

# Public Citizen

## NEWS RELEASE

Joan Claybrook, President

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CONTACT: Julia Lyman  
202/833-3000

### **INDISCRIMINATE USE OF COSTLY CESAREAN SECTION PERSISTS DESPITE RISKS AND RECOMMENDATIONS AGAINST PROCEDURE**

Public Citizen's national study reveals \$1.3 billion price tag for an estimated 473,000 cesarean sections that never should have occurred.

WASHINGTON D.C. -- Cesarean section remains the most frequently performed -- and most frequently unnecessary -- surgical procedure in this country, according to Unnecessary Cesarean Sections: Curing a National Epidemic, released today by Public Citizen's Health Research Group.

"Despite proven higher risks to mother and child and recommendations to the contrary, physicians persist in performing needless and costly major surgery on hundreds of thousands American women," charged Dr. Sidney Wolfe of Public Citizen's Health Research Group at the National Press Club.

Based on a recommendation by a leading authority in obstetrics and their analysis of existing hospital programs to prevent unnecessary cesareans, Wolfe and the report's co-author Mary Gabay conclude that 12 percent is the optimal national rate. Their report shows 22.6 percent of births in 1992 were by cesarean section. The study examines the method of delivery for 3.97 million births that year.

Unnecessary Cesarean Sections lists cesarean rates for every state and the District of Columbia, ranging from 16.3 percent in Colorado to 28.4 percent in Arkansas, and includes the c-section rate at 3,159 hospitals in 41 states. The report lists the 106 hospitals with the highest rates, including one with an incredible 63.7 percent.

Wolfe and Gabay found the rates in some states were twice the recommended rate, with some hospitals performing 49 percent to 63.7 percent of its deliveries by cesarean. The report concludes that 58,000 unnecessary cesareans were performed in 1992 in California alone.

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2000 P Street NW • Washington, D.C. 20036 • (202) 833-3000

215 Pennsylvania Avenue SE • Washington, D.C. 20003 • (202) 546-4996

## Correction

The information for the American College of Nurse-Midwives listed on page 85 has changed. The correct information is:

American College of Nurse-Midwives  
818 Connecticut Avenue, NW  
Suite 900  
Washington, DC 20006  
Telephone: (202) 728-9860

**Statement by Bonnie Cowan  
Chairperson, Maryland/DC Chapter of ICAN  
Unnecessary Cesarean Sections: Curing a National Epidemic  
May 18, 1994**

Let me first thank publicly Dr. Sidney Wolfe and Mary Gabay for the preparation of this report which will continue to keep the issue of unnecessary cesareans and issues of women's health before the American people. I thank them for inviting me to this press conference. My name is Bonnie Cowan, and I am chairperson of the Maryland/DC chapter of ICAN, the International Cesarean Awareness Network that serves Metropolitan Washington and the State of Maryland. The purpose of ICAN is to lower the cesarean rate while improving the quality of birthing experiences for women and their families. We do this by education, networking and support. My role today is to bring all these facts and figures provided for you to life, from the experiences of those who sit on the consumer side of this issue. I also hope to offer you a challenge.

What we have heard today is conflictive. There is some good news and some bad news. A plateauing of the cesarean rate is encouraging. An increase in the VBAC rate is uplifting. But neither rate is where it should be. I sat here at this press conference two years ago. I have dedicated nearly six years of my life to this issue, and I personally answer the phone to the voices of 15 to 20 local women a month who are still telling me the same stories I was hearing six years ago.

At our national office we receive 100-150 phone calls a week, and 200 pieces of mail from women who are distraught, confused, angry, and sad over their birth or maternity experiences. I spoke with a woman from Virginia who informed me that one of the two OBs in her community has a sign in his waiting area that says he will not accept patients who take a consumer oriented childbirth education class. A woman from the eastern shore called regarding her unnecessary cesarean. Her due date had been moved from the 15th to the first based on an ultrasound. Then a later ultrasound revealed a "big " baby, so her induction of labor was scheduled at 38 weeks. Her body didn't cooperate with the induction, and she ended up with a cesarean; the doctor delivering a premature baby at 35 weeks gestation. In the northeast, the doctor's and midwives have formed an alliance which prohibits a woman from changing care providers after 28 weeks of pregnancy. Up until the 7th month, most women see their care provider 5-6 times, with discussion of labor and delivery put off until after the 7th month. After 28 weeks they meet with their doctor 6-7 times in the next 12 weeks, to discuss birthing beliefs, approaches and philosophy. Now it is too late for them to change if they differ in belief systems. Approximately 85% of the phone calls I receive are from women in their 8 or 9th month of pregnancy, often a week before their due date. Like a light switch they realize that they are on the

