



Listening to Mothers in California: Cesarean Births

Progress Made in Reducing Unnecessary Cesarean Births, but Still Too Common

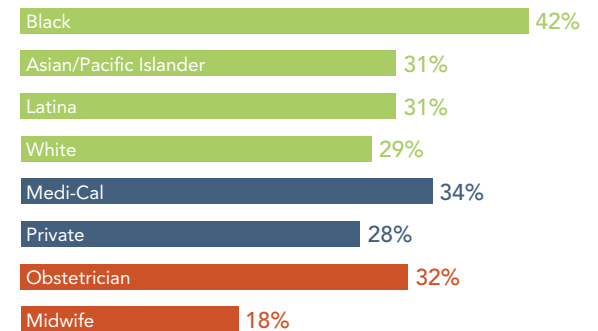
Consistent with national trends, California's total rate of cesarean births increased sharply, from one-fifth of all births in 1997 to one-third in 2009. The nation's leading obstetrical societies concluded that this steep rise did not lead to any discernible improvement in maternal or infant health. Since 2009, c-section rates plateaued and have declined slightly.¹ Still, 31% of *Listening to Mothers in California* survey respondents gave birth by cesarean, nearly evenly divided between women having a first cesarean (16%) and those having a repeat cesarean (15%).

While critical in some circumstances, cesareans can pose serious short-term risks for women (e.g., higher rates of blood clots, hemorrhage, and postpartum depression) and their babies (e.g., breathing problems, breastfeeding difficulties), as well as longer-term risks such as serious placental problems in future pregnancies and asthma in children.

1. Innovative multi-partner projects, including Smart Care California, are addressing and reducing the rate of cesarean births in low-risk, first-birth women.

Among survey respondents, there were significant racial and ethnic disparities in the total cesarean rate, with 42% of Black women reporting a cesarean compared to 29% of White women. Women with Medi-Cal coverage reported higher c-section rates than those with private insurance. And women who reported using an obstetrician for prenatal care were significantly more likely to have a cesarean birth than women who used a midwife for prenatal care.

Total Cesarean Rates
by Race/Ethnicity, Payer, and Provider*



The difference in cesarean rates between the two types of providers persisted when researchers limited the comparison to low-risk women (17% for midwife versus 28% for obstetrician).

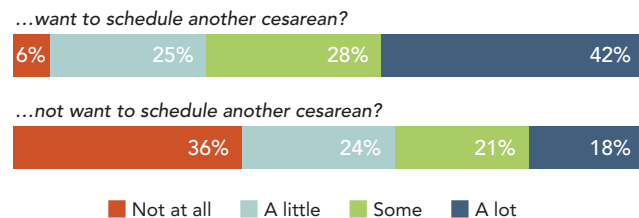
*Most often providing care during pregnancy.

Vaginal Births After Cesarean: Undersupported and Underused

It is challenging to reduce the high rate of cesareans because once a woman has a cesarean, she is extremely likely to give birth by cesarean for any future births. Among survey respondents who had one or more past cesareans, just 15% had a vaginal birth after cesarean (VBAC). Yet maternity experts agree that for many women, VBACs pose few risks and are often preferable, because the risk of serious complications for both women and babies increases with each c-section.

Nearly half of survey participants who had a repeat cesarean expressed interest in planning a VBAC. However, almost half of these women reported not having that option, mostly because providers and hospitals did not allow VBAC. Professional guidelines support offering VBAC to nearly all pregnant women who have had one or two previous cesareans. Even so, survey respondents in this situation reported that their maternity care providers disproportionately focused discussions on why they should schedule a repeat cesarean, rather than on why they should not.

How much did you and your provider talk about the reasons you might...



Notes: Asked of women with one or two past cesareans who discussed birth options with a care provider. Segments may not total 100% due to rounding.

Limited Use of Practices That Can Safely Reduce Unnecessary Cesarean Births

In addition to limited use of VBACs, the *Listening to Mothers in California* survey found limited use of other beneficial practices associated with the safe reduction of unnecessary cesarean births.

- ▶ **Choosing a hospital with a low c-section rate.** Only one-third of survey respondents sought information about cesarean rates of prospective hospitals.
- ▶ **Using a midwife.** Fewer than 1 in 10 women primarily used a midwife for prenatal care or for childbirth.
- ▶ **Working with a labor doula.** Fewer than 1 in 10 women who spoke English at home used a labor doula (researchers limited doula analyses to this group due to evidence of overcounting among others).
- ▶ **Waiting to go to the hospital.** Fewer than 1 in 4 women had a cervical dilation of five or more centimeters at their first vaginal exam after hospital admission, when the likelihood of having a cesarean was less than 1 in 10; cesarean rates were much higher for the majority who went into the hospital earlier in labor.
- ▶ **Walking around.** Six in 10 women did not walk around at all during labor after being admitted to the hospital.

TAKEAWAY Too many California women have unnecessary cesarean births. By more consistently implementing many simple, proven practices, California hospitals, health systems, and maternity care providers could achieve a more appropriate, lower cesarean rate.

Listening to Mothers in California is the first fielding of the national *Listening to Mothers* survey at a state level and in Spanish. The survey, which included California women who gave birth to a single infant in a hospital in 2016, aims to support stakeholders in improving the experience and outcomes of pregnancy and childbirth by reporting women's experiences and preferences on many topics, including cesarean births.

The National Partnership for Women & Families led the survey in collaboration with investigators from the University of California, San Francisco, Center on Social Disparities in Health and the Boston University School of Public Health. Quantum Market Research administered the survey. The California Health Care Foundation and the Yellow Chair Foundation funded the project. For more survey results, methodology details, and other resources, visit www.chcf.org/listening-to-mothers-ca and www.nationalpartnership.org/lmca.



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