

Trends in Cesarean Deliveries 2020-2022

Background

Cesarean delivery, or C-section, is abdominal surgery with short- and long-term risks and consequences.¹ These include infection, blood loss, reactions to anesthesia, blood clots, surgical injury, and increased complications in future pregnancies.² In specific situations, C-section deliveries can prevent injury and death in newborns and women who are at higher risk of complicated deliveries. However, C-sections have an increased risk of infection and complications such as excessive blood loss.³ C-sections should be limited in low-risk births, which are births that are to first-time mothers, singleton babies, and the baby's head is in position.

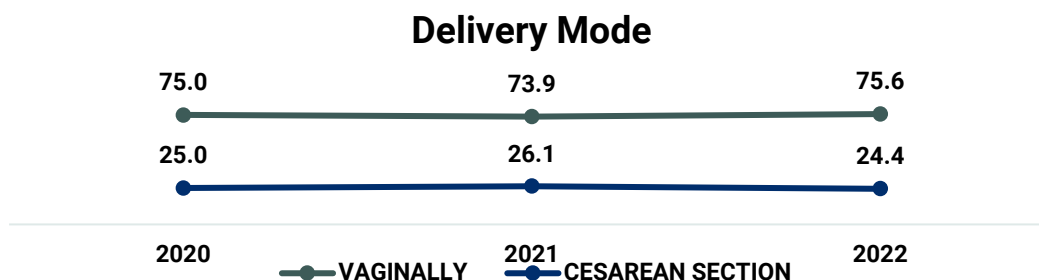
The Montana Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of recent mothers about their experiences and behaviors before, during, and shortly after pregnancy. PRAMS aims to improve the health of Montana mothers and infants by collecting high-quality data that is representative of the Montana population. PRAMS asks respondents about their delivery mode, reasons for C-section, and if their C-section was planned. A total of 2,313 Montana mothers responded to PRAMS from 2020 to 2022, with an average weighted response rate of 54%. During this time, one in four low-risk births resulted in a C-section. For all C-sections, 16% were reported as planned. The top three reasons for a C-section delivery were a previous C-section (41.4%), the baby was in the wrong position (22.0%), or there was a complication (20.1%).

Fast Facts

- One in four Montana mothers reported having a C-section.
- 25% of low-risk births resulted in a C-section.
- Nearly 10% of deliveries were an unplanned C-section.
- The top three reasons for a C-section reported were previous C-section, the baby was in the wrong position, or there was a complication.

Trends in C-Section Deliveries

One in four Montana mothers reported a C-section delivery, 2020-2022
% of mothers reporting C-section delivery, 2020-2022 (MT PRAMS)



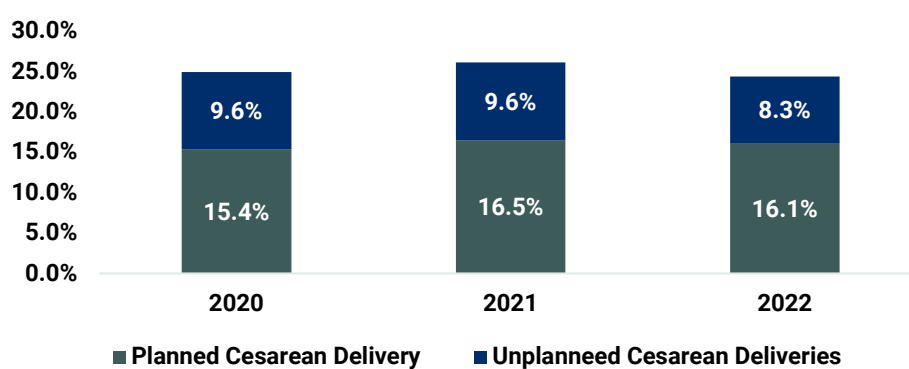
25.5% of low-risk births resulted in a C-section, 2020-2022

% low risk births resulting in a C-section, 2020-2022 (MT Vital Statistics)