pathway to another cesarean surgery and they want off the path. Just last night a woman was sectioned in Baltimore, because she was told her baby was approaching 11 lbs. by ultrasound. No one told her that ultrasound carried a 20% error factor. She agreed to the surgery and birthed a 9 1/2 lb. baby without even trying to push it out on her own.

Some physicians may say that the VBAC rate remains low because women choose to undergo a repeat cesarean section. We have been scaring women erroneously for so long about the safety of VBAC, it is unrealistic to expect them to change quickly. They need education and support. We believe that educated to the risks and benefits of VBAC and given proper support throughout their pregnancy, women with a previous cesarean will choose the safest avenue of birth for their baby -- a VBAC.

I challenge you to address the severity of this issue. Ask the right questions. Alert consumers. Don't stop until we fix this. My friends, if we wait for the medical system to change of its own accord, we will be back many more times here together ... looking at statistics and saying this isn't happening fast enough. We must look elsewhere, to foreign countries birthing models -- The Netherlands comes to mind, to the simplizing of the birth process, the increased use of midwifery, and the cultural support for the normal birth process.

I believe this report will be very helpful to those women who want to have some say in the process by which their baby is delivered and who seek to lower their risk of having an unnecessary cesarean. This report will be much used and appreciated in every ICAN chapter in the nation.

**Statement of Sidney M. Wolfe, M.D.**  
**Director, Public Citizen's Health Research Group**  
**Unnecessary Cesarean Sections: Curing a National Epidemic**  
**May 18, 1994**

**Why Do We Study This Problem?**

The several reasons for our continuing focus on cesarean deliveries and childbirth in general include the following:

1. The most common reason for hospitalization in the U.S. is to deliver a baby, about four million births each year (3.96 million in 1992);
2. The most common major surgical procedure done in U.S. hospitals is a cesarean section, done 896,000 times in 1992;
3. The most common unnecessary surgery done in the U.S. is a cesarean section, done 420,000 times a year (using the benchmark rate for national cesarean sections of 12% compared to the actual rate of 22.6%);
4. Continuing efforts to lower the cesarean section rate simultaneously address two serious problems with our health care system: quality and cost. In this instance, efforts to improve the quality of care for women by public disclosure and other means of reducing the number of unnecessary cesarean sections simultaneously controls cost by substituting a safer method of delivery -- vaginal delivery -- for a more dangerous one.

**Information Not Previously Published**

This report contains various kinds of information which we and others have not previously been able to obtain:

1. With the cooperation of 41 states, we publish the hospital specific cesarean section rates for all hospitals in these states with 30 or more births. For all other states and the District of Columbia, we have state-wide rates.
2. For the first time, state and national hospital specific VBAC (vaginal birth after cesarean section) rates are published, showing enormous variations between states and hospitals.
3. 175 hospitals in which one or more certified nurse midwives are practicing are identified in the state-by-state tables.
4. Ownership of named large hospital chains is compared to their cesarean section and VBAC rates, revealing large differences in both rates -- worse for women -- in the for-profit chains compared to not for-profit hospitals such as

L.A. County Women's Hospital, the New York City Health and Hospital Corporation and the Kaiser Hospitals, largely on the West Coast.

### **The Bad News**

Although there has been slow but significant improvement, approximately 420,000 American women had an unnecessary cesarean section in 1992, subjecting them to increased risks of death, serious post-operative infections and other cesarean-specific risks they would not have had with a vaginal delivery. This is a major type of violence against women -- frequently hiding behind poorly-informed consent.

