

Healthy People 2010 Operational Definition

16-9. Reduce cesarean births among low-risk (full-term, singleton, vertex presentation) women.

16-9a. No prior cesarean birth.

National Data Source	National Vital Statistics System - Natality (NVSS-N), CDC, NCHS.
State Data Source	National Vital Statistics System - Natality (NVSS-N), CDC, NCHS.
Healthy People 2000 Objective	Adapted from 14-8a (Maternal and Infant Health).
Changes since the 2000 Publication	None.
Measure	Percent.
Baseline (Year)	18 (1998)
Target	15
Target-Setting Method	Better than the best racial/ethnic subgroup. For a discussion of target-setting methods, see Part A, section 4.
Numerator	Number of births delivered by cesarean section to low-risk females with no prior cesarean birth.
Denominator	Number of live births to low-risk females with no prior cesarean birth.
Population Targeted	U.S. resident population.
Questions Used to Obtain the National Baseline Data	Not applicable.
Expected Periodicity	Annual.
Comments	For this objective a low-risk female is defined as one with a full-term (at least 37 weeks since LMP) singleton (not a multiple pregnancy), with a vertex fetus (head facing in a downward position in the birth canal).

A description of the primary measurement used to determine the fetus's gestational age, the interval between the first day of LMP and the birth has been published by NCHS.¹

This objective uses a similar calculation protocol as the comparable Healthy People 2000 objective (14.8). The primary differences lie in the data sources used to measure the objective (the Healthy People 2010 objective used data from birth certificates and the Healthy People 2000 objective uses data obtained from hospital records) and the Healthy People 2010 objective focuses on low-risk women, while the Healthy People 2000 objective targeted all women who have not previously delivered an infant by cesarean. A description of how to calculate the Healthy People 2000 cesarean measurement has been published by NCHS.²

Implementation of the 2003 revision of the U.S. Standard Certificate of Live Birth (described in detail elsewhere³) is being phased in. Two States adopted the new revision in 2003; by 2005, 13 States were using the revision. Despite substantive differences in the method of delivery item between the 1989 and 2003 revisions, data for all States are combined for the national figures used to track this subobjective. The total numbers and percentages of vaginal and cesarean deliveries appear to be very consistent between revisions. However, information on whether the delivery is a vaginal birth after cesarean (VBAC), primary cesarean, or repeat cesarean may be less comparable. This is because of wording and formatting changes designed to collect data on whether the mother had a previous cesarean delivery. The new format includes a direct question on whether the mother had had a previous cesarean delivery, whereas the old format did not. In brief, revised data show higher-than-expected VBAC and primary cesarean rates, and lower-than-expected repeat cesarean rates. These changes appear to have only a small impact on national rates and data for all States are included in the national figures shown in this report. However, measures which incorporate these data to compare changes across revisions for individual States should be

interpreted with caution.

See Part C for a description of NVSS-N and Appendix A for focus area contact information.

References

1. Martin, J.A.; Hamilton, B.E.; Sutton, P.D.; et al. Births: Final data for 2003. *National Vital Statistics Reports* Vol. 54, No. 2. Hyattsville, MD: National Center for Health Statistics, 2005.
2. Heck, K.E., and Klein, R.J. Operational definitions for year 2000 objectives: Priority area 14, Maternal and Infant Health. *Healthy People 2000 Statistical Note*. No. 14. Hyattsville, MD: NCHS, 1998.
3. National Center for Health Statistics. 2003 Revision of the U.S. Standard Certificate of Live Birth. 2003. Available at www.cdc.gov/nchs/vital_certs_rev.htm.