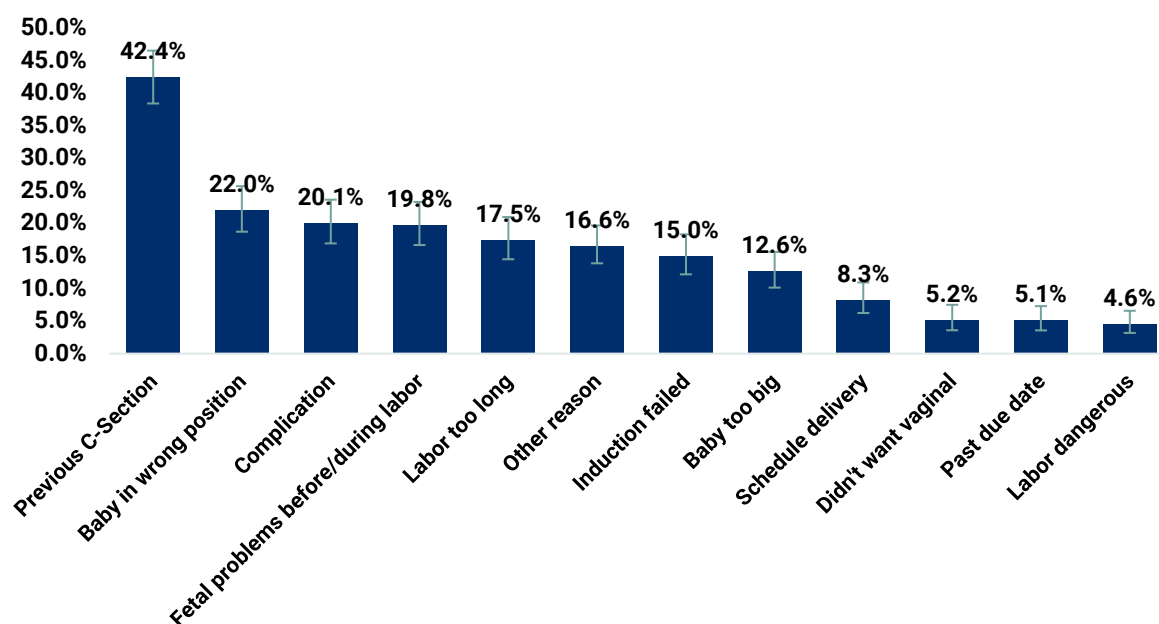
10% of deliveries were an unplanned C-section, 2020-2022

% reporting, 2020-2022 (MT PRAMS)



The top three reasons for a C-section reported by Montana mothers were a previous C-section, the baby was in the wrong position, or there was a complication.

