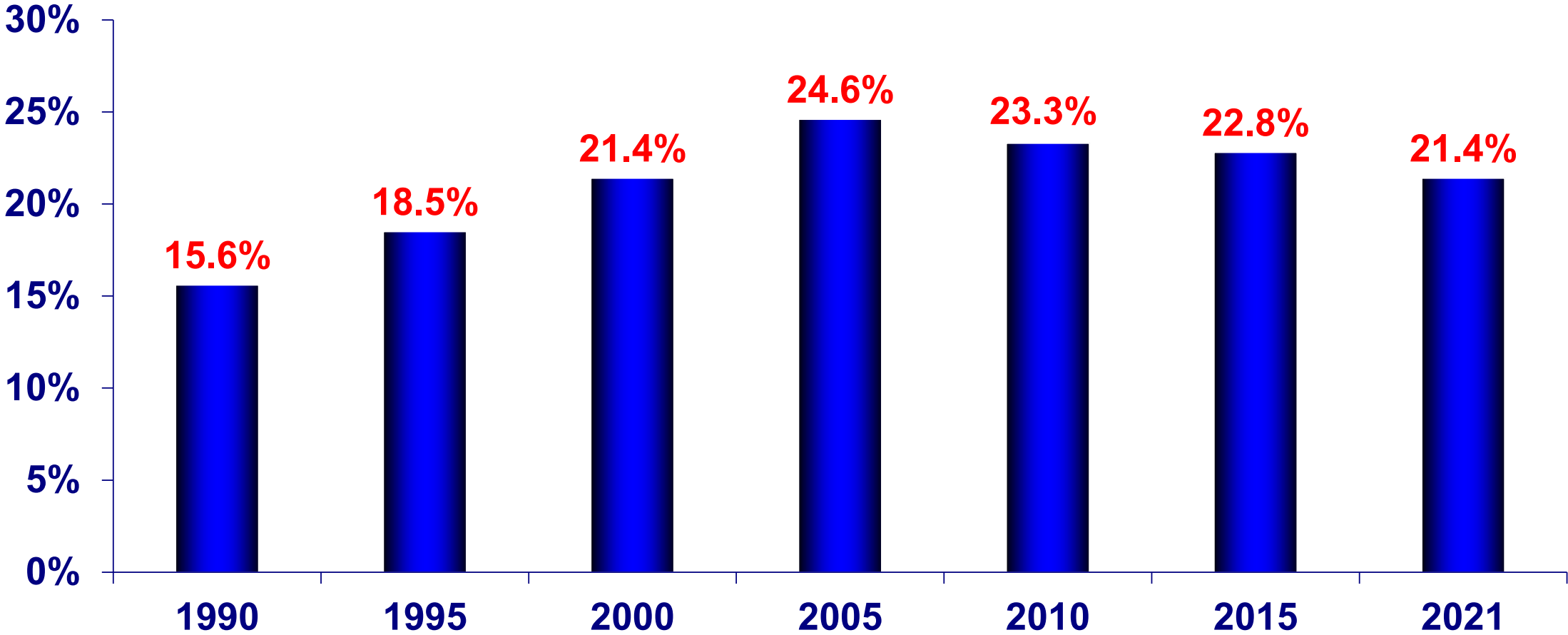
Source: CDC Wonder

Is it foreigners?

Cesarean Rates by Mother's Nativity, U.S., 2021

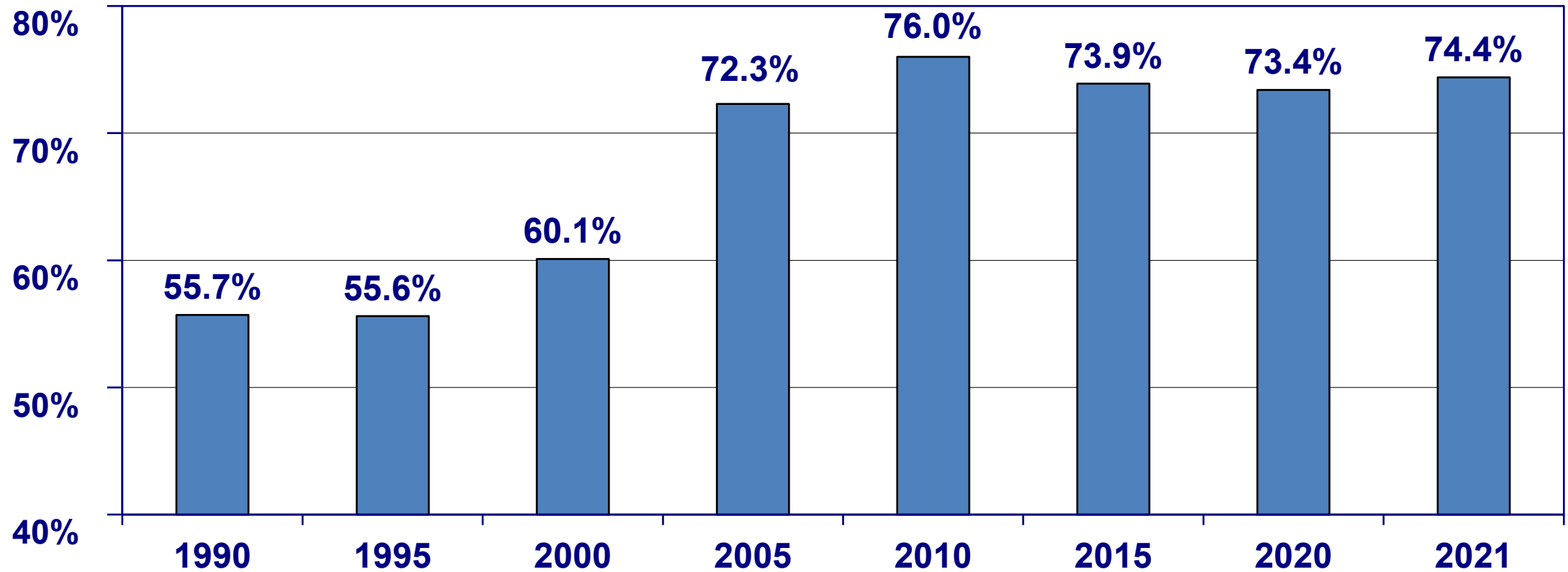


Proportion of All U.S. Births to Foreign Born Mothers, 1990-2021

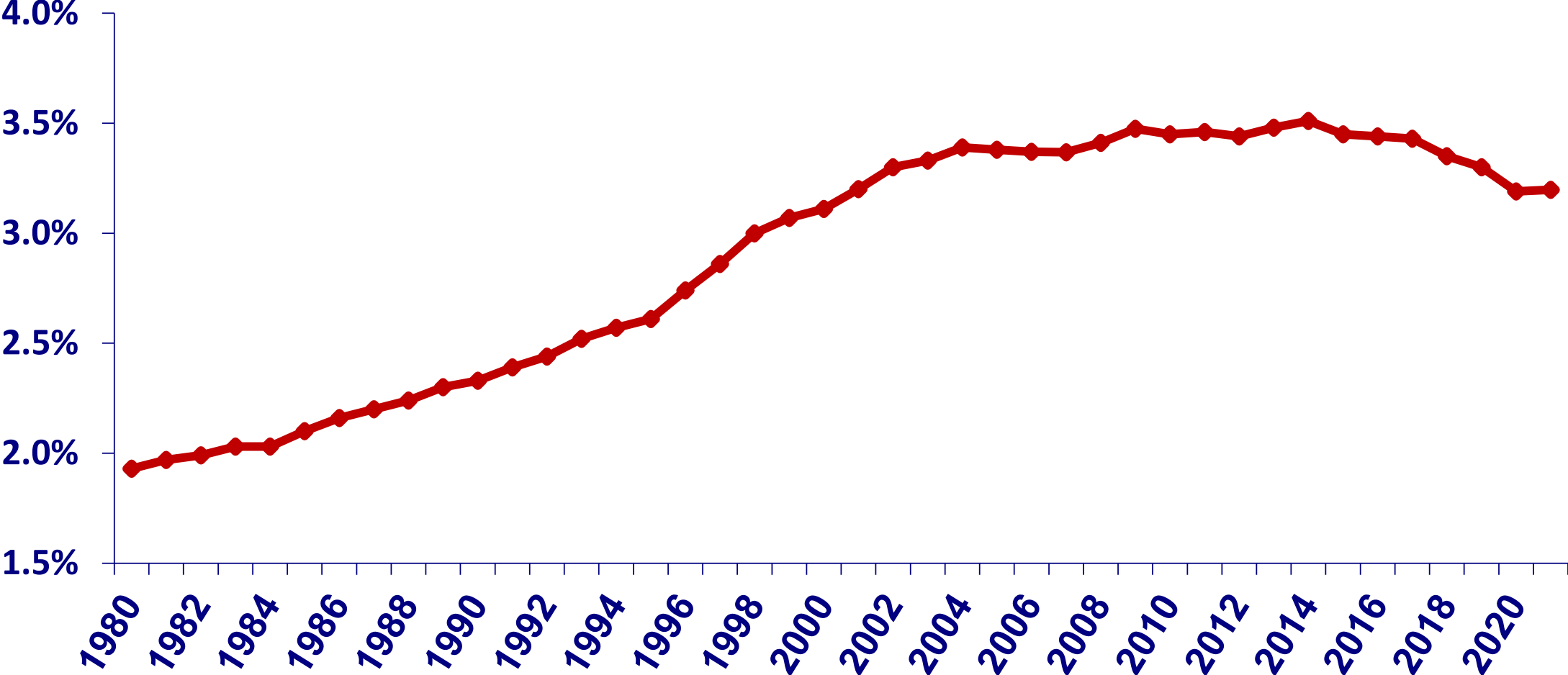


Is it IVF & Multiple Births?

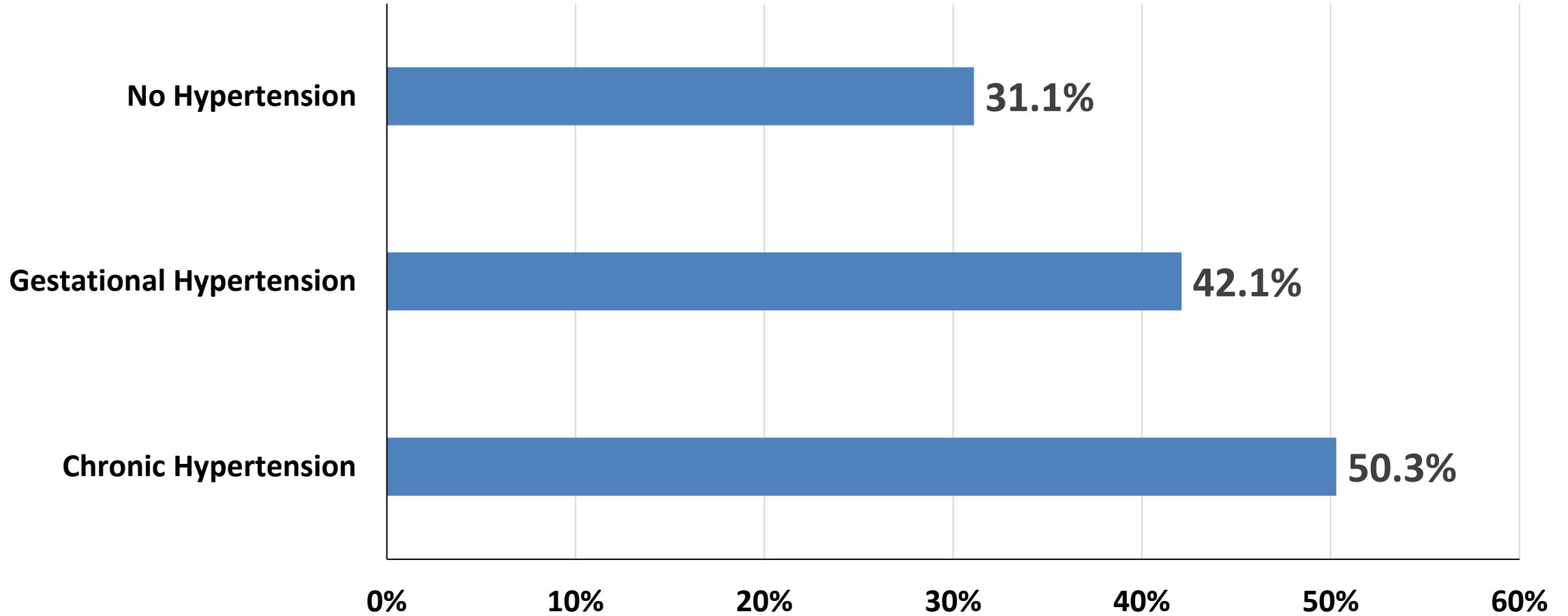
Cesarean Rates for Multiple Births, U.S., 1990-2021



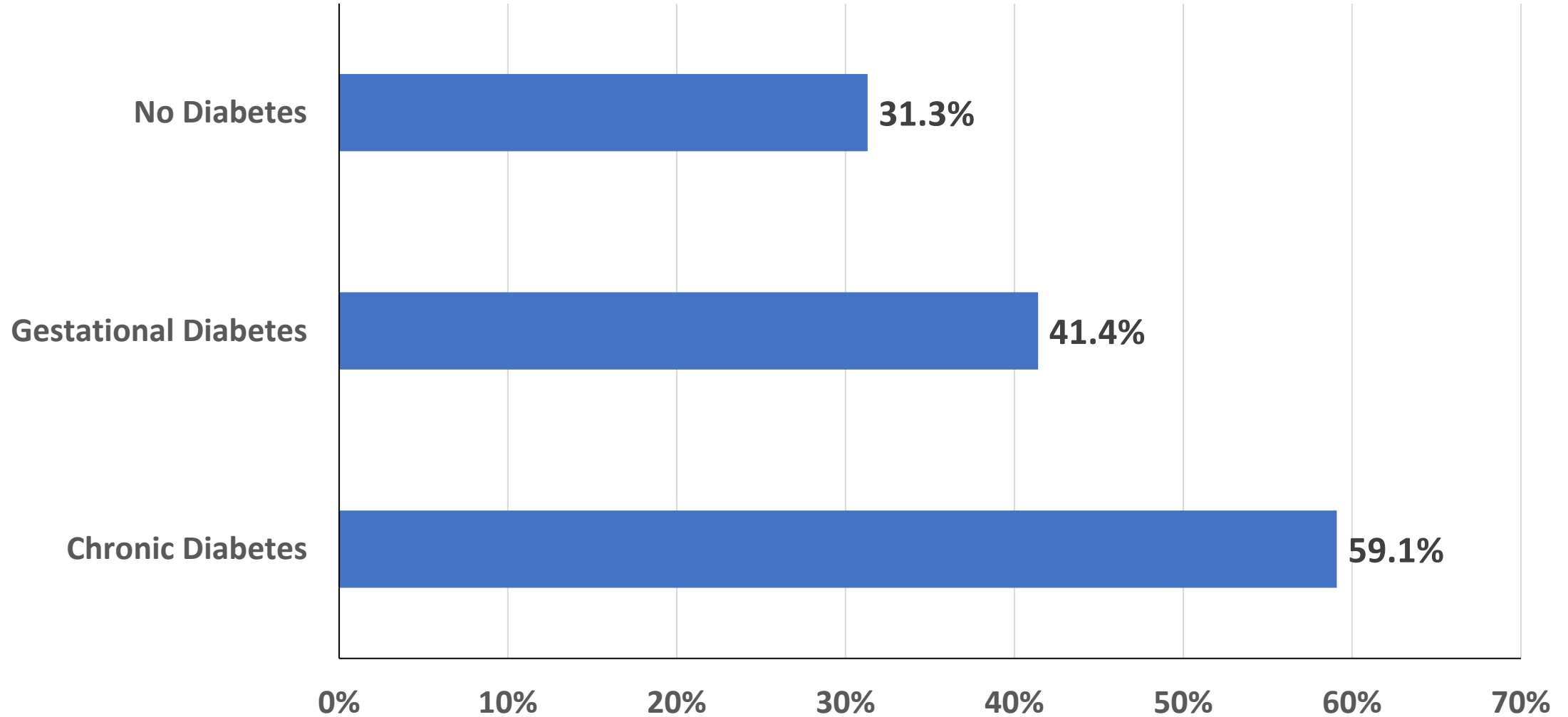
Rates of Multiple Births (proportion of all babies in multiple births), U.S., 1980-2021



Cesarean Rates by Hypertension, 2021

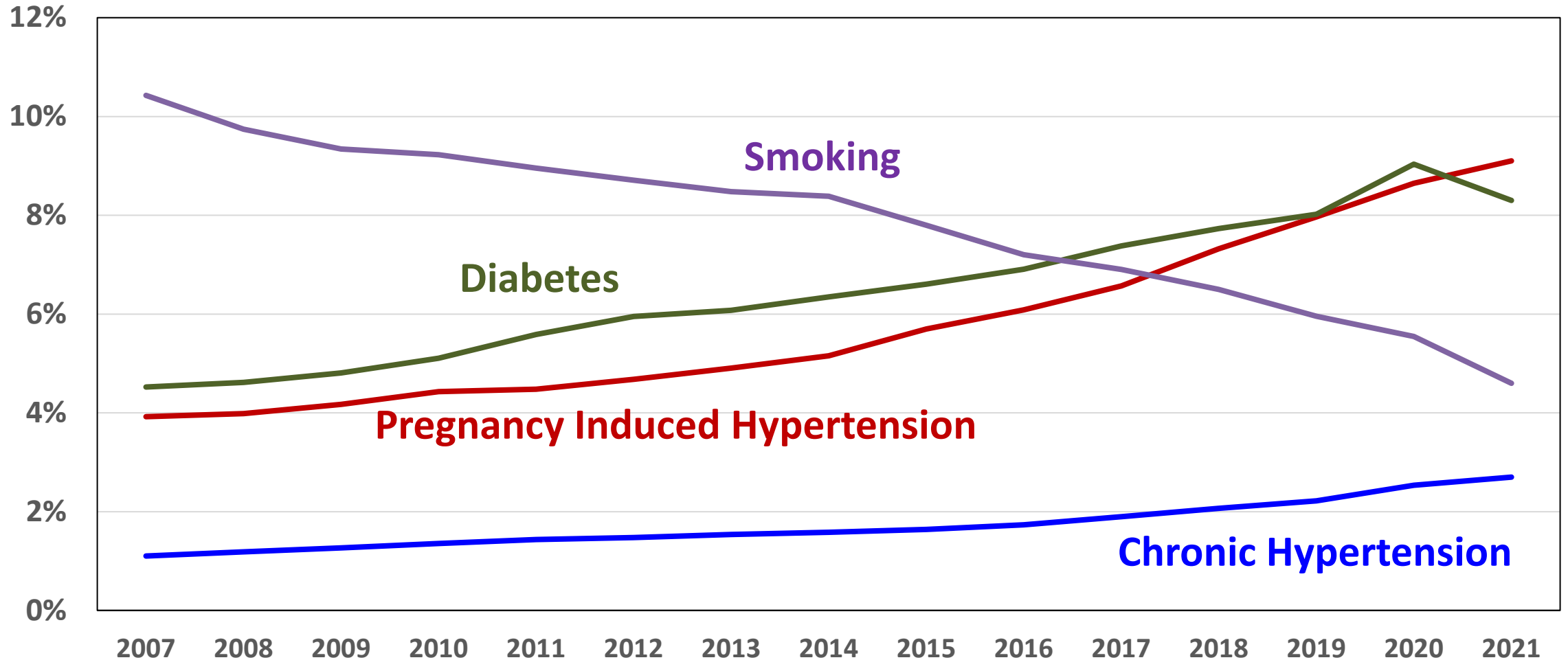


Cesarean Rates by Diabetes Status, 2021



Is it Poor Health?