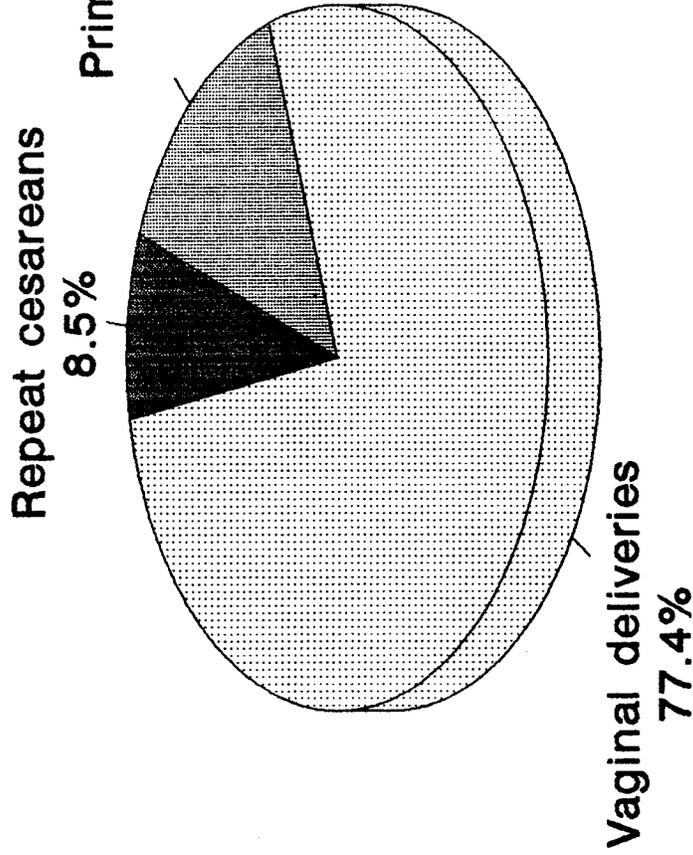
### **The Good News**

There has been a slow but highly statistically significant decrease in the cesarean rate from 23% in 1989, to 22.7% in 1990 to 22.6% in the latest year for which data are available, 1992. A major reason for this has been the striking increase in VBAC deliveries in women with a previous cesarean section. In just seven years, the percentage of such deliveries has risen from 6.6% in 1985 to 25.1% in 1992. Other good news includes a sharp increase in the number of in-hospital certified nurse midwife deliveries increasing from 19,690 or 0.6% of all deliveries in 1975 to 160,731 or 3.5% of all deliveries in 1991.

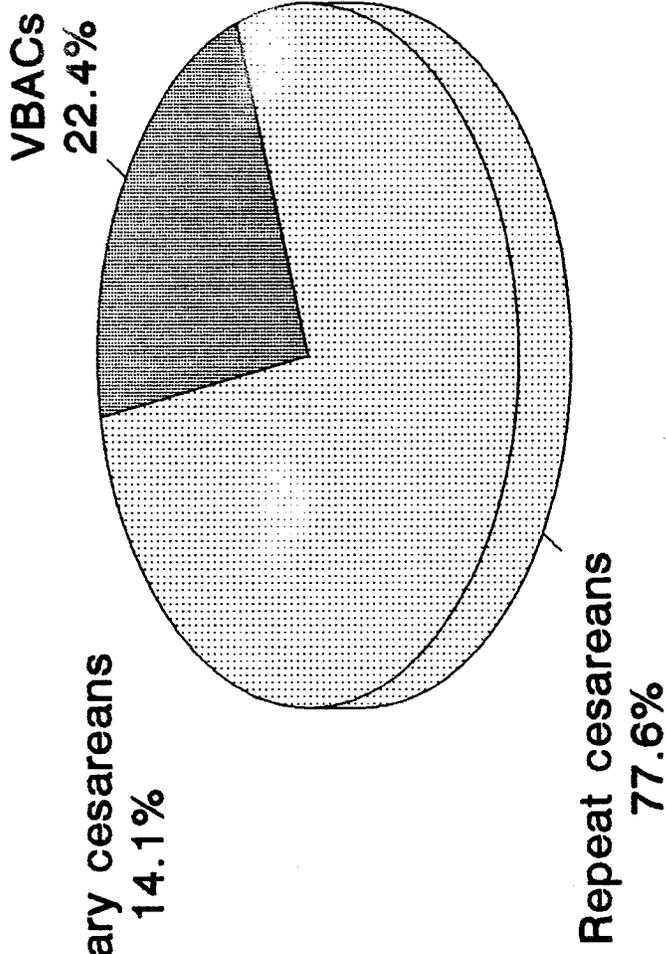
As women and their partners become empowered with more information as to which hospitals are more likely to cause them to suffer an unnecessary cesarean section, the number of these major surgical procedures will continue to fall.