Maternal Risk Status and Behaviors, U.S., 2007-2021



Have maternal request
cesareans played a
major role in these
increases?

A grayscale photograph of four women of diverse ethnicities smiling and looking towards the camera. They are positioned in a row, with the woman on the far right being the most prominent. The image is semi-transparent, allowing text to be overlaid.

***Asking Mothers about
Maternal Request Cesareans***

Listening to

<http://www.childbirthconnection.org>

Mothers II

Eugene R. Declercq

Carol Sakala

Maureen P. Corry

Sandra Applebaum

Two Components to Maternal Request Primary Cesarean

1. Mother made request for planned cesarean before labor

Two Components to Maternal Request Primary Cesarean

1. Mother made request for planned cesarean before labor
2. Cesarean for no medical reason

Patient Choice Primary Cesareans

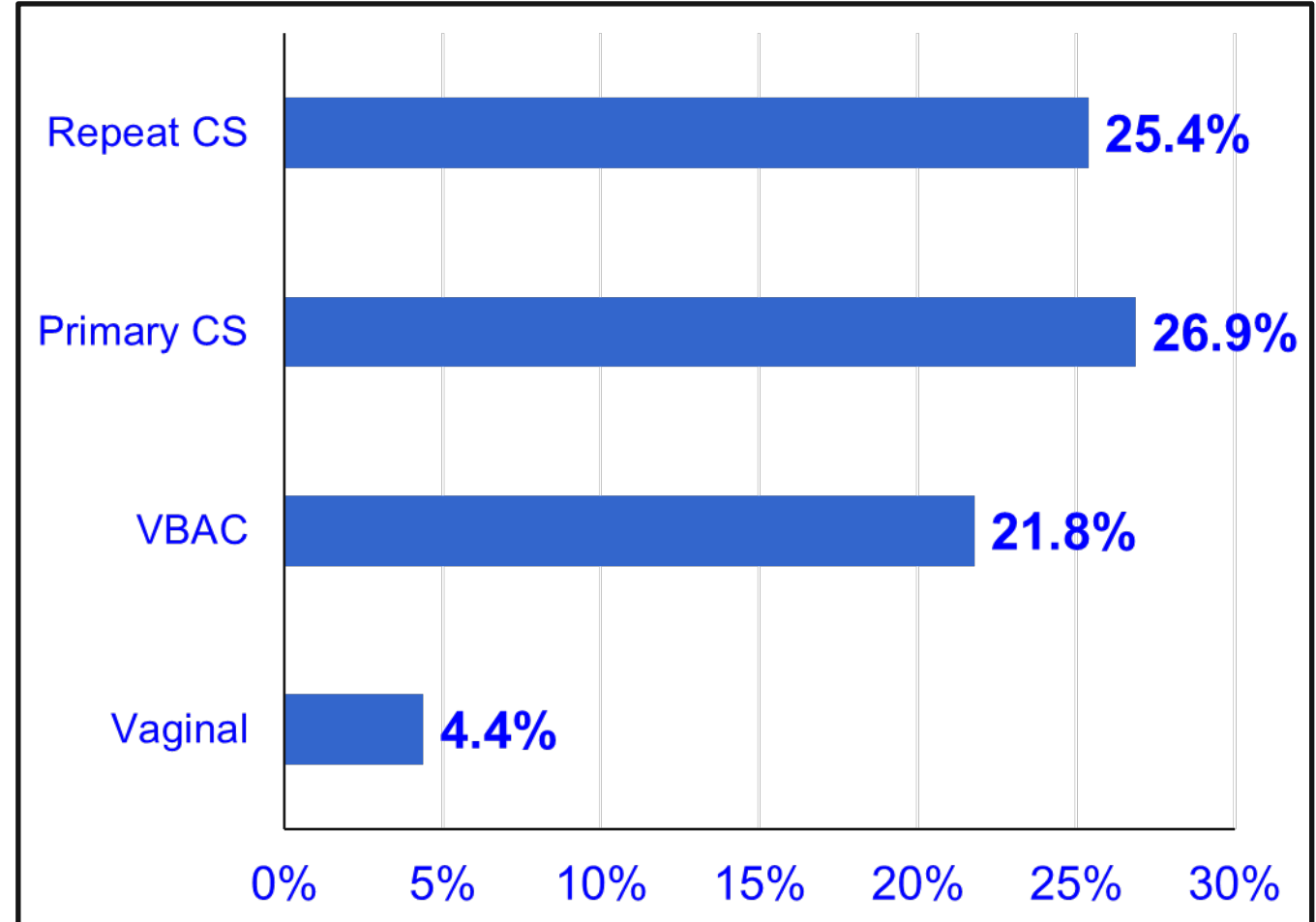
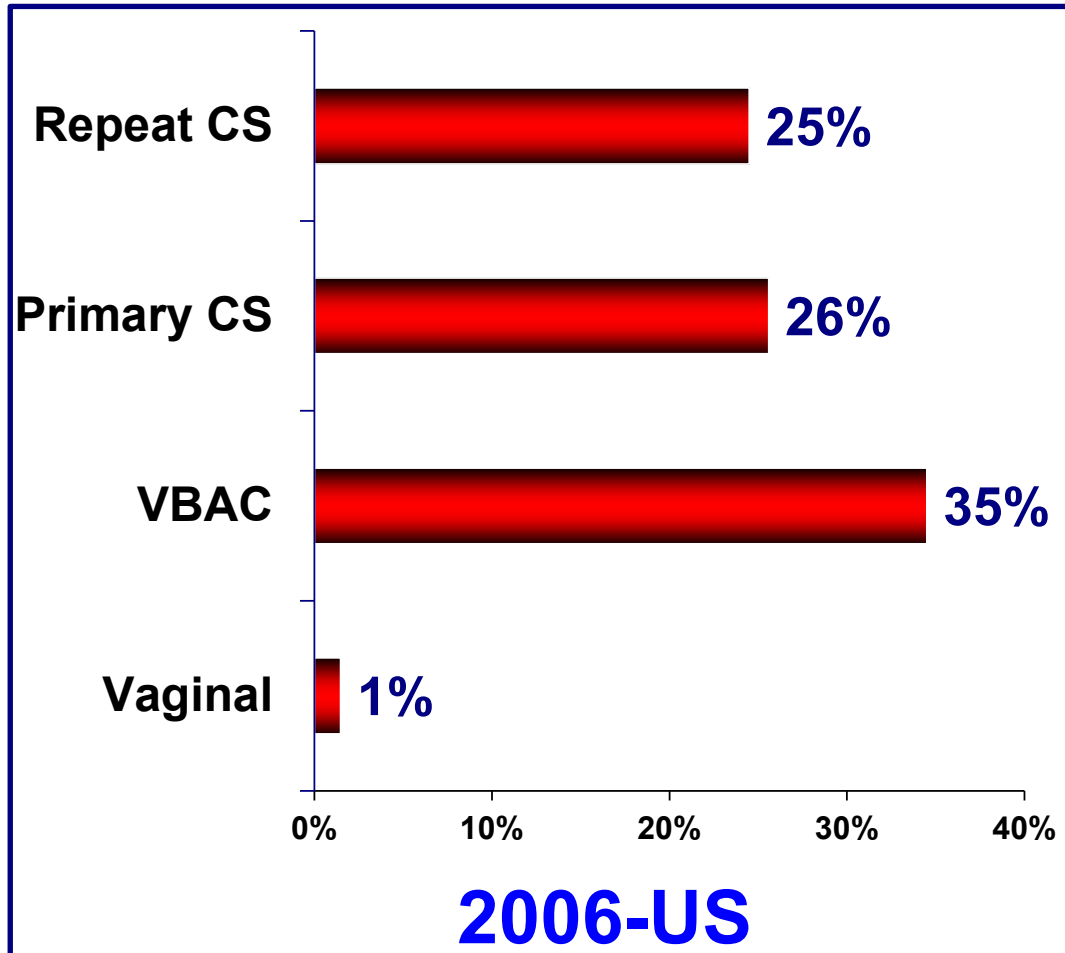
- Combining reason for cesarean and timing of decision found only 1 respondent of 252 (0.4%) had a planned primary cesarean for no medical reason.

"I think that [cesarean] is... the best way ... to give birth. It is a planned way, no hassle, no pain, the baby doesn't struggle to come out, the baby is not pressed to come out ...I think that ... everybody should have the baby by cesarean section."

Studies from England, Canada and Sweden & U.S. States confirm very low rates of maternal request cesareans

Pressure to Accept Interventions by Method of Delivery

Did you feel pressure from any health professional to have a cesarean? % yes



Source: Declercq et al. 2006. *Listening to Mothers II*.

www.birthbythenumbers.org

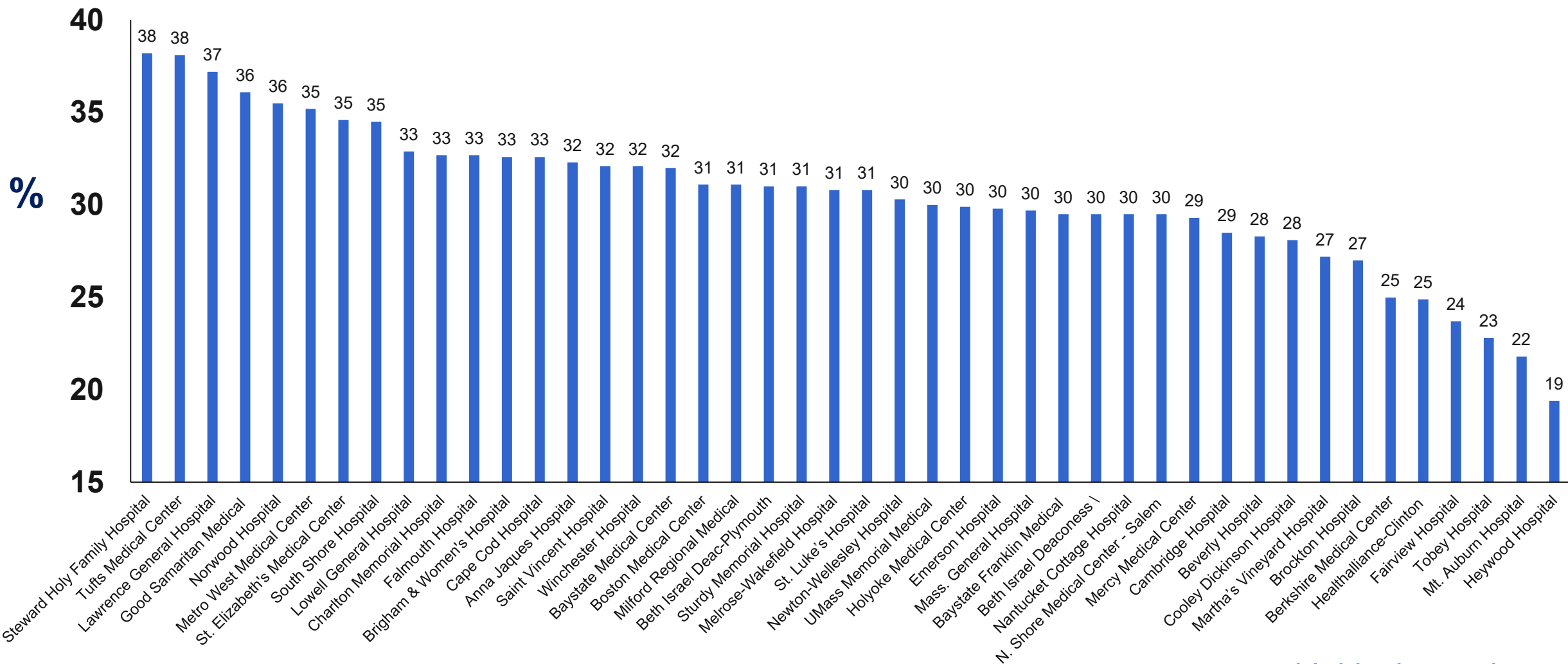
2016-CA

Overall, we see that changes in cesarean rates do not directly correspond to changes in maternal health status.

If it's not women driving CS rates, what explains them?

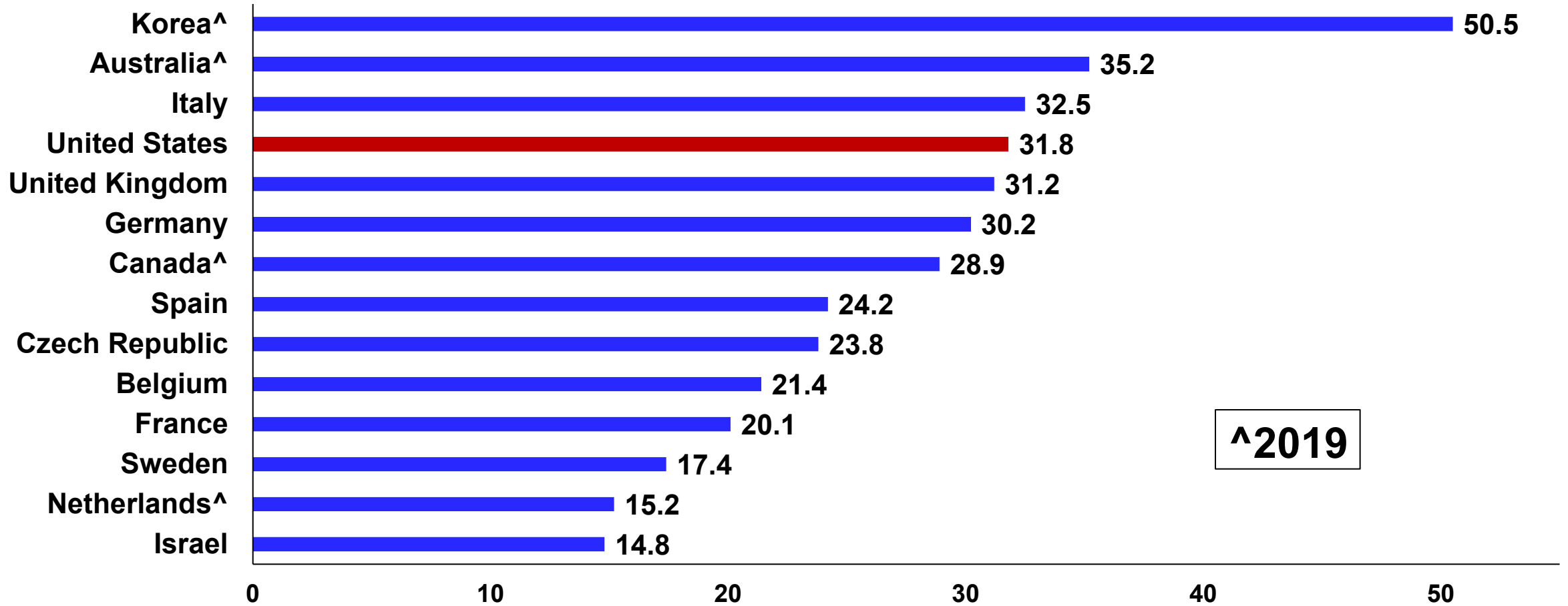
Hospital Practices?

Mass. CS Rates by Hospital, 2019

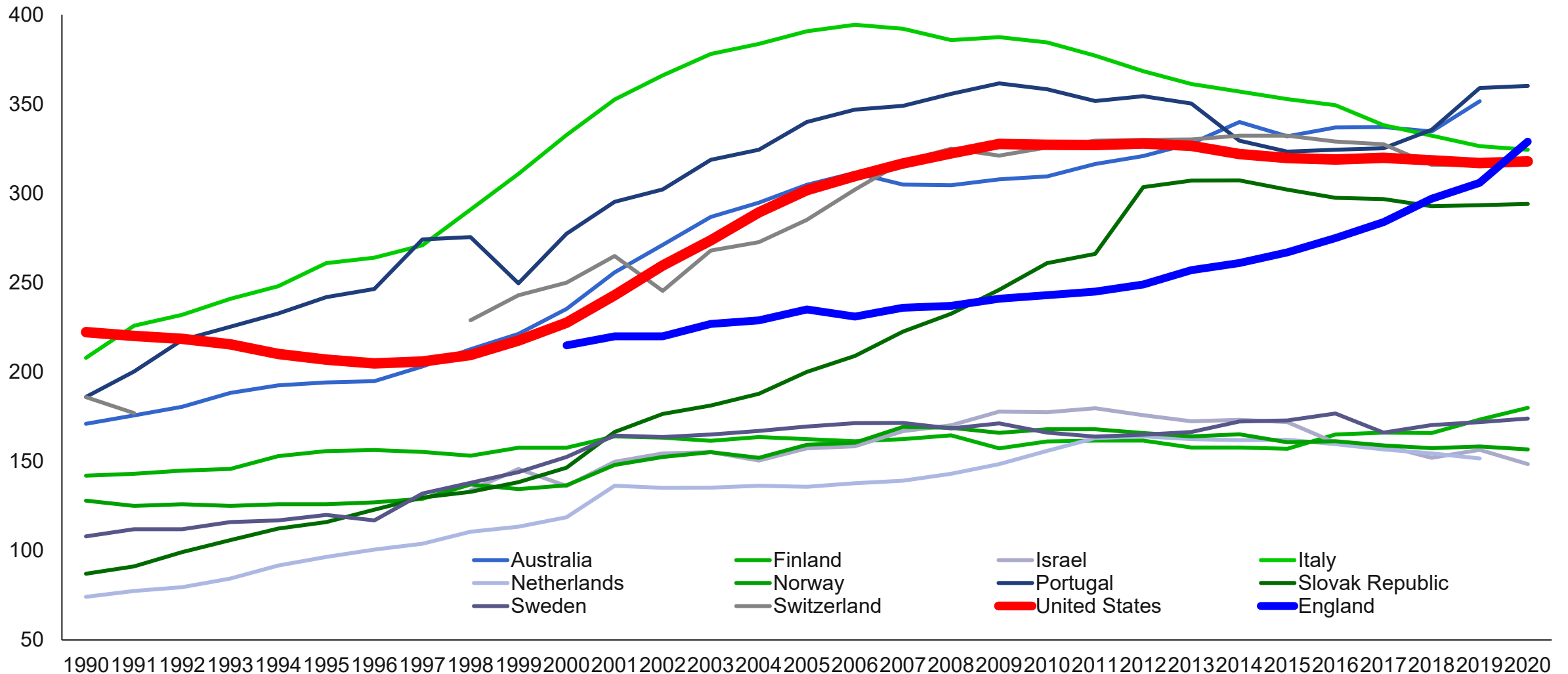


***How does the U.S. compare to
other countries?***

Cesarean Rates (%) in Industrialized Countries* with 100,000+ Births, 2020



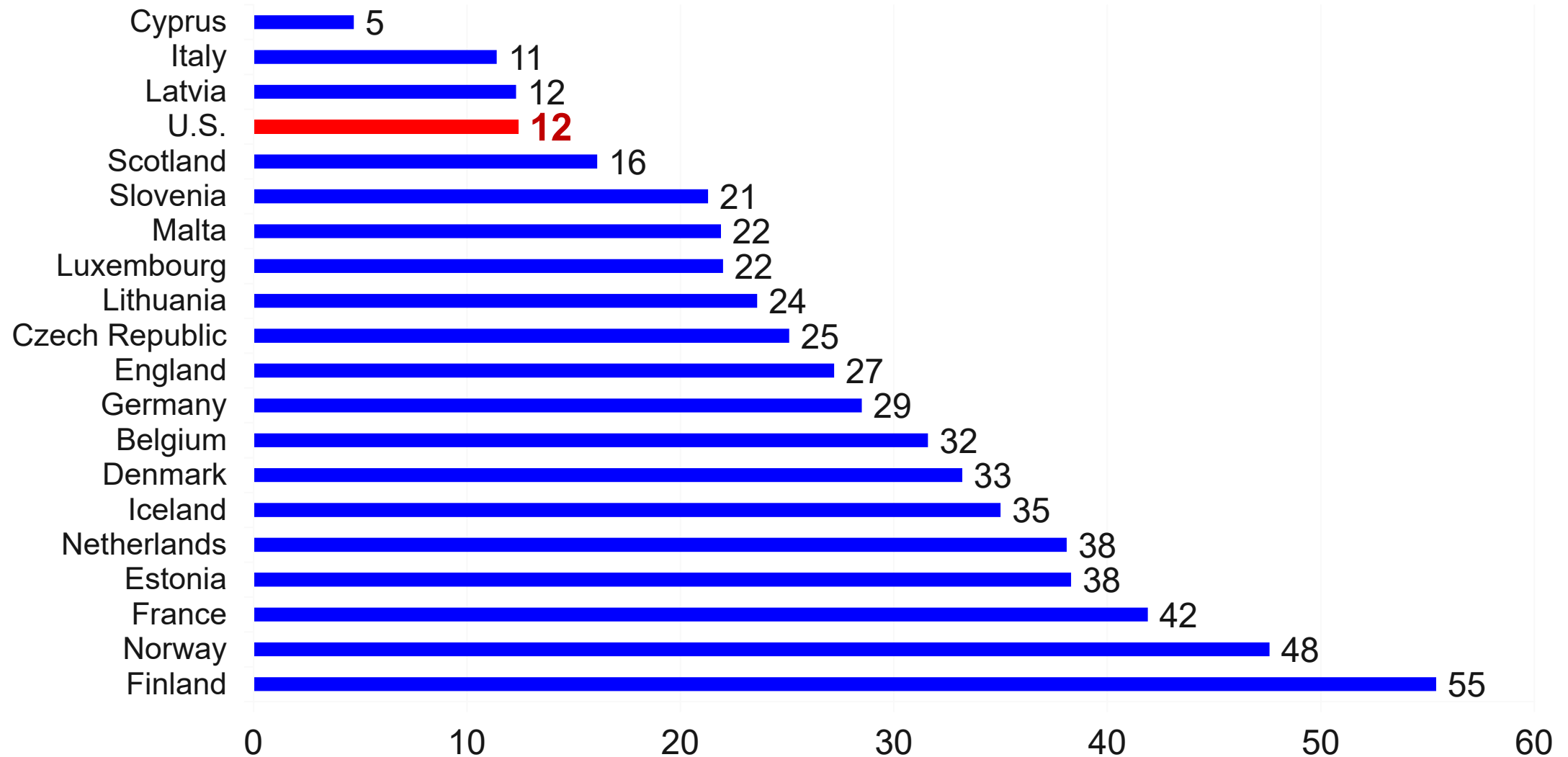
Trends in Overall Cesarean Rate (per 1,000) 1990 – 2020, Countries with Current Highest & Lowest Rates



Sources: OECD data 2022; WHO Europe Health for All Database.

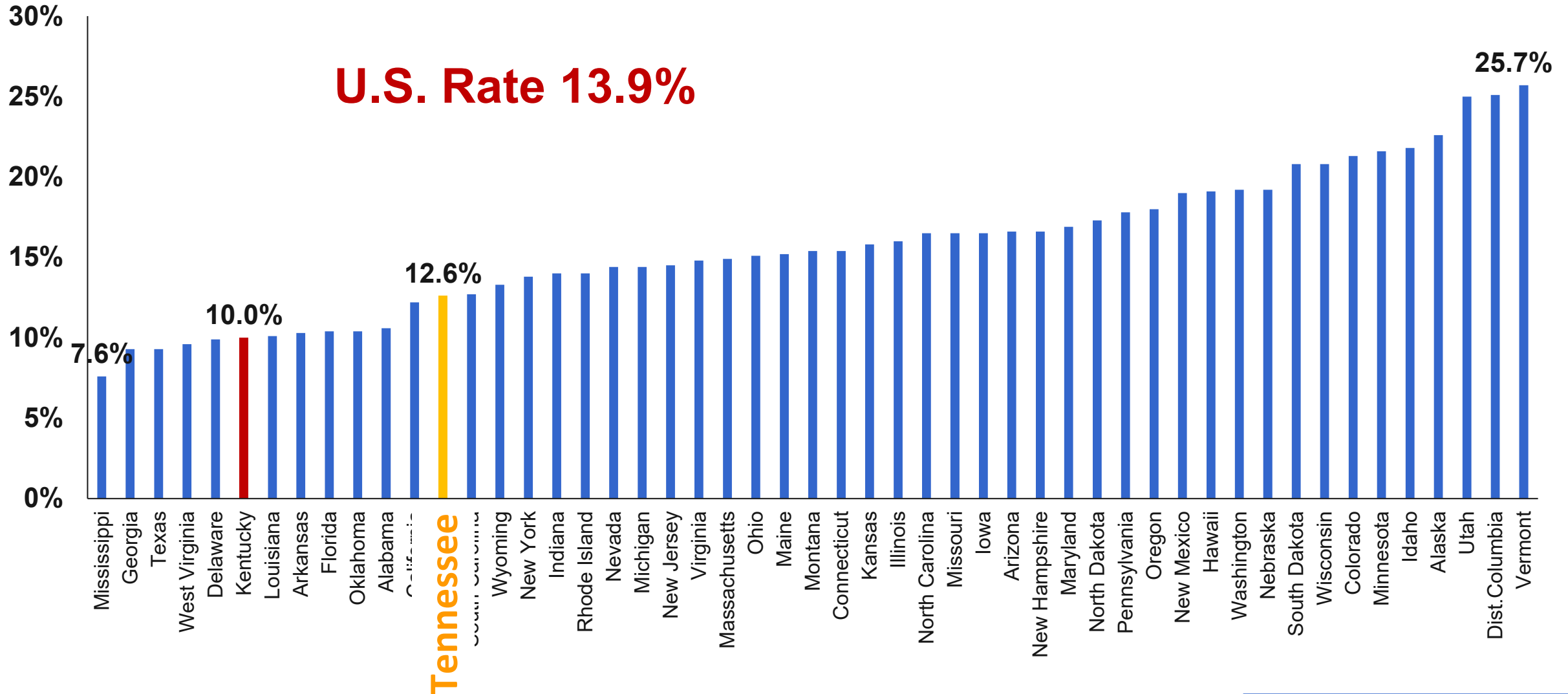
BirthByTheNumbers.org

VBAC Rates Industrialized Countries, 2015



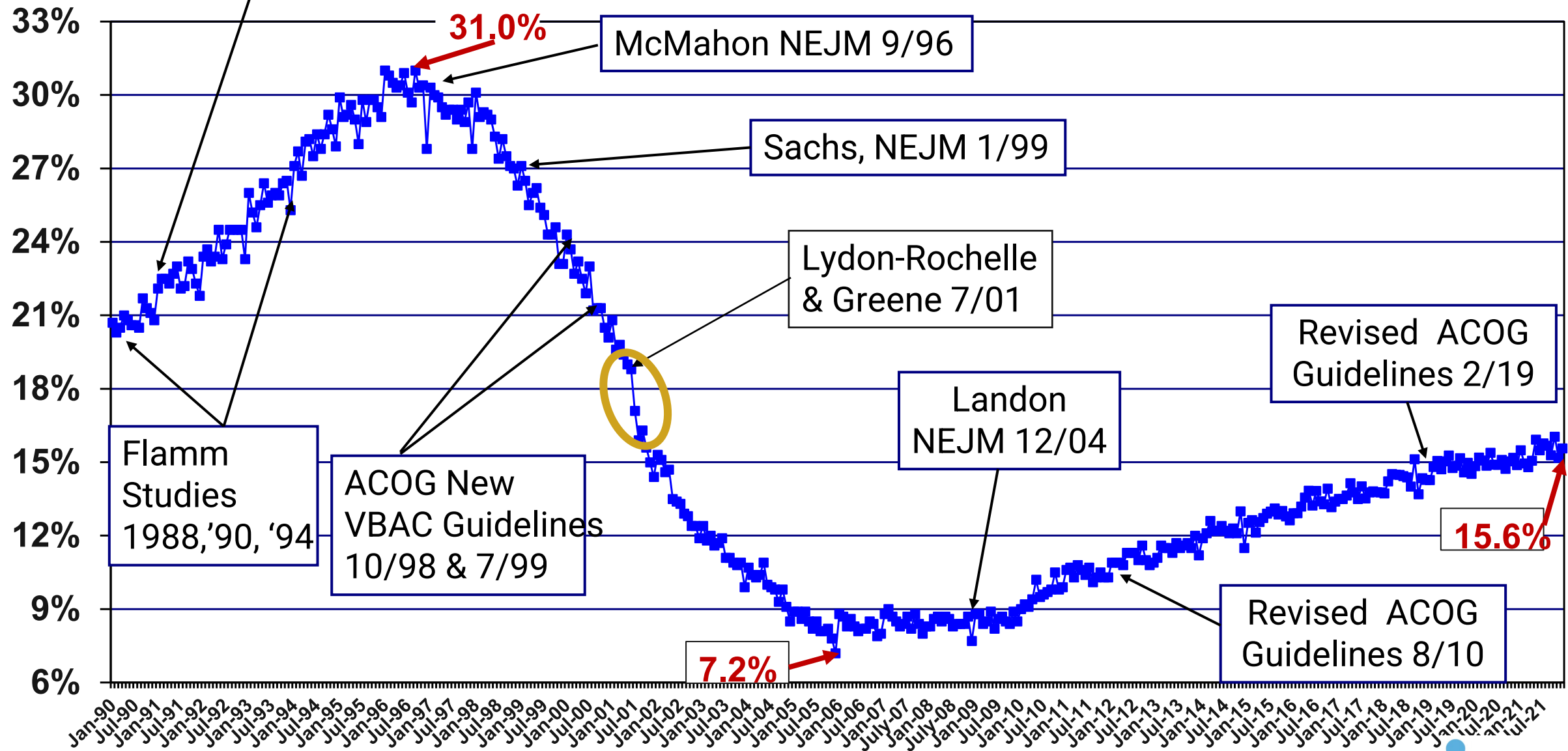
Source: Euro-Peristat Project. European Perinatal Health Report. Core indicators of the health and care of pregnant women and babies in Europe in 2015. November 2018.

State VBAC Rates 2020



% VBAC Lower Risk* Mothers, U.S., Monthly Rates, 1990-2021

ACOG guidelines encourage VBAC, 1/82 10/88 Reaffirmed 1991



Data Source: 1990-2021, CDC Vital Statistics & VSS data sets * Full-gestation(37+ weeks), vertex presentation, singleton births

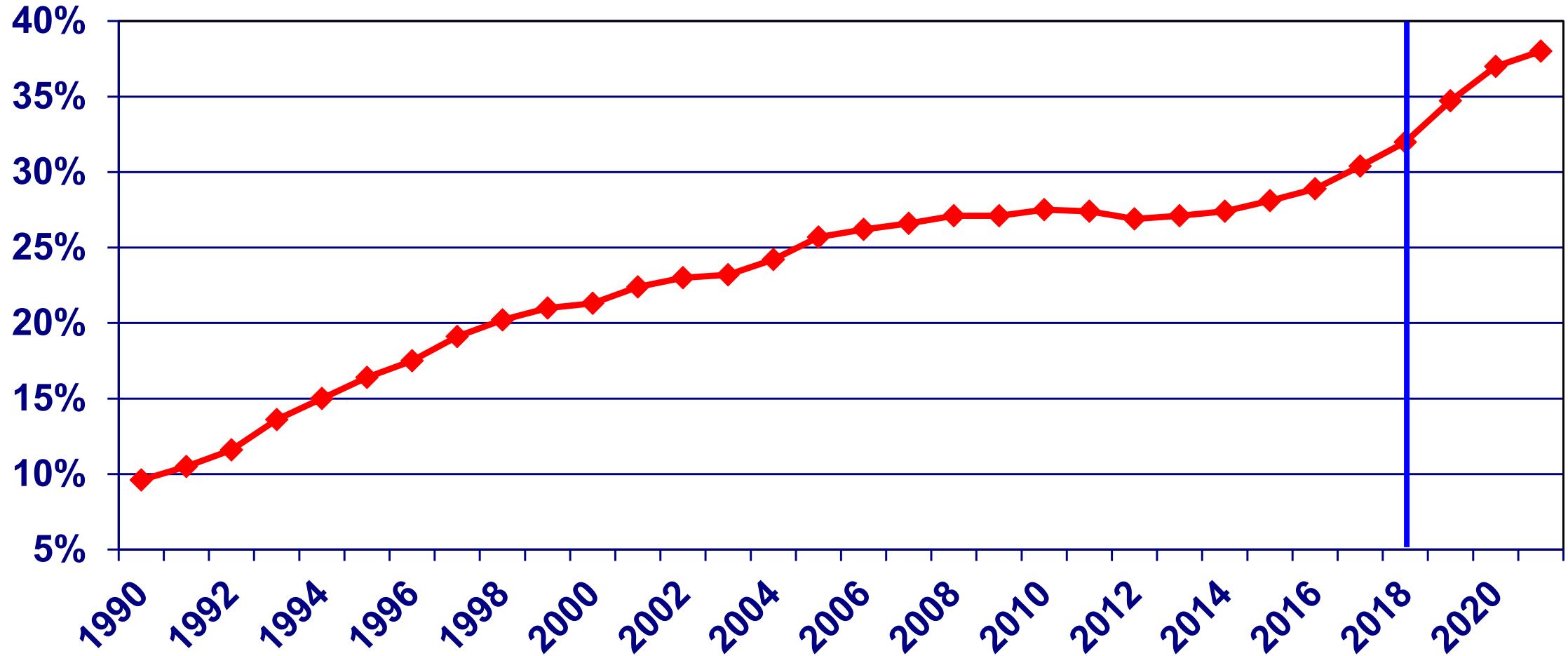


What can we say about cesarean rates?