# Method of Delivery in U.S. Hospitals

1992



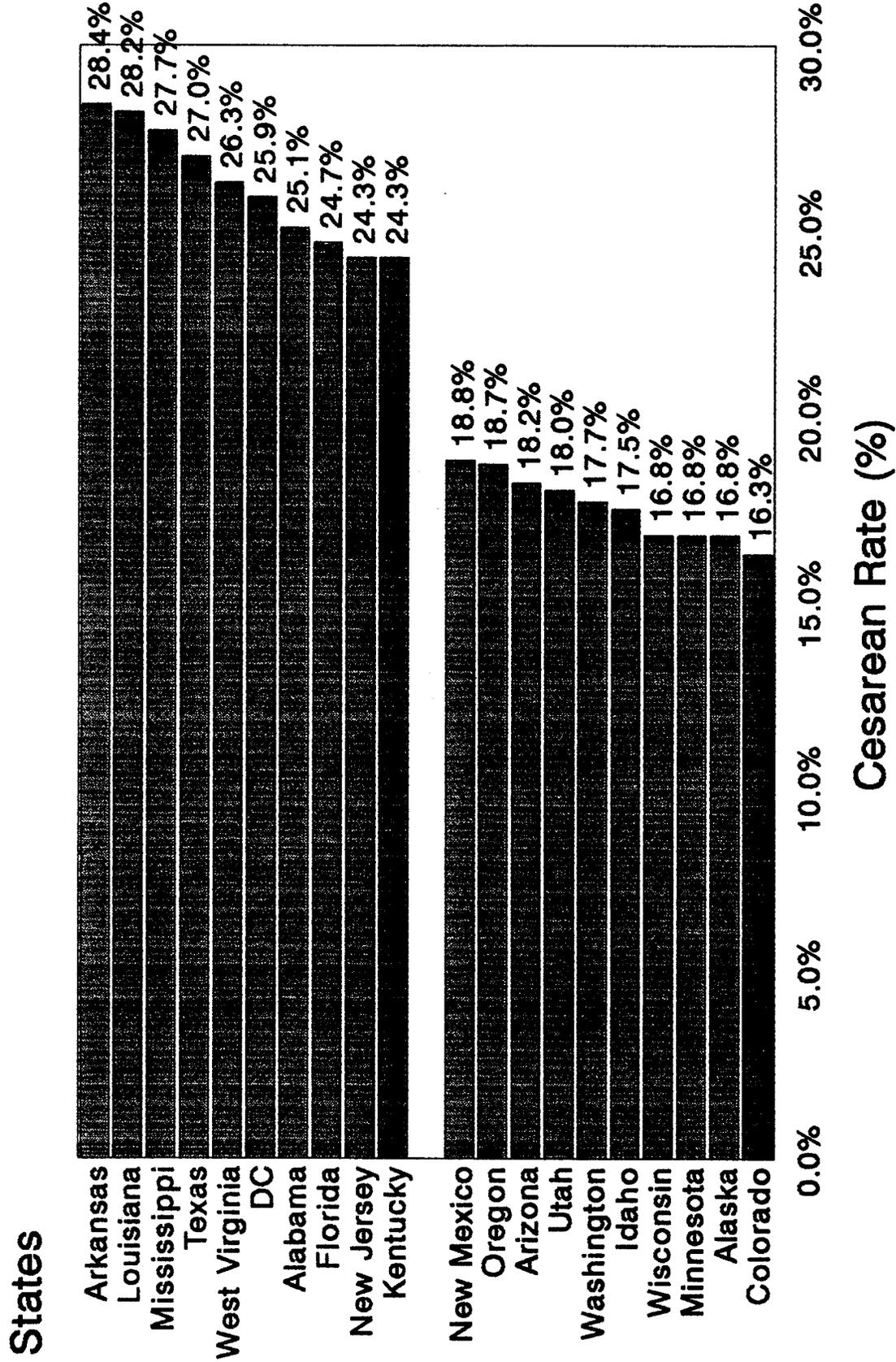
All Births



Births to Women  
With a Previous Cesarean

Note: Births occurring in U.S. hospitals with a known method of delivery.

# States With the Highest And Lowest Cesarean Rates - 1992



## Cesarean Section Rates for the 50 States and the District of Columbia

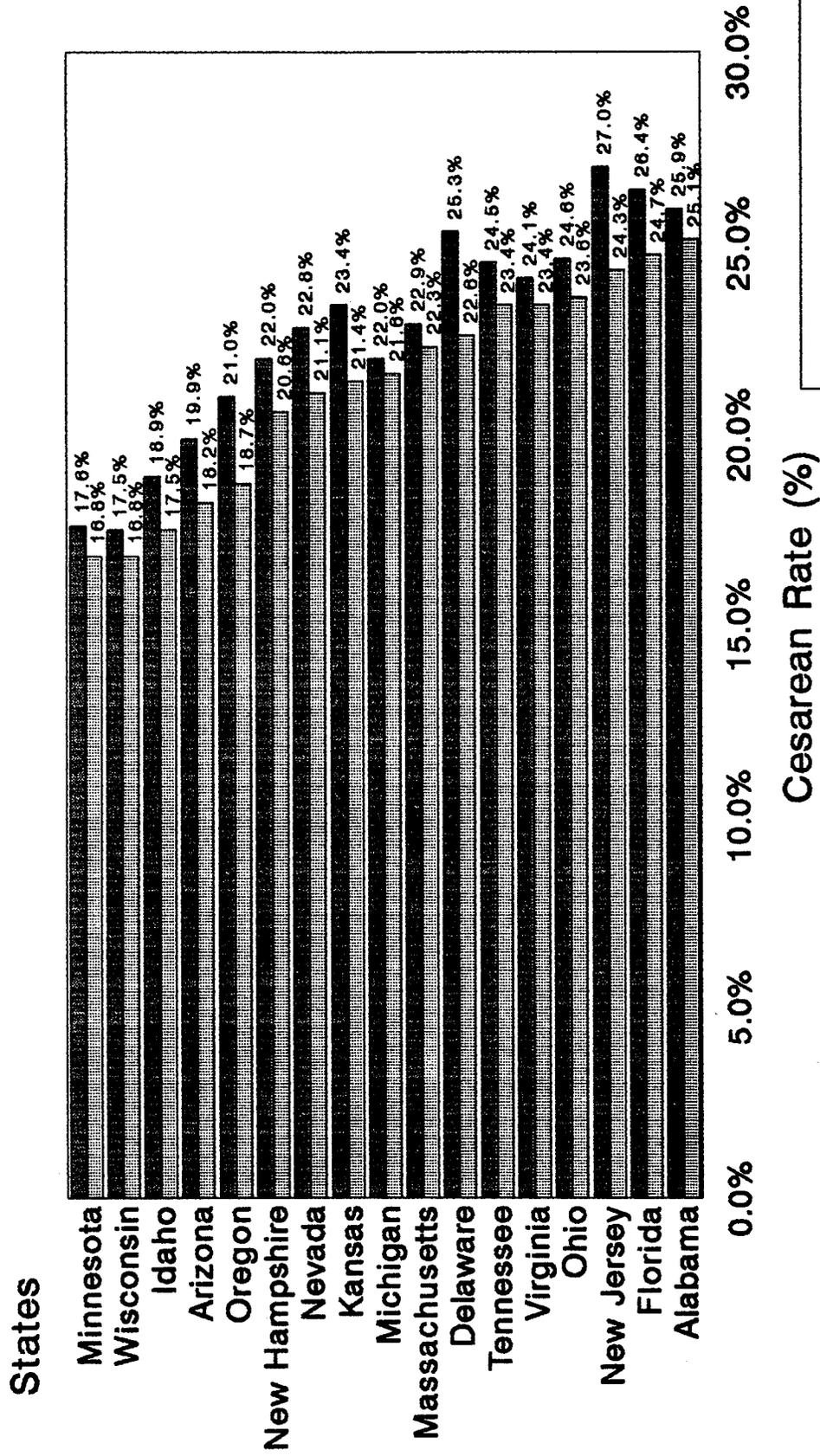
State	Previous Cesarean Rate	1992 Cesarean Births	1992 Live Births	1992 Cesarean Rate	Rank	Percent of Cesareans That Were	
						Unnecessary	Unnecessary Cesareans
Alabama	25.9%	15,307	60,989	25.1% (b)	45	52.2%	7,988
Alaska	15.3%	1,865	11,117	16.8% (w)	2	28.5%	531
Arizona	19.9%	12,211	67,065	18.2% (b)	8	34.1%	4,163
Arkansas	27.8%	9,834	34,667	28.4%	51	57.7%	5,674
California	21.4%	129,648	594,829	21.8% (w)	26	44.9%	58,269
Colorado	—	8,766	53,787	16.3%	1	26.4%	2,312
Connecticut	21.9%	10,175	46,941	21.7%	25	44.6%	4,542
Delaware*	25.3%	2,685	11,883	22.6% (b)	32	46.9%	1,259
District of Columbia*	26.6%	3,021	11,650	25.9%	46	53.7%	1,623
Florida	26.4%	46,595	188,799	24.7% (b)	44	51.4%	23,939
Georgia	22.3%	24,920	111,537	22.3%	29	46.3%	11,536
Hawaii	20.6%	3,888	19,747	19.7%	15	39.1%	1,518
Idaho	18.9%	2,898	16,550	17.5% (b)	5	31.5%	912
Illinois	21.9% **	40,871	186,404	21.9%	28	45.3%	18,503
Indiana	21.2% **	18,151	83,202	21.8% (w)	26	45.0%	8,167
Iowa	—	7,757	38,459	20.2%	17	40.5%	3,142
Kansas	23.4%	7,835	36,562	21.4% (b)	22	44.0%	3,448
Kentucky	23.8%	12,730	52,457	24.3%	42	50.6%	6,435
Louisiana	27.3%	19,647	69,632	28.2% (w)	50	57.5%	11,291
Maine	22.2%	3,343	15,446	21.6%	23	44.6%	1,489
Maryland	24.4%	16,157	67,540	23.9%	40	49.8%	8,052
Massachusetts	22.9% **	19,680	88,195	22.3% (b)	29	46.2%	9,097
Michigan	22.0%	30,351	140,313	21.6% (b)	23	44.5%	13,513
Minnesota	17.6%	10,600	63,169	16.8% (b)	2	28.5%	3,020
Mississippi	26.3%	11,448	41,279	27.7% (w)	49	56.7%	6,495
Missouri	23.3%	18,013	78,067	23.1%	34	48.0%	8,645
Montana	20.9%	2,252	10,886	20.7%	19	42.0%	946
Nebraska	19.6%	4,663	23,568	19.8%	16	39.3%	1,835
Nevada	22.8% **	4,524	21,396	21.1% (b)	21	43.2%	1,956