- *Been essentially level for the past 15 years after a rapid rise 1996-2007*
- *Fluctuations in the CS rate mirrored by VBAC rates*
- *Meanwhile outcomes haven't improved*
- *Largely not driven by changes in women, while hospital variation is wide*

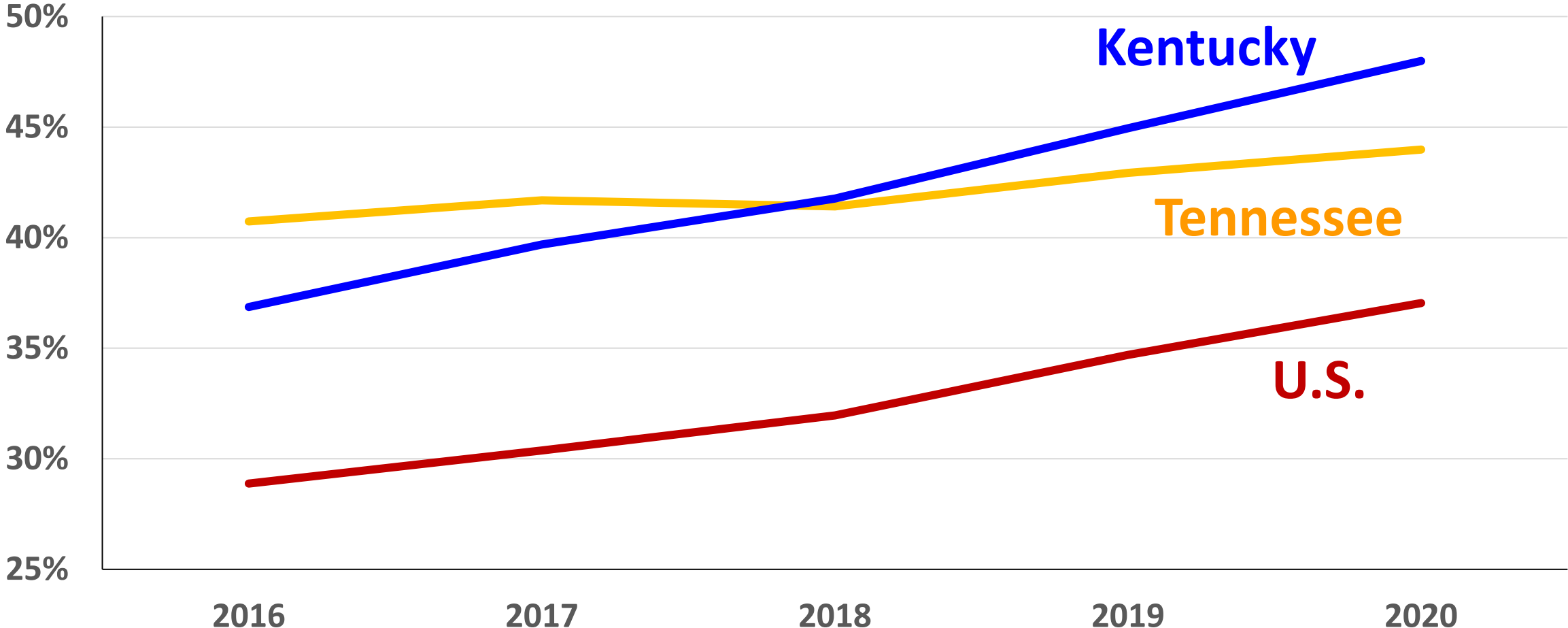
The Challenge of Rising Induction Rates

Inductions in Vaginal Births, U.S., 1990-2021

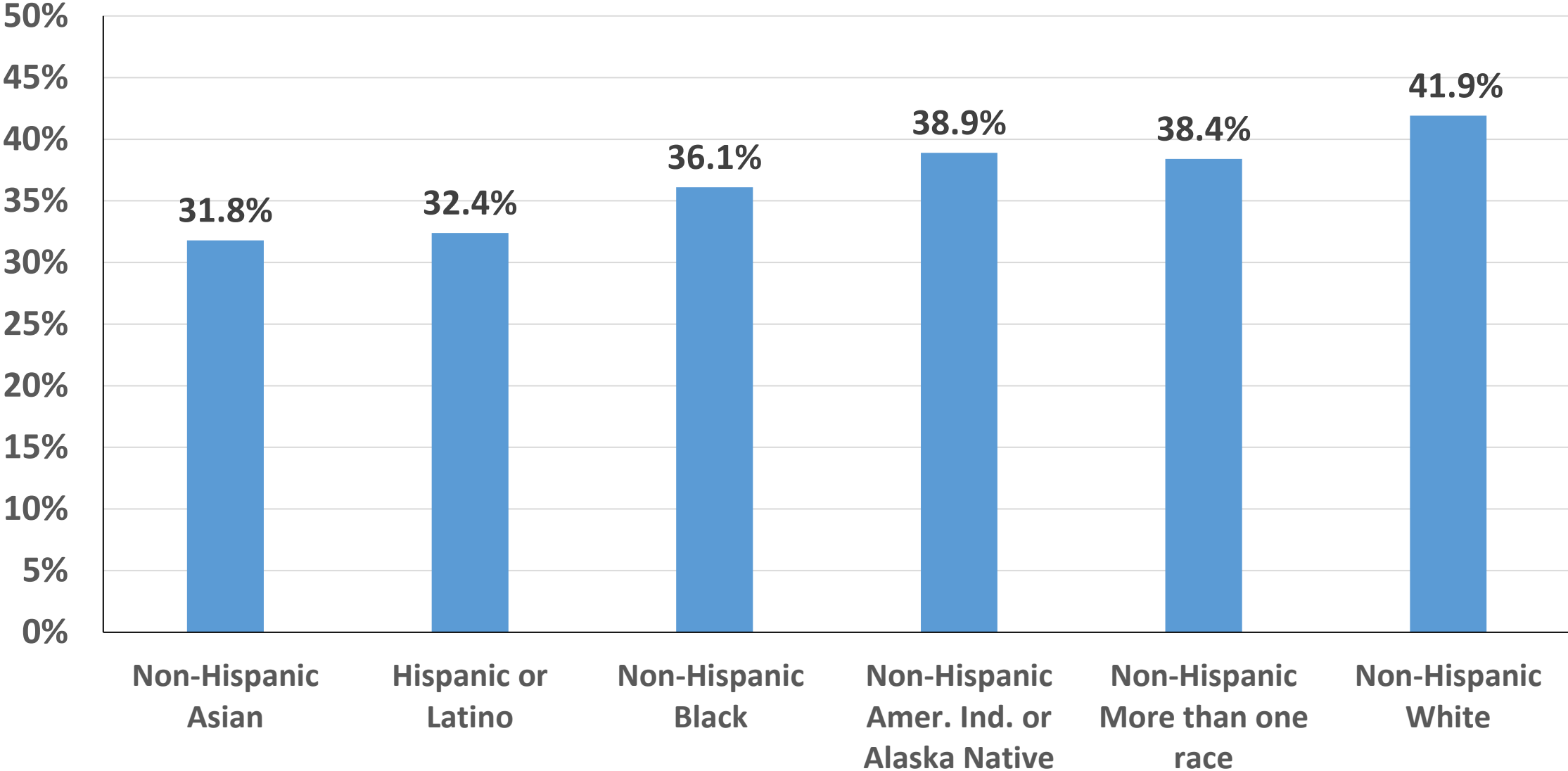


Source: CDC, NCHS. Downloadable annual natality datasets and CDC Wonder. (2016-2020)

Inductions in Vaginal Births, U.S., TN, KY, 2016-20



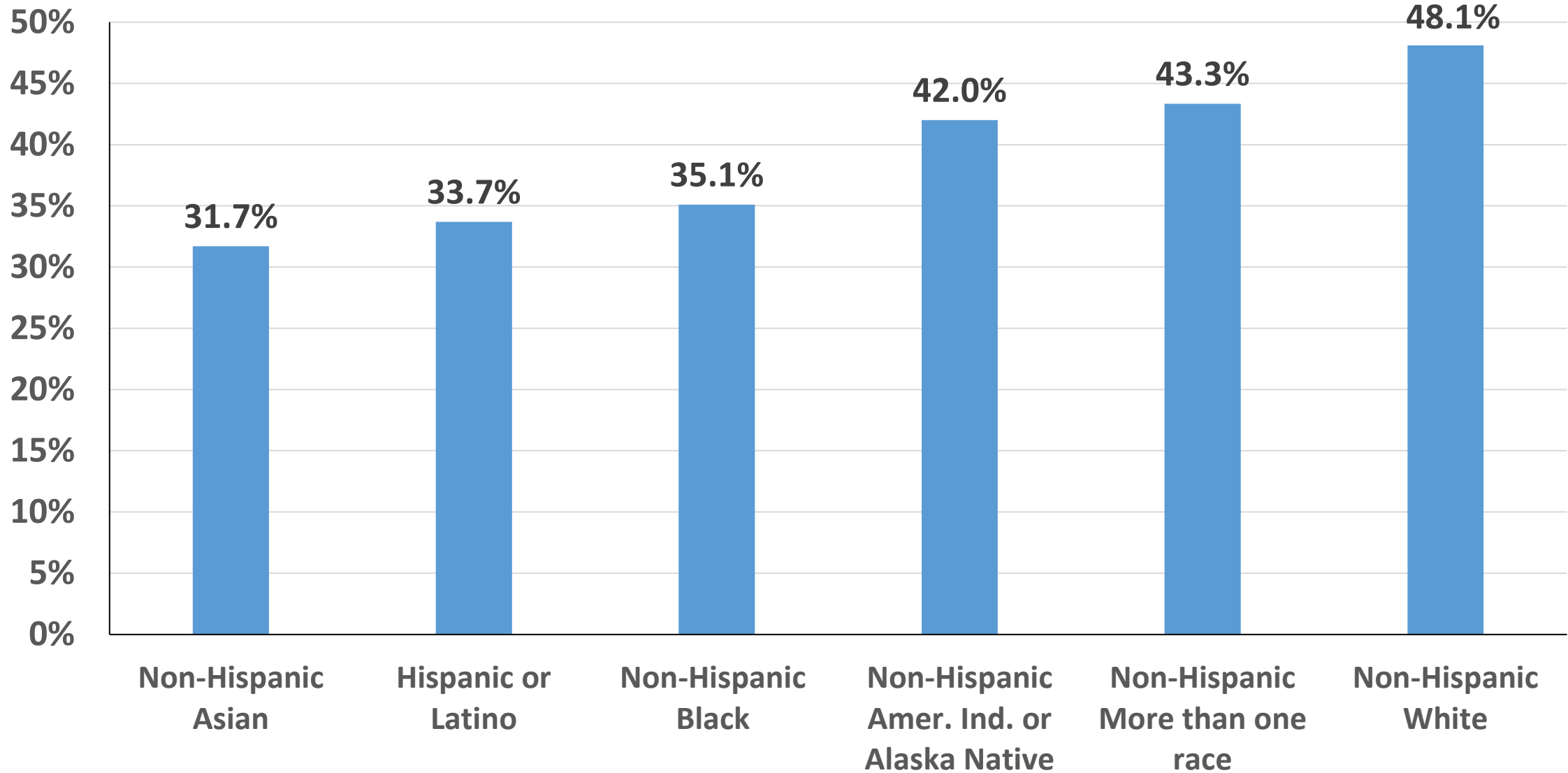
Inductions by Race/Ethnicity, Vaginal Births, U.S. 2021



Source: CDC Wonder

Inductions by Race/Ethnicity, Vaginal Births

TN 2019-2020



The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

AUGUST 9, 2018

VOL. 379 NO. 6

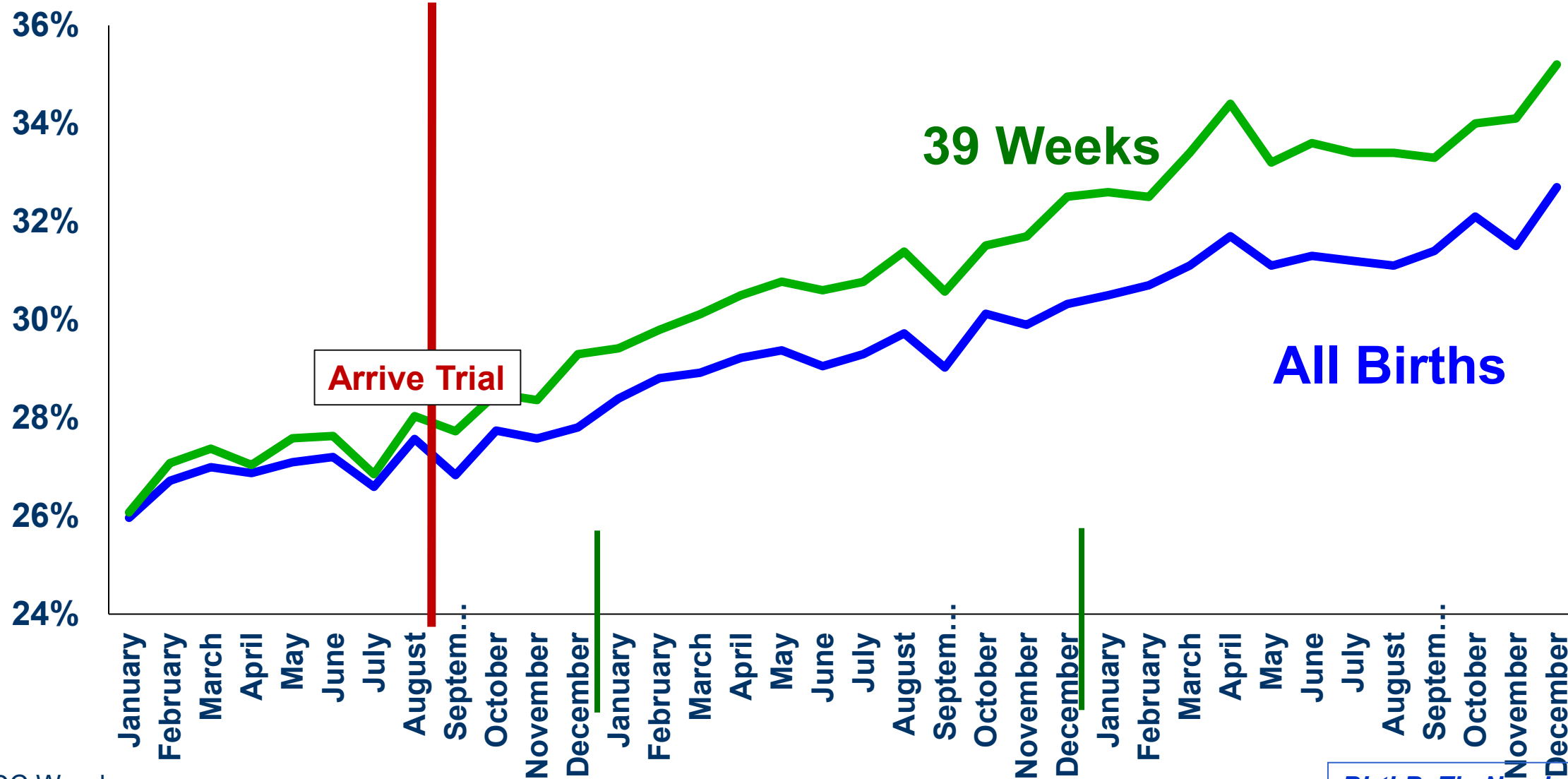
Labor Induction versus Expectant Management in Low-Risk Nulliparous Women