VBAC rates for the 50 States and the District of Columbia

State	1992 VBAC Births	1992 Repeat Cesareans	1992 VBAC Rates	Rank
Alabama	1,157	5,464	17.5%	43
Alaska	422	677	38.4%	1
Arizona	1,719	4,463	27.8%	17
Arkansas	632	3,672	14.7%	47
California	11,545	49,155	19.0%	40
Colorado	1,568	2,886	35.2%	4
Connecticut	—	—	—	—
Delaware*	289	900	24.3%	27
District of Columbia*	293	1,204	19.6%	38
Florida	4,575	17,175	21.0%	34
Georgia	2,388	9,277	20.5%	36
Hawaii	500	1,363	26.8%	20
Idaho	540	1,228	30.5%	9
Illinois	4,248	15,974	21.0%	34
Indiana	1,703	7,231	19.1%	39
Iowa	1,217	3,080	28.3%	15
Kansas	883	3,248	21.4%	32
Kentucky	922	4,822	16.1%	45
Louisiana	902	7,366	10.9%	50
Maine	410	1,241	24.8%	25
Maryland	2,236	5,413	29.2%	14
Massachusetts	2,473	7,535	24.7%	26
Michigan	3,528	11,671	23.2%	29
Minnesota	2,229	4,067	35.4%	3
Mississippi	706	4,505	13.5%	49
Missouri	2,304	6,644	25.7%	22
Montana	329	864	27.6%	18
Nebraska	705	1,810	28.0%	16
Nevada	615	1,663	27.0%	19
New Hampshire	528	1,203	30.5%	9
New Jersey	2,864	11,182	20.4%	37
New Mexico	642	1,838	25.9%	21
New York	11,156	26,116	29.9%	12
North Carolina	2,343	7,565	23.6%	28
North Dakota	322	775	29.4%	13
Ohio	4,307	15,444	21.8%	31
Oklahoma	788	3,886	16.9%	44
Oregon	1,640	2,936	35.8%	2
Pennsylvania	4,828	14,439	25.1%	23
Rhode Island	457	995	31.5%	7