William A. Grobman, M.D., Madeline M. Rice, Ph.D., Uma M. Reddy, M.D., M.P.H., Alan T.N. Tita, M.D., Ph.D., Robert M. Silver, M.D., Gail Mallett, R.N., M.S., C.C.R.C., Kim Hill, R.N., B.S.N., Elizabeth A. Thom, Ph.D., Yasser Y. El-Sayed, M.D., Annette Perez-Delboy, M.D., Dwight J. Rouse, M.D., George R. Saade, M.D., Kim A. Boggess, M.D., Suneet P. Chauhan, M.D., Jay D. Iams, M.D., Edward K. Chien, M.D., Brian M. Casey, M.D., Ronald S. Gibbs, M.D., Sindhu K. Srinivas, M.D., M.S.C.E., Geeta K. Swamy, M.D., Hyagriv N. Simhan, M.D., and George A. Macones, M.D., M.S.C.E., for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal–Fetal Medicine Units Network*

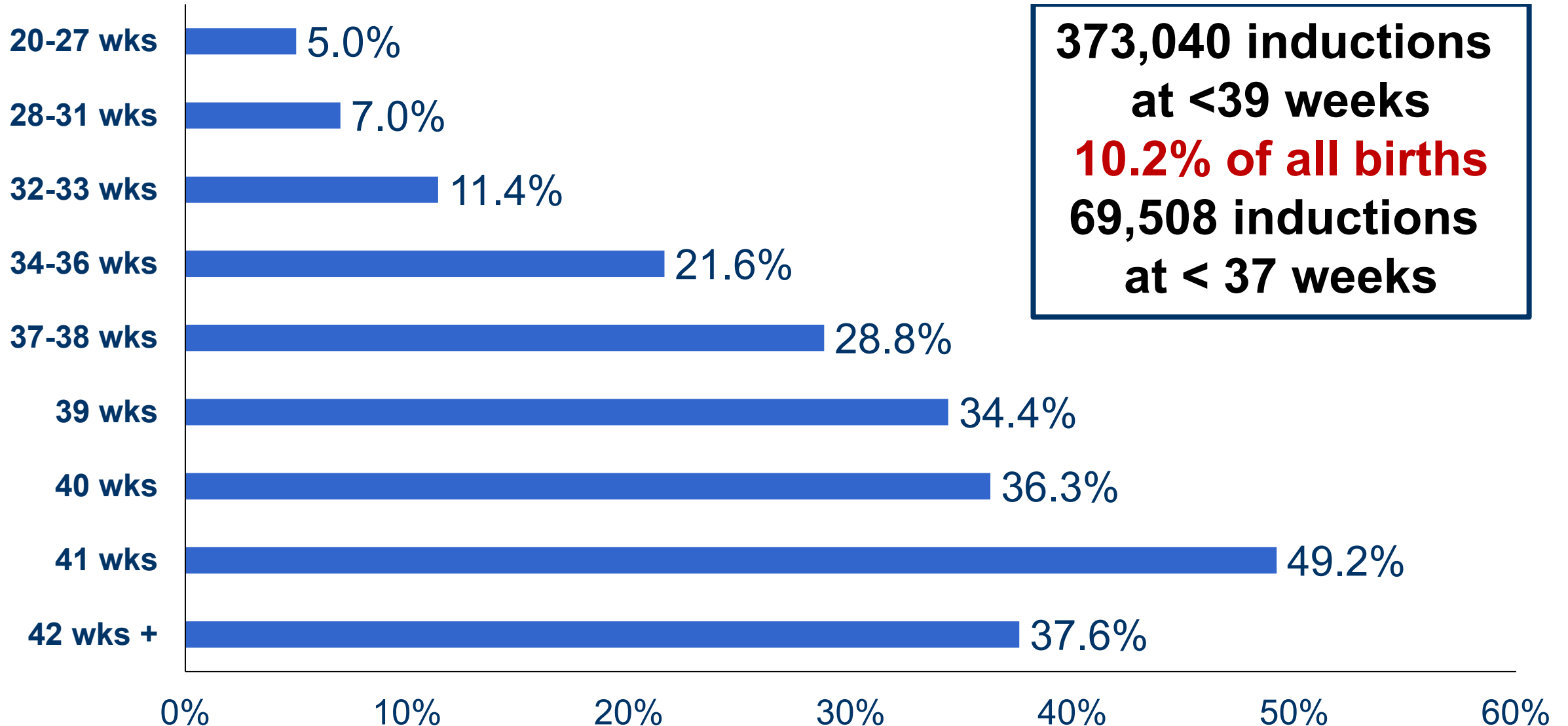
CONCLUSIONS

Induction of labor at 39 weeks in low-risk nulliparous women did not result in a significantly lower frequency of a composite adverse perinatal outcome, but it did result in a significantly lower frequency of cesarean delivery.

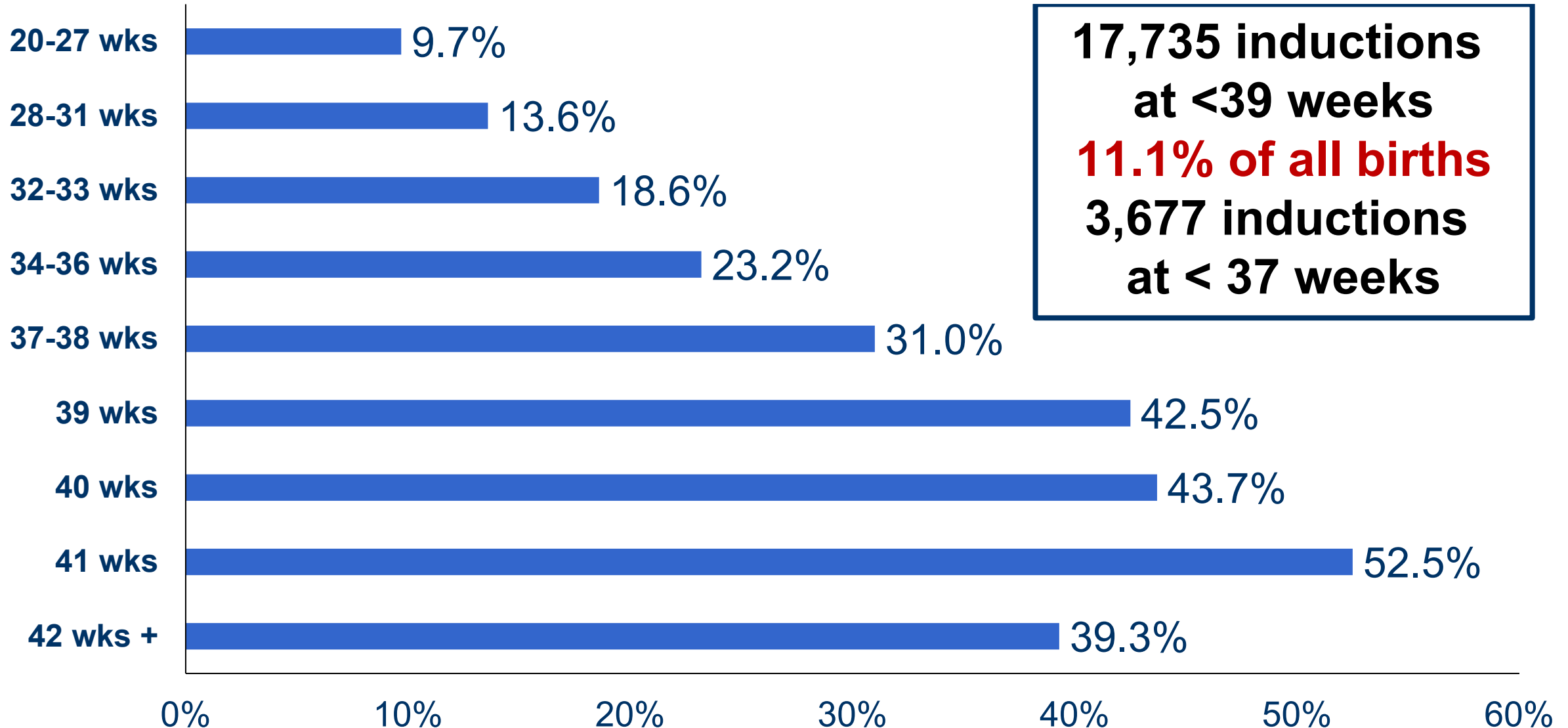
2018-20 Inductions Overall & at 39 Weeks by Month



Timing of inductions, U.S. 2021

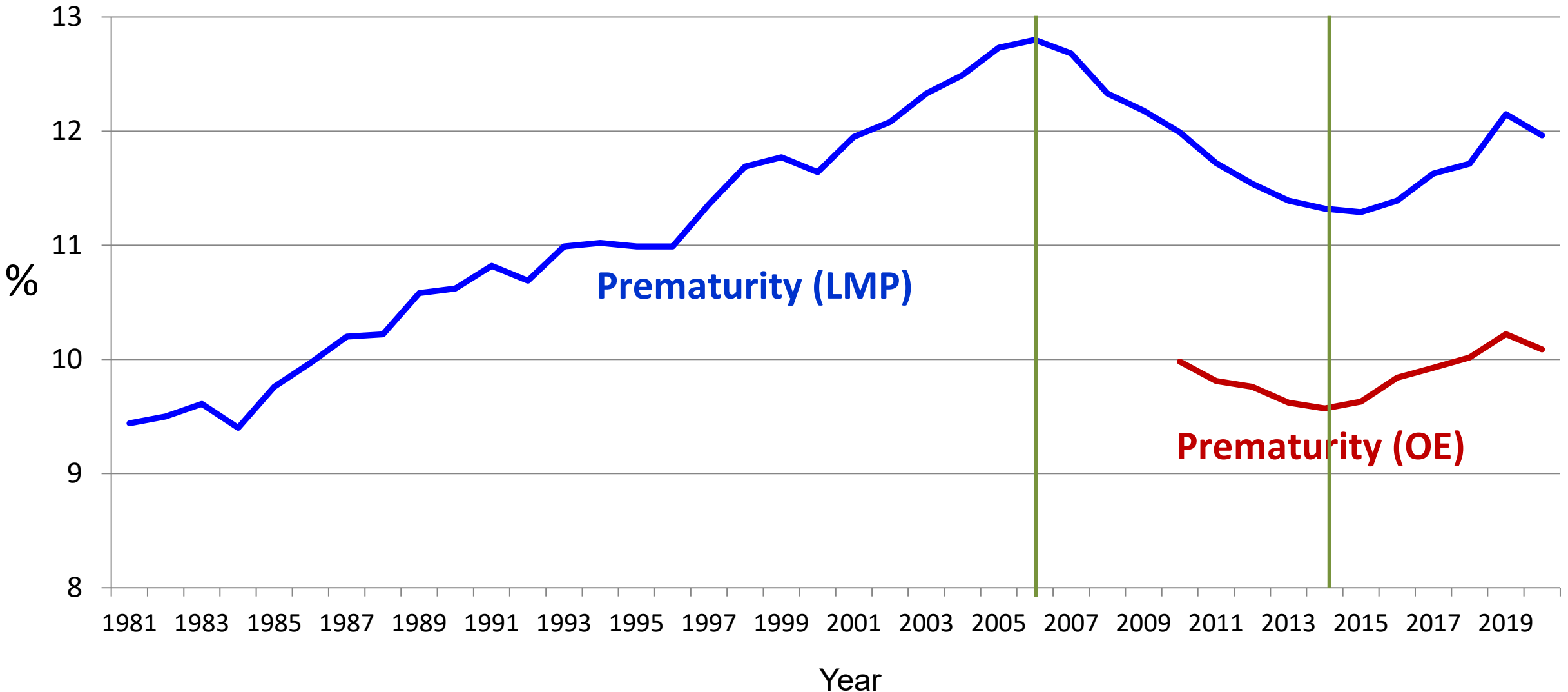


Timing of inductions, TN, 2019-20



Why might this matter?

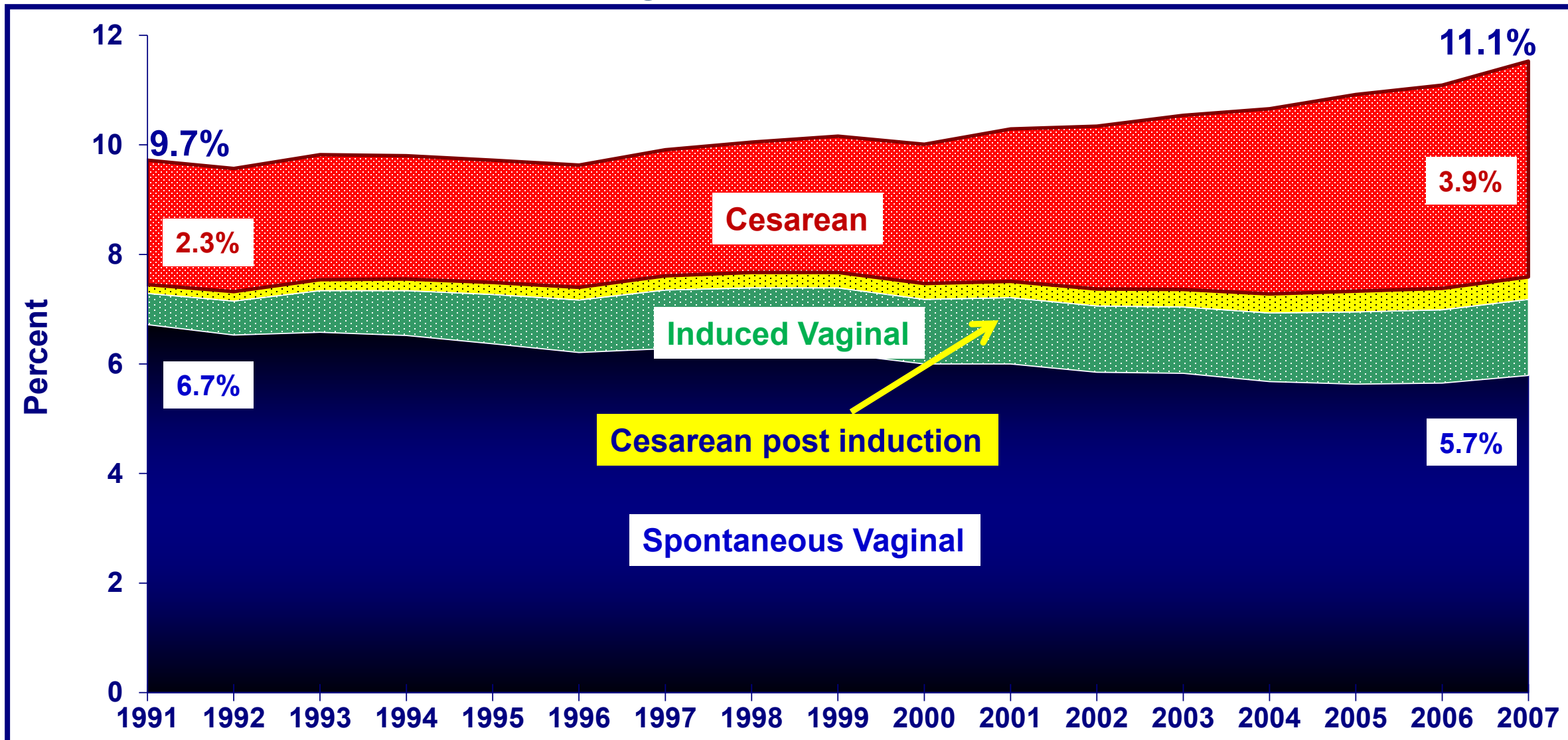
Prematurity(<37 weeks), U.S., 1981-2020



LMP – based on last menstrual period

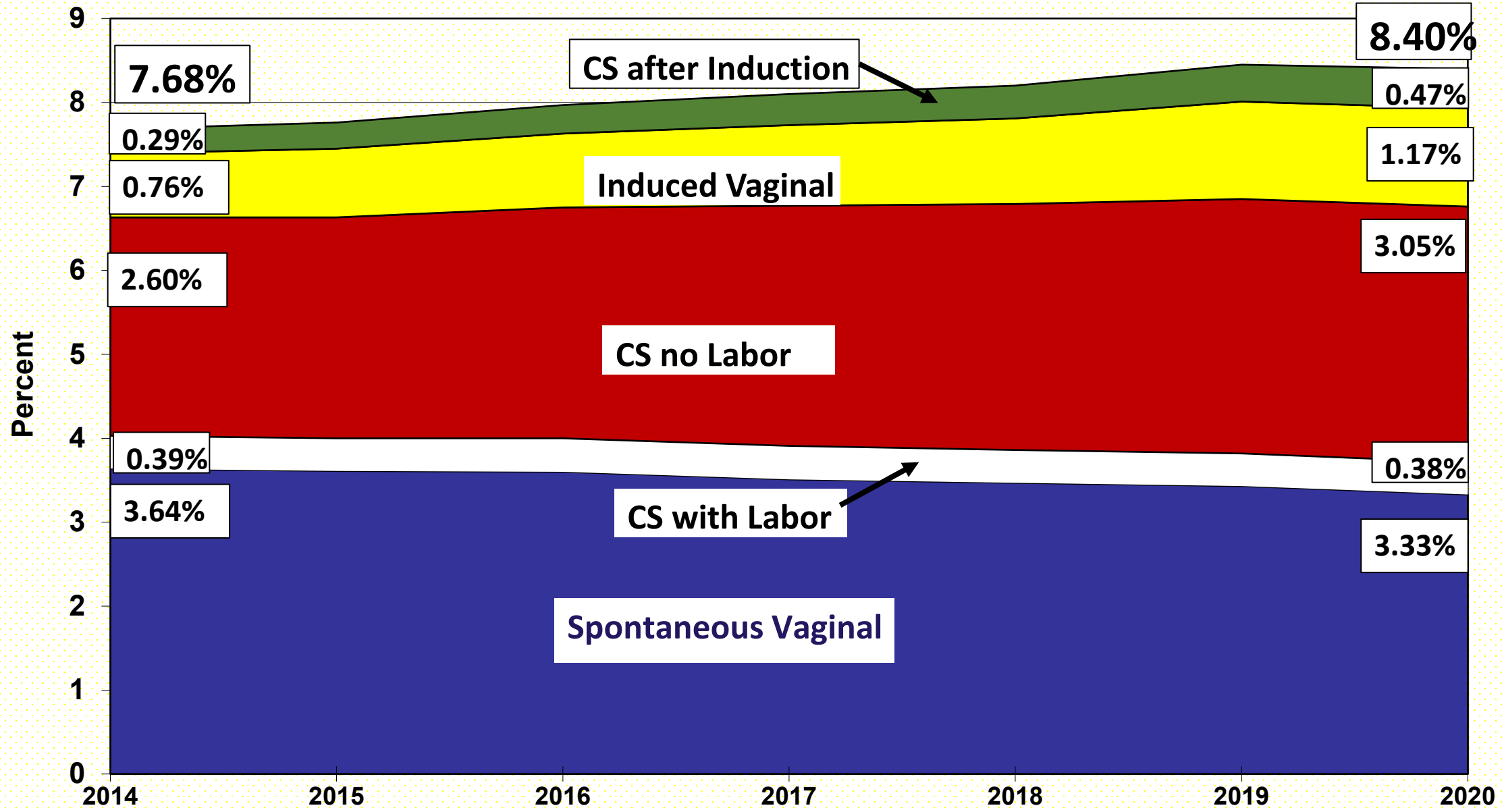
OE – based on obstetric estimate

Percent of singleton preterm (<37 weeks) births by method of delivery, United States, 1991-2007



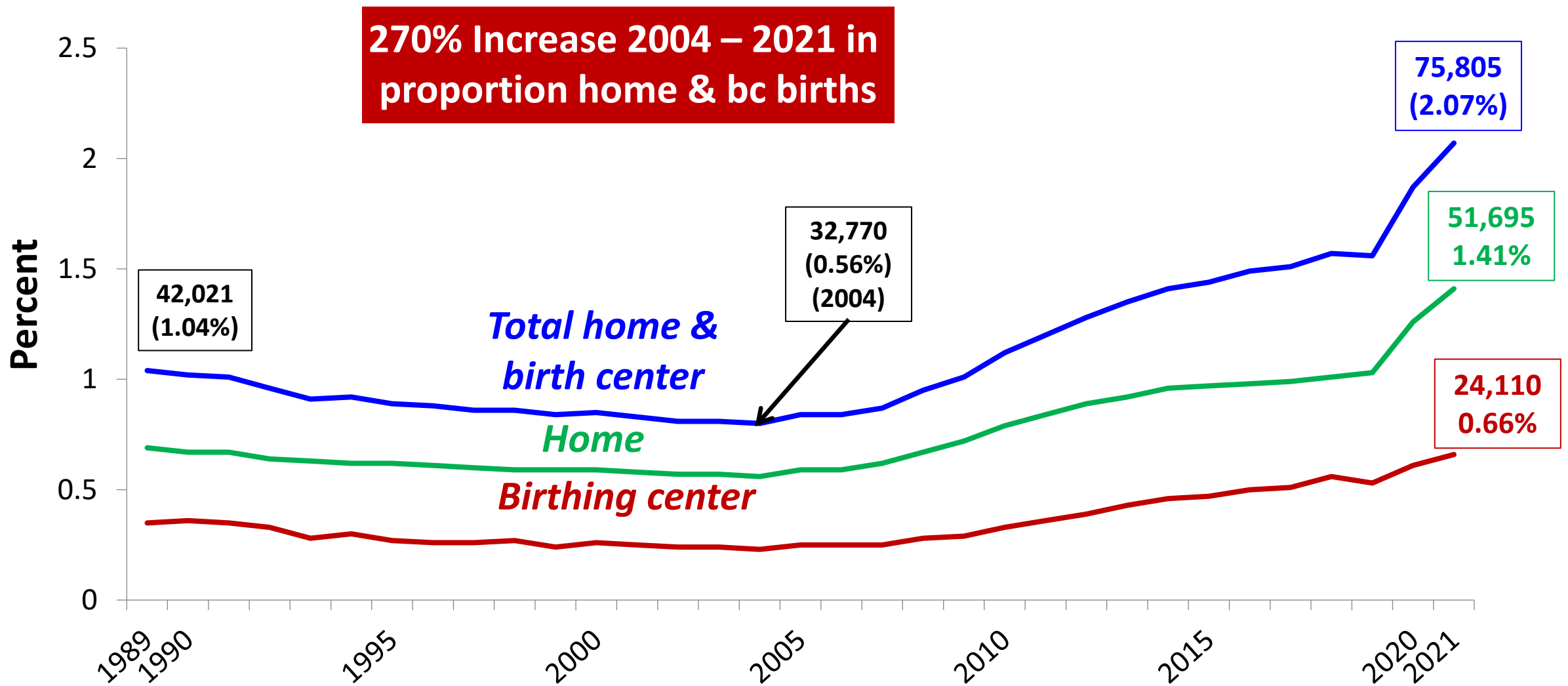
Source: Adapted from MacDorman et al. AJPH, 2011.

Percentage of singleton preterm births, out of total births, by method of delivery, U. S., 2014-2020

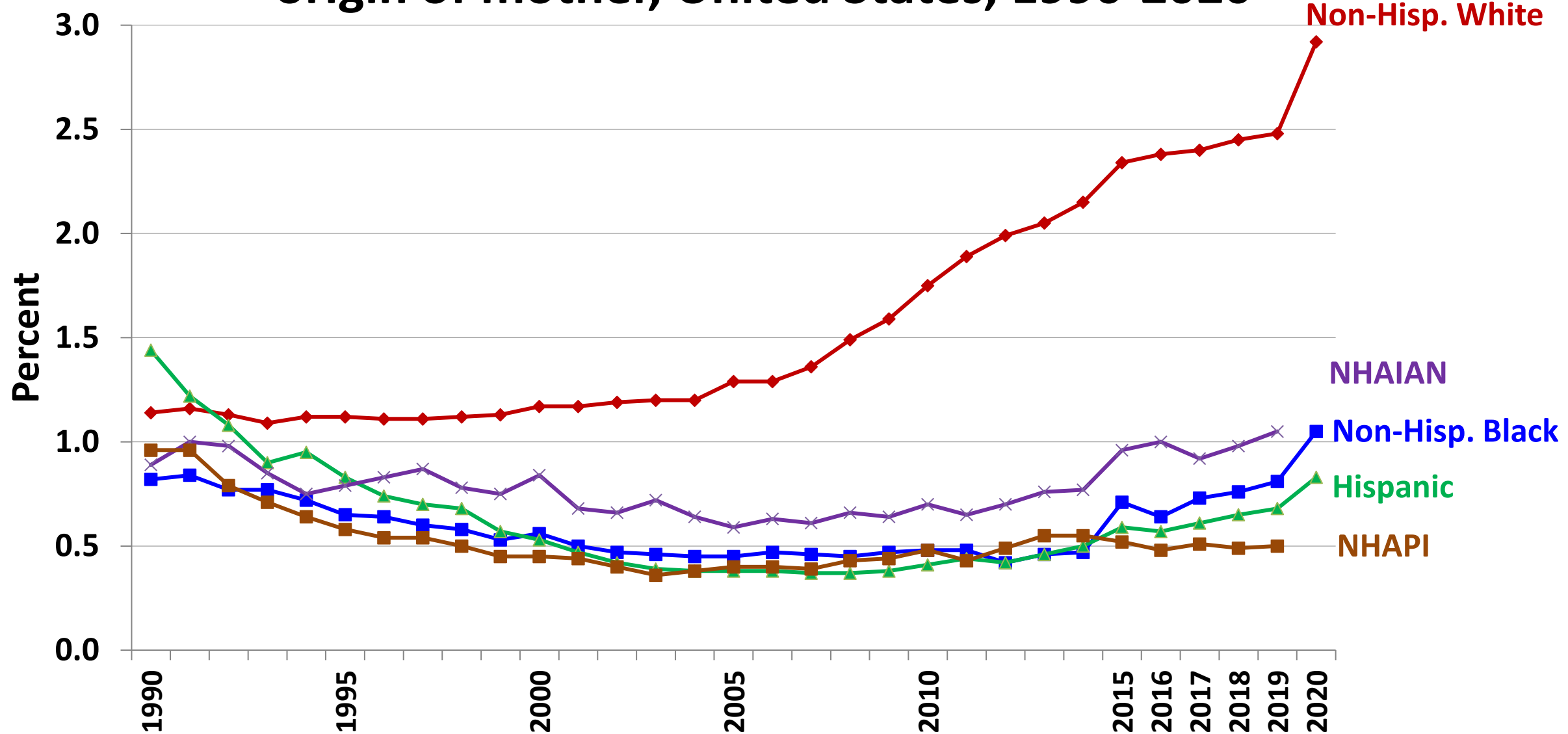


Are women responding to the rise in medical interventions by voting with their feet when it comes to place of birth?

Percent of all births at home, or in a birthing center, United States, 1989-2021



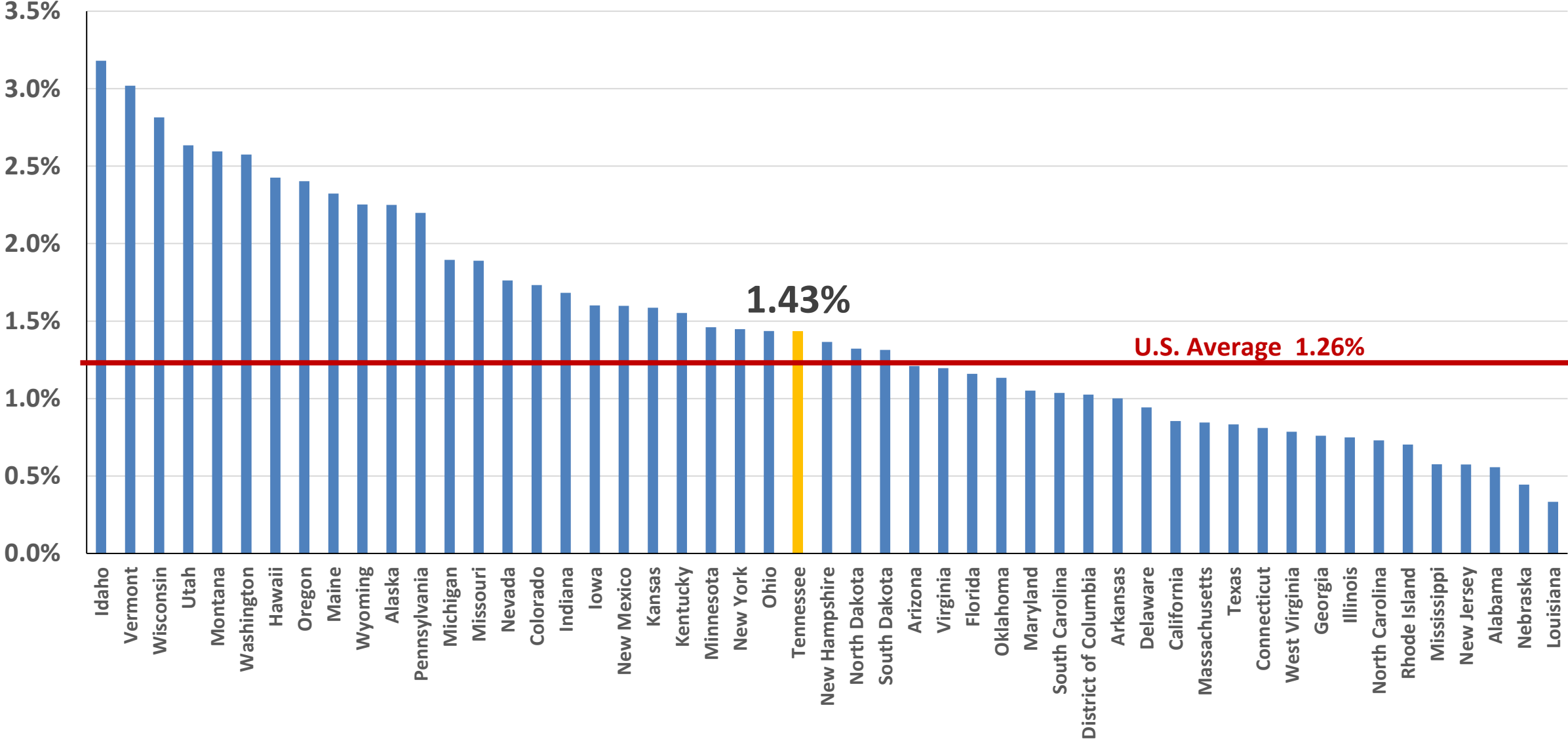
Percentage of births occurring outside a hospital by race and Hispanic origin of mother, United States, 1990-2020



Notes. NHAPI - non-Hispanic Asian or Pacific Islander; NHAIAN -- non-Hispanic American Indian/Alaskan Native;

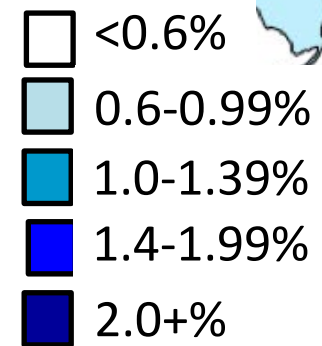
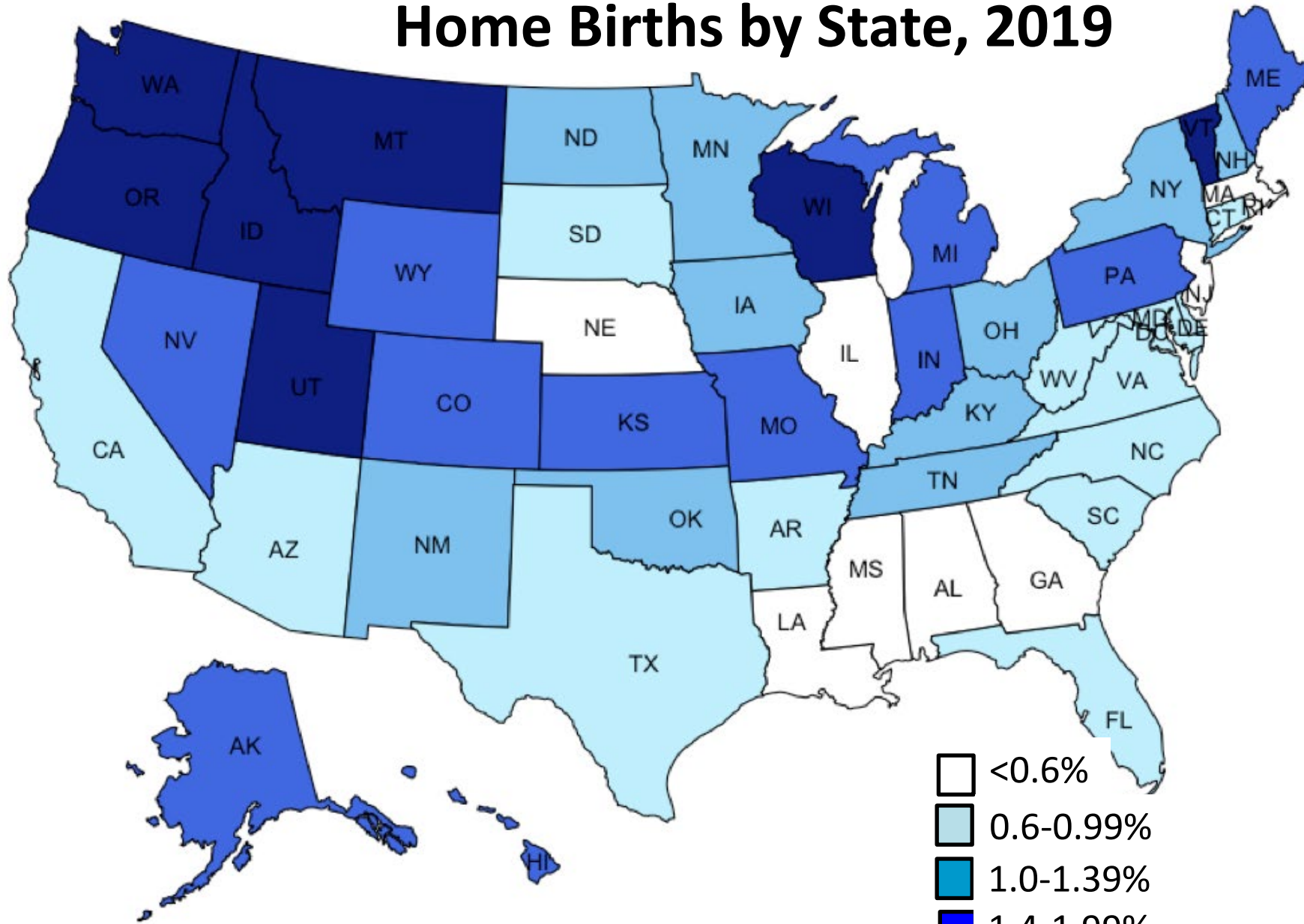
Source: CDC Wonder Datafile. <https://wonder.cdc.gov/nativity.html>