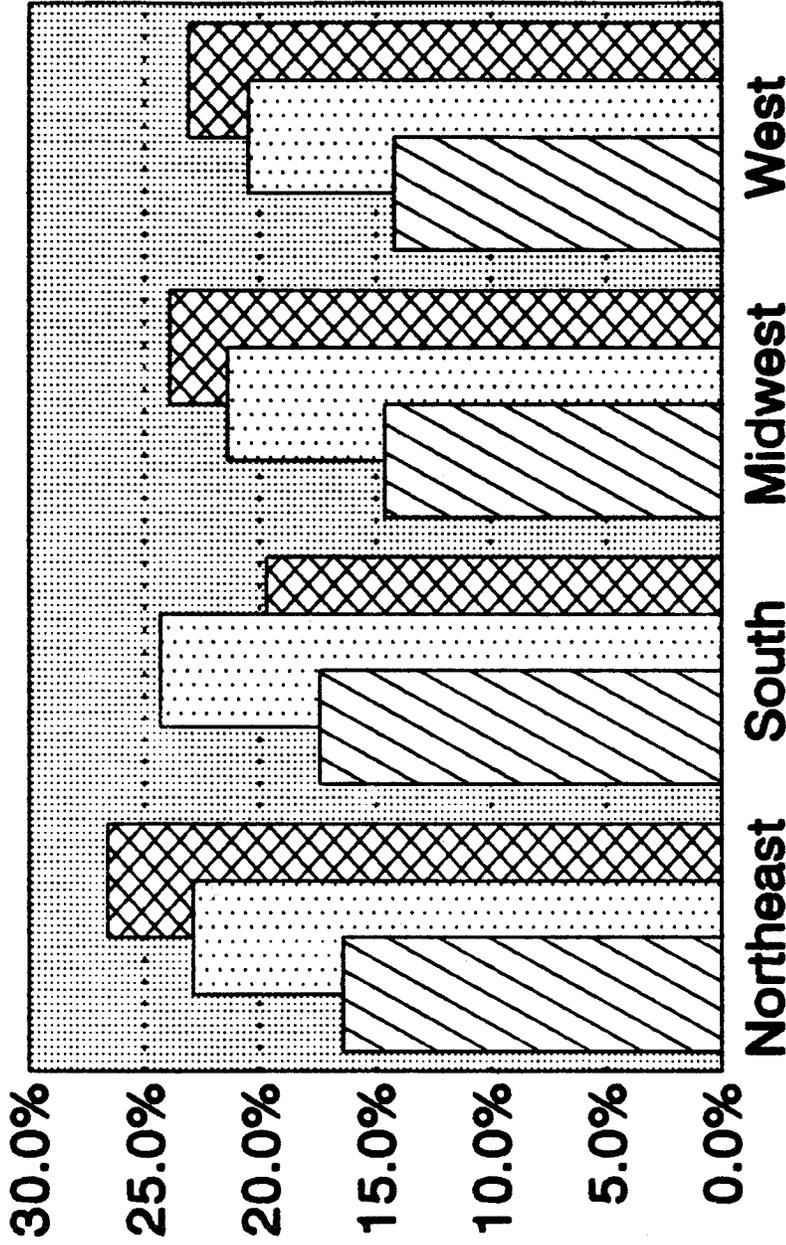
# States With Significantly Better\* Cesarean Rates in 1992



\*Defined as a statistically significant decrease based on a two-tailed test,  $p = .01$ .