Home Birth by States, 2020

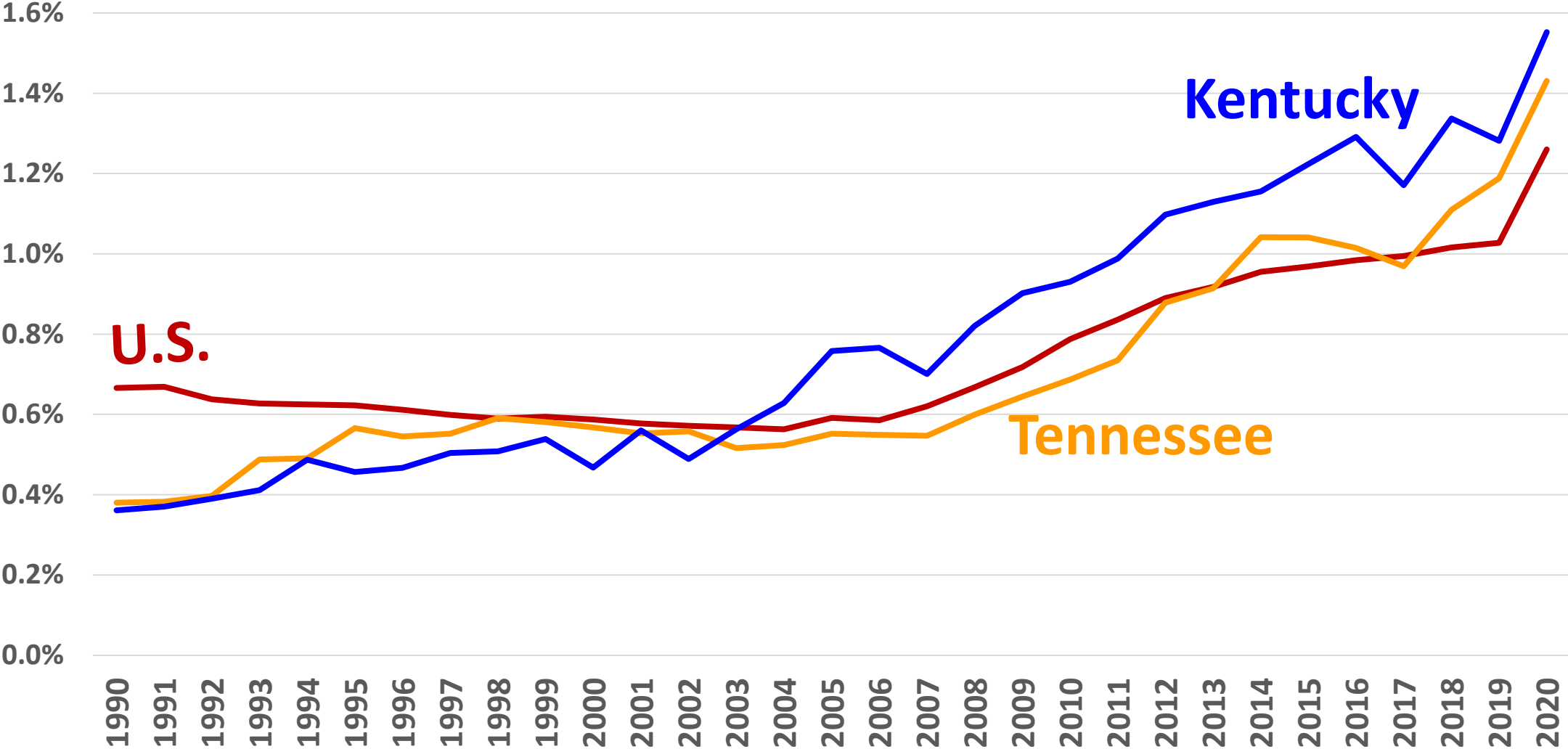


Source: CDC Wonder Datafile. <https://wonder.cdc.gov/natality.html>

Home Births by State, 2019



Home Births, TN, KY, US, 1995-2020



Severe Maternal Morbidity

- If deaths are too rare to serve as a basis for policy and practice, can we identify and learn lessons from near death experiences?
- The problem with severe maternal morbidity



***“One searches
where there is
light”***

Goethe 1749–1832

Source: Barry. *The Great
Influenza*. 2004 p. 71

Considering Severe Maternal Morbidity

- The “Textbook” definition of maternal morbidity:
 - “Condition directly caused by pregnancy, regardless of whether it manifests during or after pregnancy termination [end].”

Or....

- “Condition that existed before pregnancy, but is exacerbated by pregnancy.”

Or even....

- “Condition whose causal relationship to pregnancy is undetermined.” (but it occurred during or after pregnancy)

(Adams, Alexander, Kirby & Wingate, 2007)

Maternal Morbidity

- **How do you identify cases?**
 - **Diagnosis** of disease/condition (GDM, preeclampsia, depression, dehydration)
 - **Event** (stroke, seizure, hemorrhage, perineal tear, postpartum infection)
 - **Treatment/intervention** (blood transfusion, sutures, antibiotics, hydration therapy, etc...)

Where would you find systematic data on these?

Severe maternal morbidity indicator	Diagnosis or procedure	ICD-9-CM code
Acute myocardial infarction	Diagnosis	410.xx
Aneurysm	Diagnosis	441.xx
Acute renal failure	Diagnosis	584.5, 584.6, 584.7, 584.8, 584.9, 669.3x
Adult respiratory distress syndrome	Diagnosis	518.5x, 518.81 518.82 518.84, 799.1
Amniotic fluid embolism	Diagnosis	673.1x
Cardiac arrest/ventricular fibrillation	Diagnosis	427.41, 427.42, 427.5
Disseminated intravascular coagulation	Diagnosis	286.6, 286.9, 666.3x
Eclampsia	Diagnosis	642.6x
Heart failure/arrest during surgery or procedure	Diagnosis	997.1
Puerperal cerebrovascular disorders	Diagnosis	430.xx, 431.xx, 432.xx, 433.xx, 434.xx, 436.xx, 437.xx, 671.5x, 674.0x, 997.02
Pulmonary edema/acute heart failure	Diagnosis	518.4, 428.1, 428.0, 428.21, 428.23, 428.31, 428.33, 428.41, 428.43
Severe anesthesia complications	Diagnosis	668.0x, 668.1x, 668.2x
Sepsis	Diagnosis	038.xx, 995.91, 995.92, 670.2x
Shock	Diagnosis	669.1x, 785.5x, 995.0, 995.4, 998.0x
Sickle cell disease with crisis	Diagnosis	282.42, 282.62, 282.64, 282.69
Air and thrombotic embolism	Diagnosis	415.1x, 673.0x, 673.2x, 673.3x, 673.8x
Blood transfusion	Procedure	99.0x
Conversion of cardiac rhythm	Procedure	99.6x
Hysterectomy	Procedure	68.3x–68.9x
Temporary tracheostomy	Procedure	31.1
Ventilation	Procedure	93.90, 96.01, 96.02, 96.03, 96.05

Severe maternal morbidity and comorbid risk in hospitals performing <1000 deliveries per year

Mark P. Hehir, MD, MBA, MRCPI; Cande V. Ananth, PhD, MPH; Jason D. Wright, MD; Zainab Siddiq, MS; Mary E. D'Alton, MD; Alexander M. Friedman, MD, MPH

The impact of socioeconomic position on severe maternal morbidity outcomes among women in Australia: a national case–control study

A Lindquist,^{a,b,*} N Noor,^{a,*} E Sullivan,^c M Knight^a

Severe Maternal Morbidity Associated With Maternal Birthplace: A Population-Based Register Study

Severe Maternal Morbidity and the Use of Assisted Reproductive Technology in Massachusetts

Candice Belanoff, ScD, MPH, Eugene R. Declercq, PhD, Hafsatou Diop, MD, MPH, Daksha Gopal, MPH, Milton Kotelchuck, PhD, MPH, Barbara Luke, ScD, MPH, Thien Nguyen, MPH, and Judy E. Stern, PhD

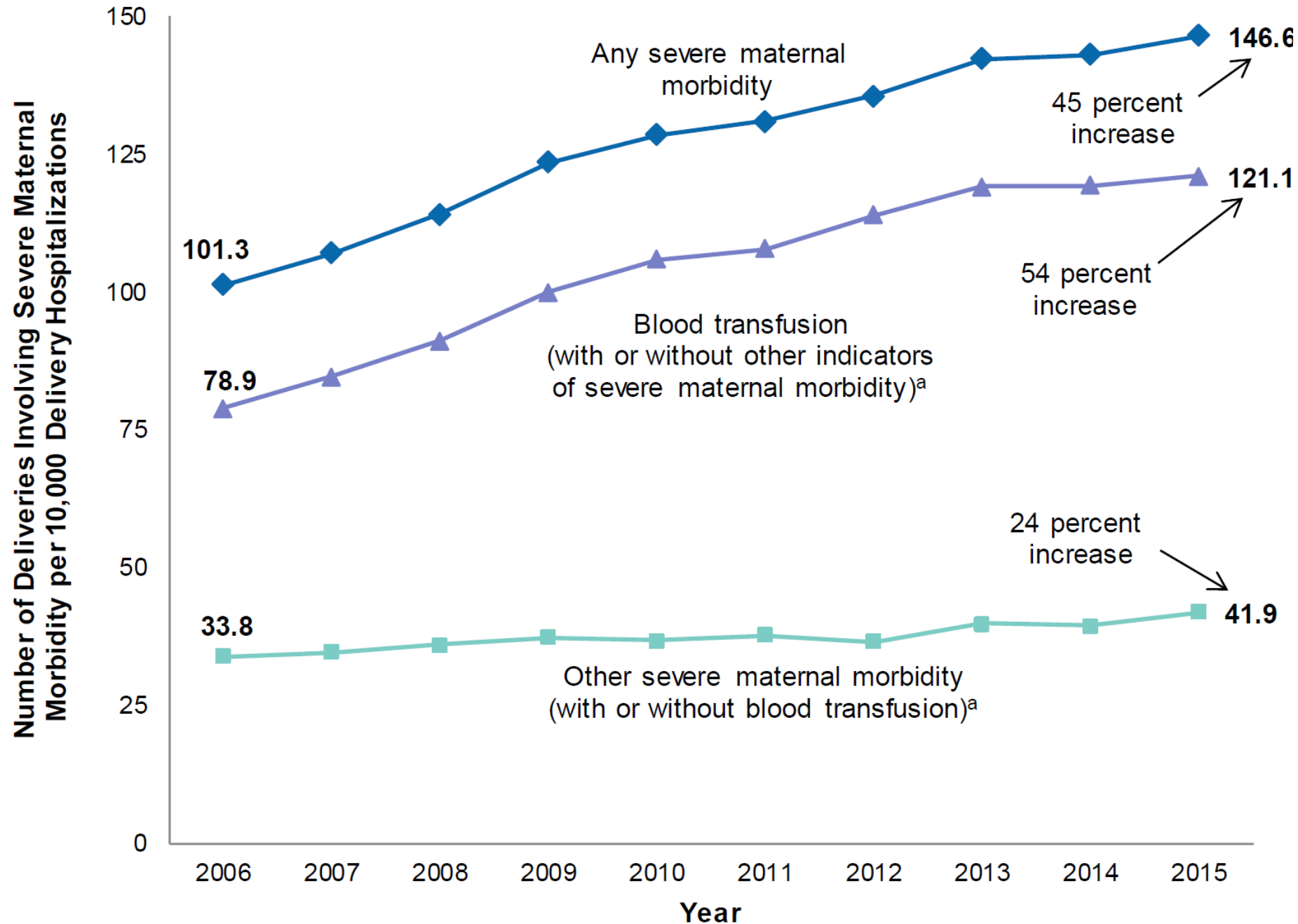
Evaluating Iowa Severe Maternal Morbidity Trends and Maternal Risk Factors: 2009–2014

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Contemporary Studies of Maternal Morbidity

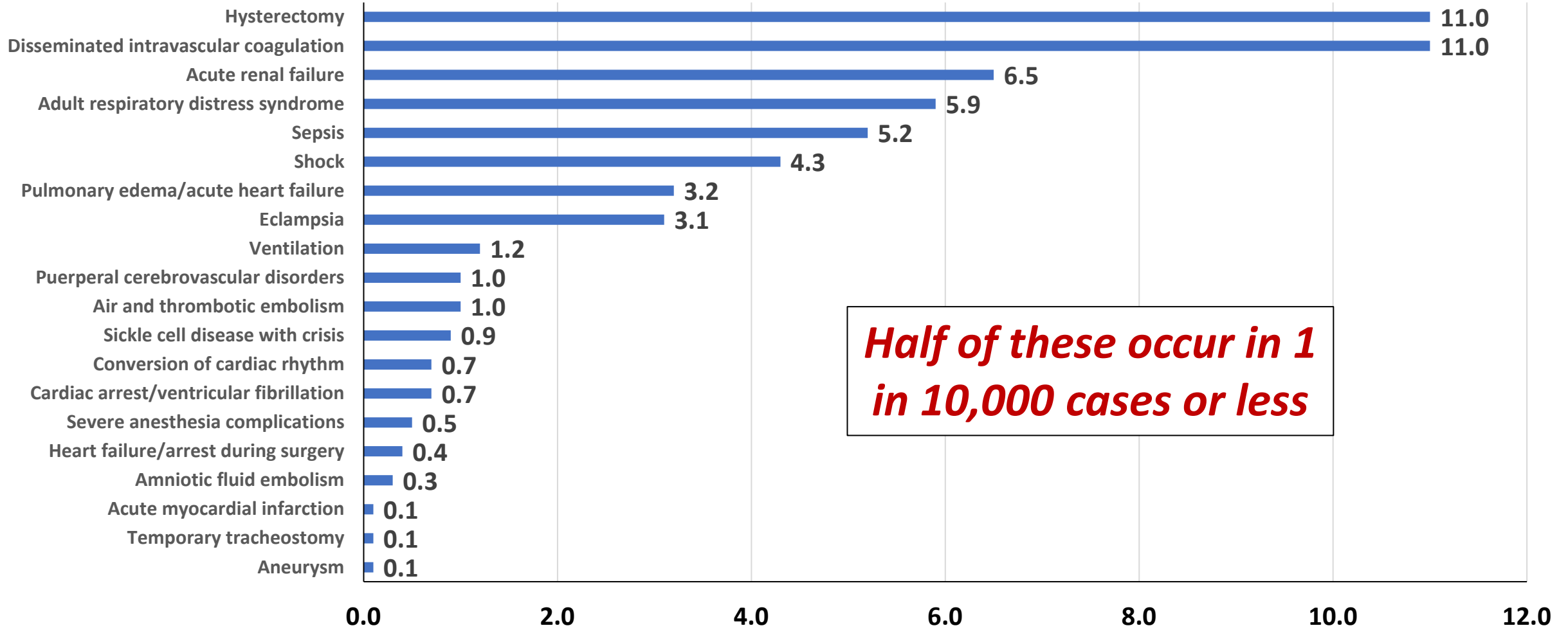
Trends in delivery hospitalizations involving severe maternal morbidity, 2006–2015



Source: Fingar K. Trends and Disparities in Delivery Hospitalizations Involving Severe Maternal Morbidity, 2006–2015. HCUP Stat Brief #243. Sept., 2018.

Delivery hospitalizations involving severe maternal morbidity, for each indicator of severe maternal morbidity, 2015

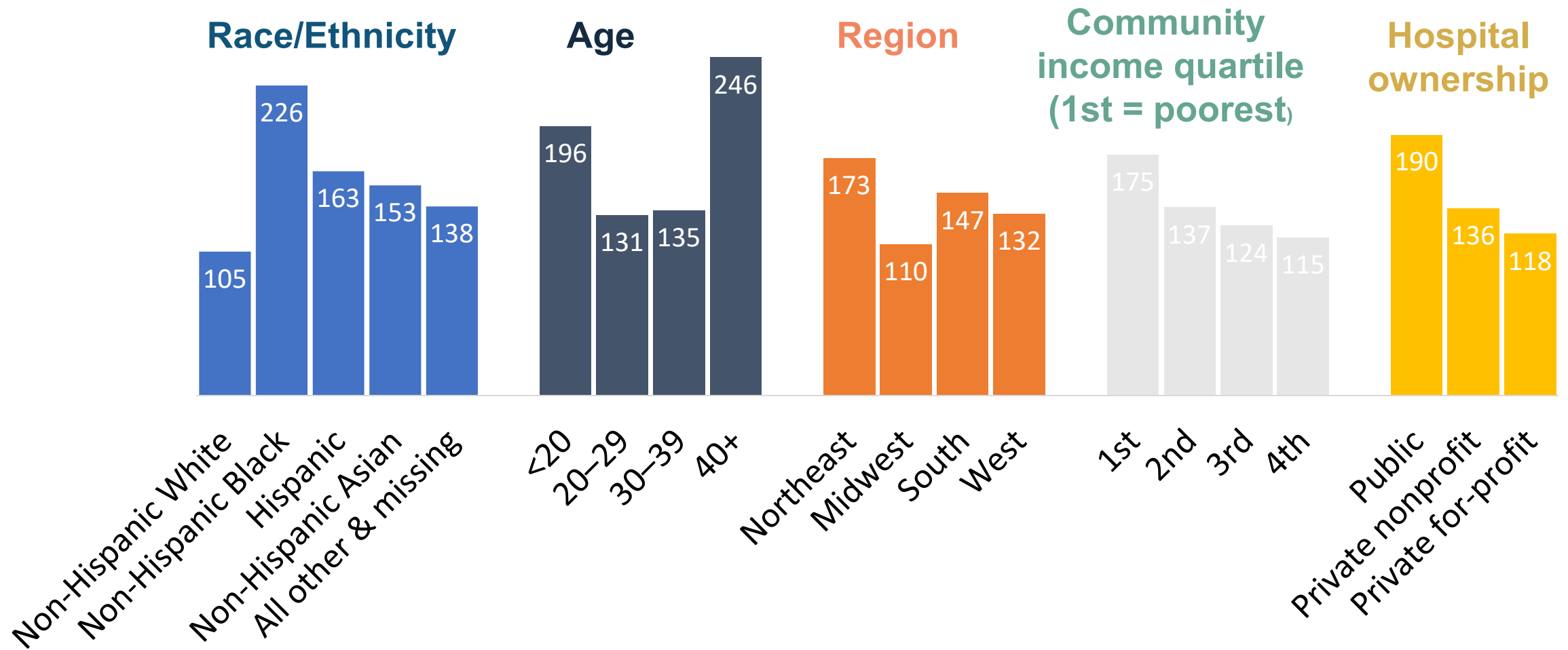
Rate per 10,000



Half of these occur in 1 in 10,000 cases or less

There are strong relationships between SMM & race/ethnicity, age, region, community-level income, and hospital type.