# Cesarean and VBAC Rate Variation by Region

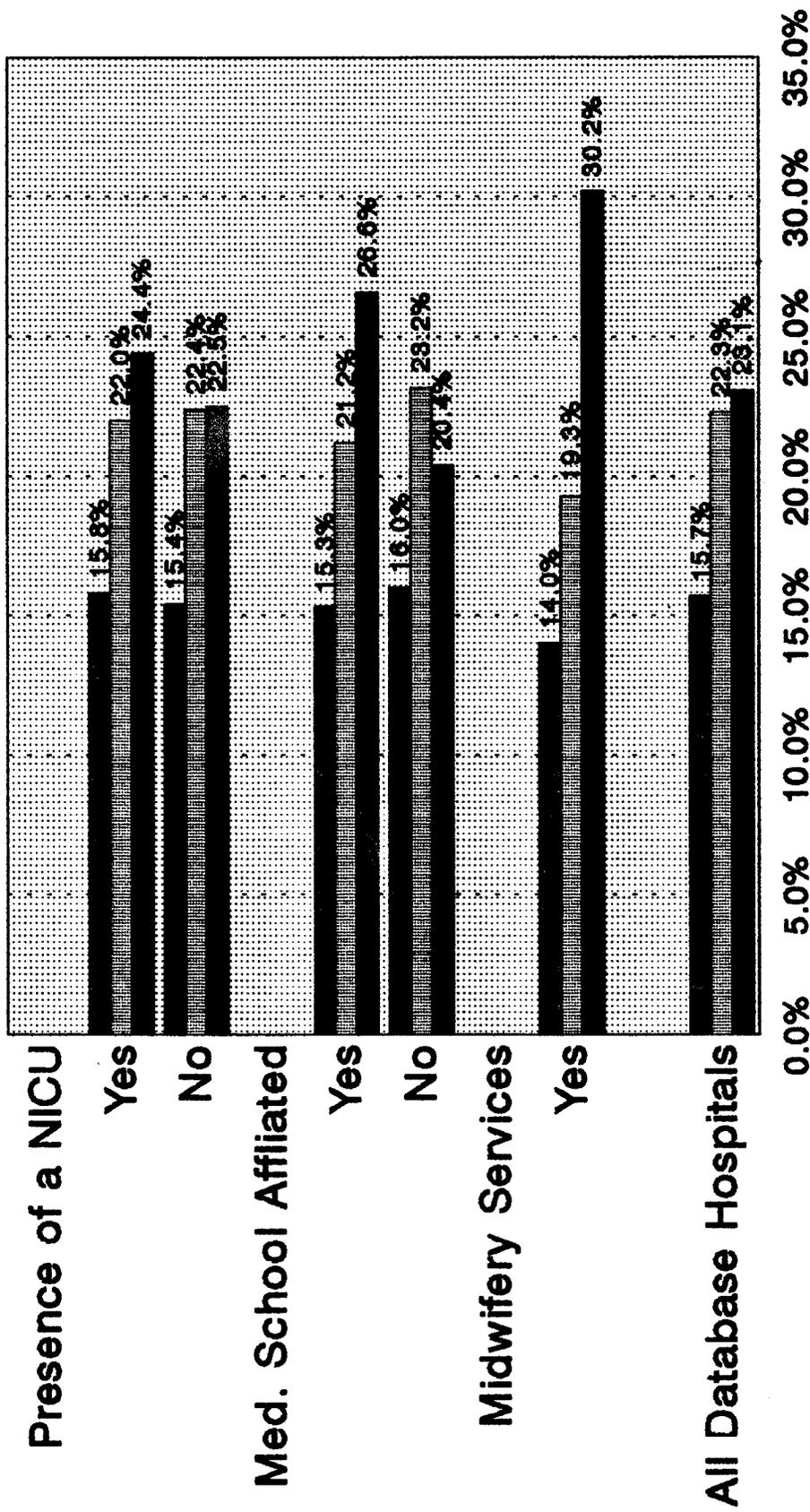
1992



	Northeast	South	Midwest	West
Primary Cesarean Rate	16.4%	17.4%	14.6%	14.2%
Total Cesarean Rate	22.9%	24.3%	21.4%	20.5%
VBAC Rates	26.6%	19.7%	23.9%	23.1%

Note: All differences are statistically significant based on a two-tailed test, p=.01.

## Cesarean and VBAC Rate Variation by Hospital Characteristic - 1992



■ Primary Cesarean Rate ■ Total Cesarean Rate ■ VBAC Rate

Note: All differences are statistically significant based on a two-tailed test,  $p = .01$ .

Source: Public Citizen's Health Research Group, analysis of state data, 1994.

## Hospital Summary Tables Included in Report

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- ▶ 106 hospitals with cesarean rates at or above 37%
- ▶ 169 hospitals with VBAC rates at or above 45%
- ▶ 90 noteworthy hospitals with VBAC rates at or above 45% and cesarean rates at or below 15%
- ▶ 179 hospitals with significantly better cesarean rates in 1992