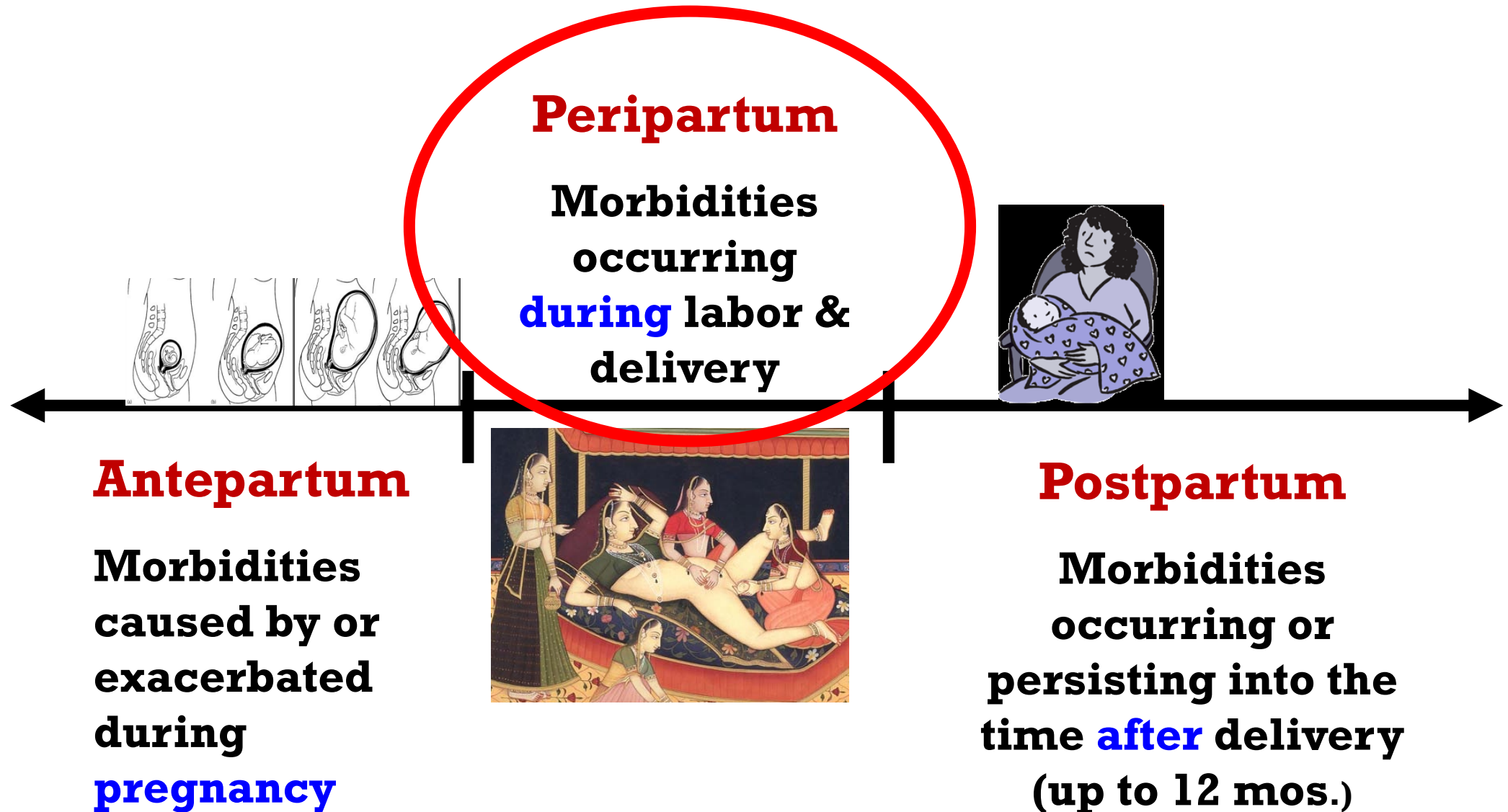
Severe maternal morbidity per 10,000 births, 2016–17



Data: Clare C. Brown et al., "[Associations Between Comorbidities and Severe Maternal Morbidity](#)," *Obstetrics and Gynecology* 136, no. 5 (Nov. 2020): 892–901.

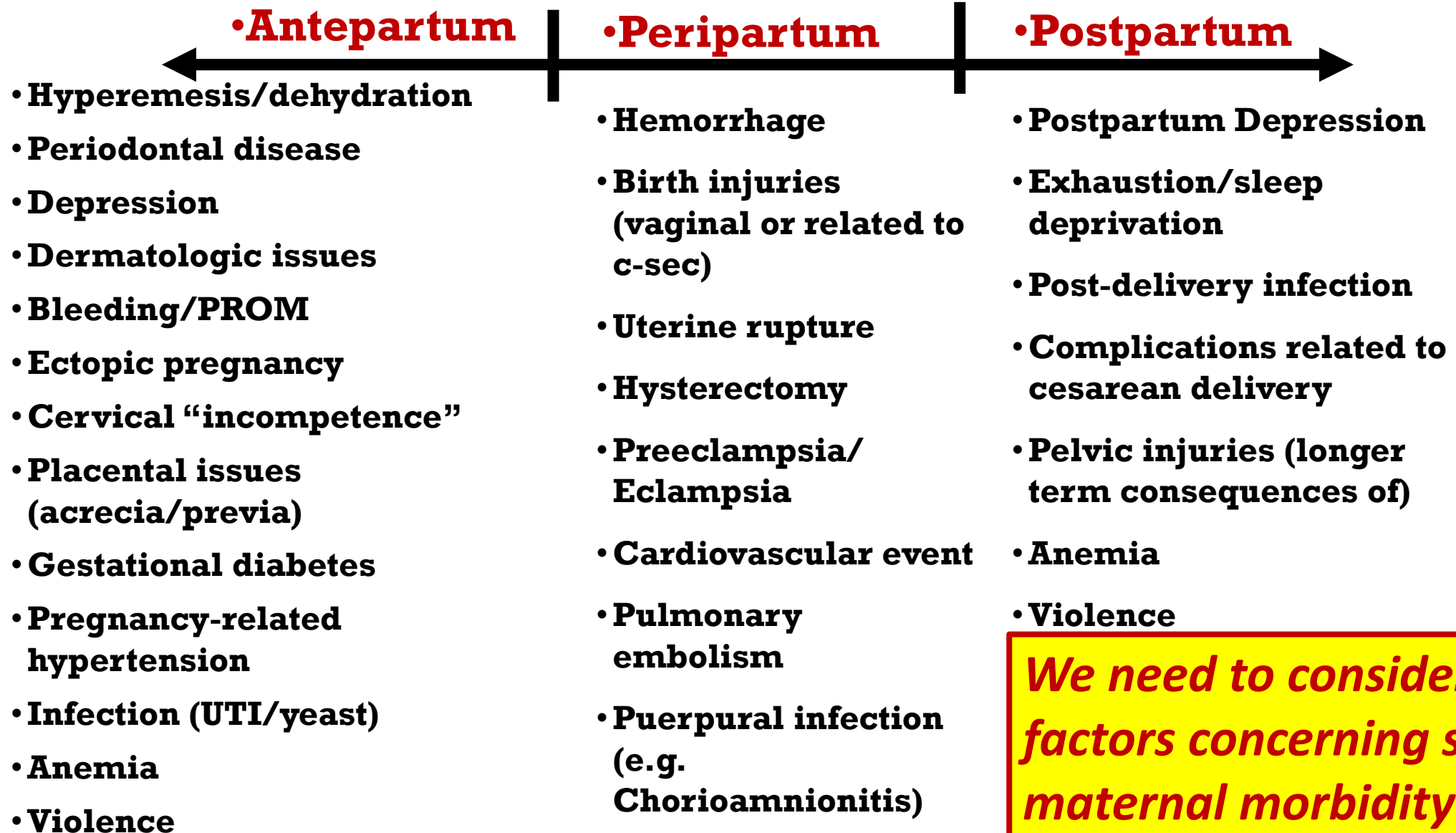
Source: Eugene Declercq and Laurie Zephyrin, *Severe Maternal Morbidity in the United States: A Primer* (Commonwealth Fund, Oct. 2021).

Rethinking the Scope of Maternal Morbidity



Rethinking the Scope of maternal morbidity

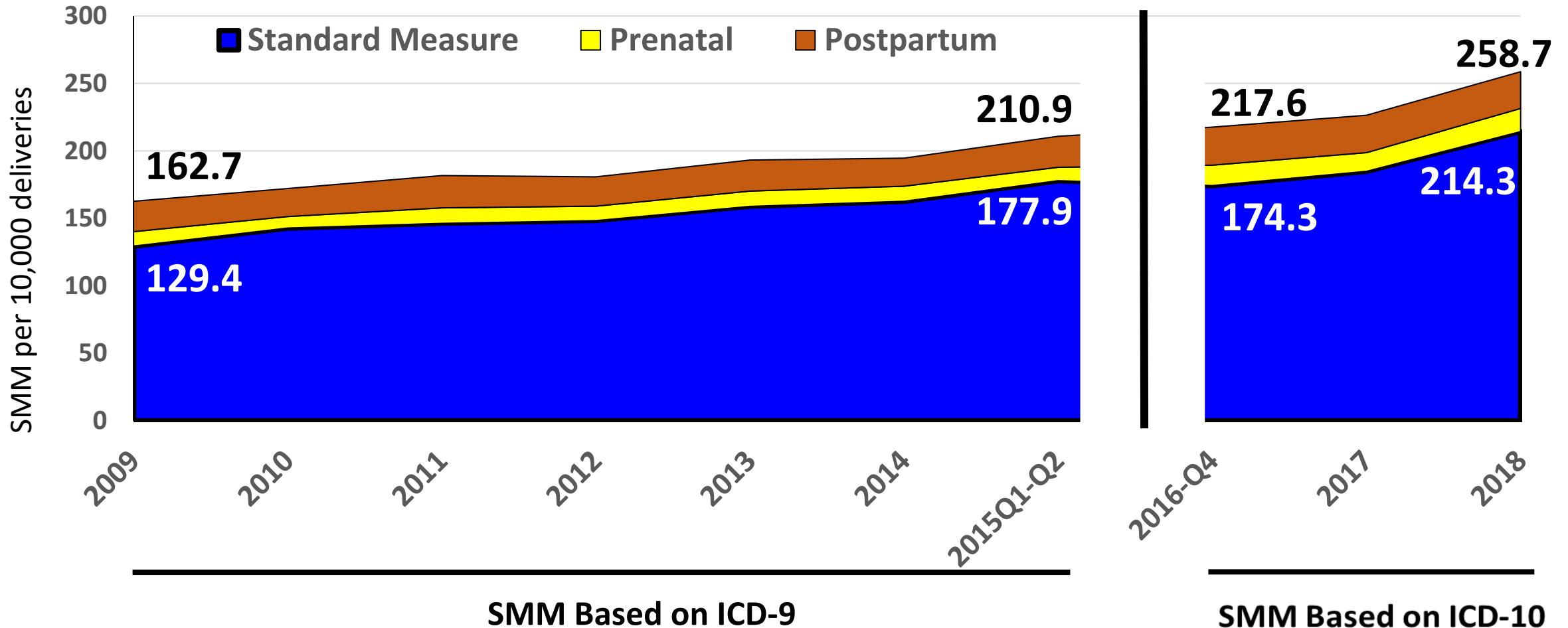
Note: These are all unlikely to happen to you. Especially the really bad ones.....



We need to consider 2 more factors concerning severe maternal morbidity

(1) Frequency of severe morbidities outside of the birth hospitalization? (21% more cases)

Severe Maternal Morbidity (per 10,000 deliveries), by Timing, Mass. 2009-18



(2) Mothers' voices – what are the problems they face from their perspective? (often don't involve hospitals)

Table 4. Mothers' experience of selected new-onset health problems in first two months and at six months or more after birth

Base: all mothers eligible for question (see notes)	In first two months			Problem persisted to six months or more
	Major new problem	Minor new problem	Major/minor new problem	
Vaginal only*				
Painful perineum <i>n</i> =1656	11%	30%	41%	7%
Infection from cut or torn perineum <i>n</i> =1656	5%	13%	18%	4%
Cesarean only (base varies)				
Pain at site of cesarean incision <i>n</i> =744*	19%	39%	58%	16%
Infection at site of cesarean incision <i>n</i> =744*	8%	16%	24%	5%

Learning from Listening to Mothers

How much did pain interfere with your routine activities?

	In two months after birth Base: all initial <i>LTM III</i> mothers		
	Vaginal <i>n</i> =1656	Cesarean <i>n</i> =744	All <i>n</i> =2400
Extremely	3%	10%	4%
Quite a bit	6%	16%	7%
Moderately	21%	25%	22%
A little bit	43%	36%	42%
Not at all	27%	14%	24%

Lessons from Severe Maternal Morbidity

- The popular CDC definition, focusing on birth hospitalizations, is too narrow to really capture challenges we now face in childbirth and women's health care.*
- Even with the narrow definition, including prenatal and postpartum experiences suggests a much larger scope of the problem.*
- These are still hospital based and don't capture ambulatory care or the life experiences of pregnant women and new parents.*



Nairi



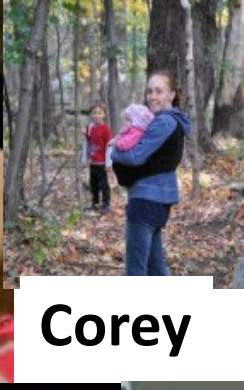
Lee



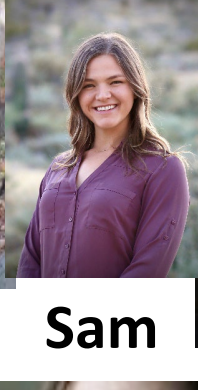
Maya



Ruby



Corey



Sam



Lucy



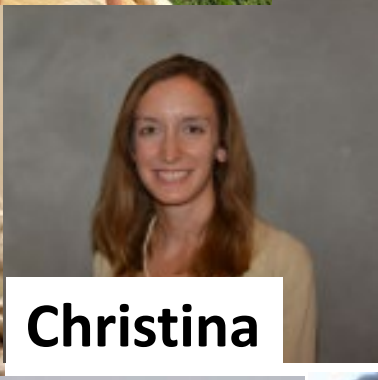
Staige



Jordy



Kylia



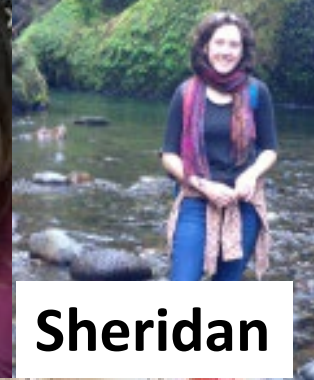
Christina



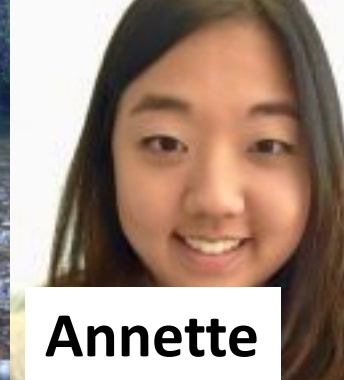
Sarah



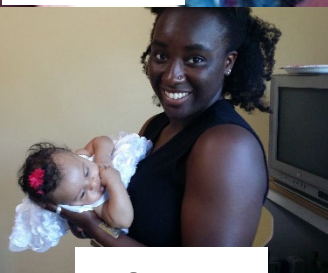
Katie



Sheridan



Annette



Ebere



Allison



Brittany



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Maura



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