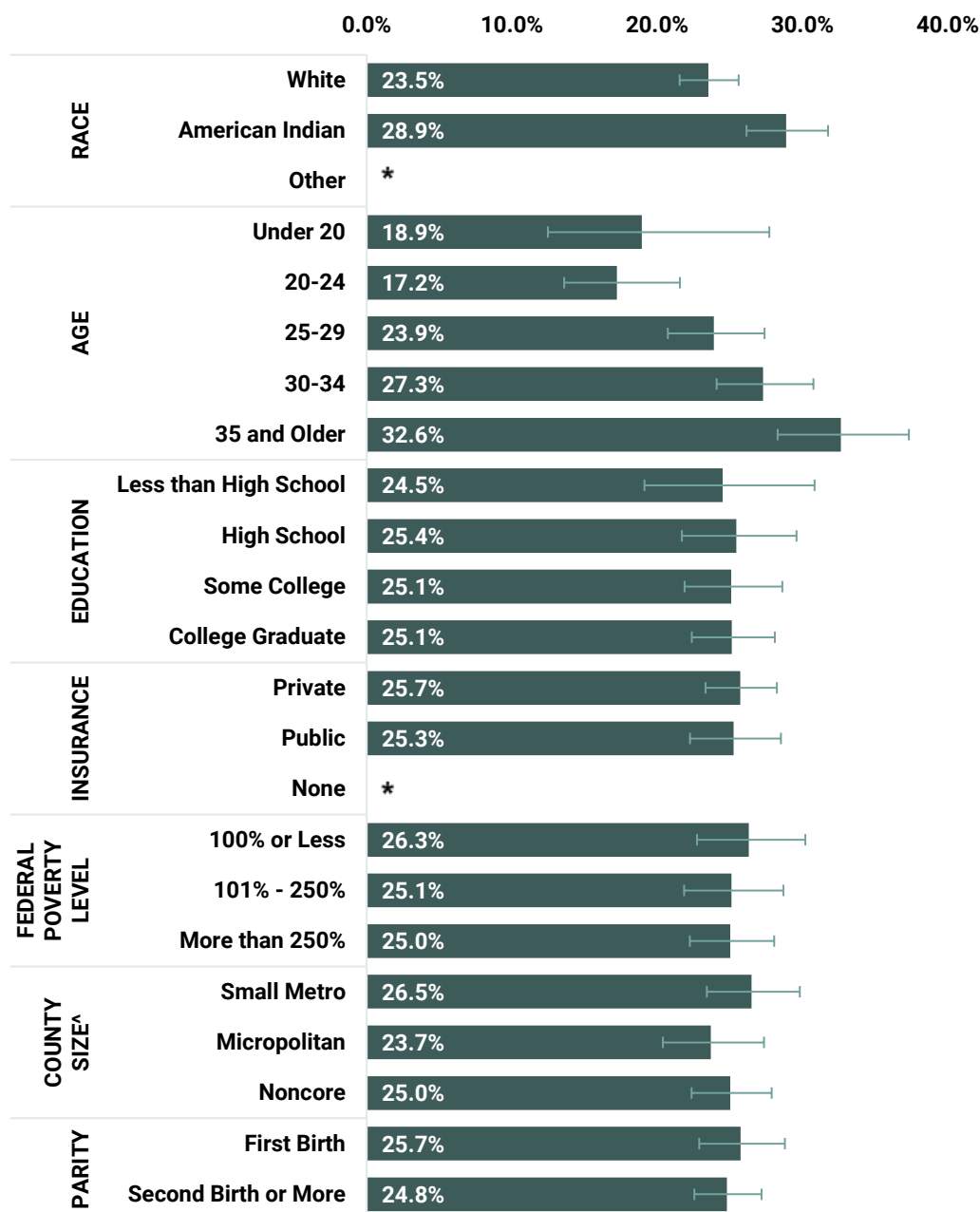
% of mothers reporting reason for c-section, 2020-2022 (MT PRAMS)



Among mothers who reported C-section delivery, differences can be seen among subgroups of maternal characteristics. American Indian mothers and older mothers had a higher prevalence of C-section deliveries.

C-sections are more common among American Indian and older mothers.

% of mothers reporting by subgroup, 2020-2022 (MT PRAMS)



^aNCHS Urban-Rural Classification Scheme for Counties

*Estimate have been suppressed because it is statistically unstable.

Call to Action

Healthcare recommendations for c-section delivery education

The decision for pregnant patients to complete a c-section delivery is deeply personal and unique to every situation. The American College of Obstetricians and Gynecologists (ACOG) recommends providing sufficient education and support to patients considering c-section delivery, including reasons for selecting the delivery method, recovery, risks factors, and the delivery process.⁴

Public health recommendations for birthing professional support

Public health practitioners are encouraged to educate healthcare systems and the public on the scope of practice and benefits of birthing professionals, such as doulas, within the birthing process. Studies indicate that women receiving doula services in the perinatal period are associated with lower rates of c-section deliveries, birth complications, pre-term births, use of pain medication, and self-identified traumatic birth experiences.⁵

National Objectives

Healthy People 2030:

- Reduce cesarean births among low-risk women with no prior births. (MICH-06)
- Reduce severe maternal complications identified during delivery hospitalizations. (MICH-05)

Resources

- [ACOG Committee Opinion: Cesarean Delivery on Maternal Request](#)
- [Montana LIFTS Guide](#)
- [Healthy Mothers, Healthy Babies—The Montana Coalition, Native American Initiatives Program](#)
- [DONA International—Doula Certification Program](#)

References

1. Indicator metadata registry details. (n.d.). WHO | World Health Organization. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4622>
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3. Reduce cesarean births among low-risk women with no prior births — MICH-06. (n.d.). Home of the Office of Disease Prevention and Health Promotion - health.gov. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-cesarean-births-among-low-risk-women-no-prior-births-mich-06>
4. Cesarean Birth: Frequently Asked Questions (March 2022). American College of Obstetricians and Gynecologists (ACOG). <https://www.acog.org/womens-health/faqs/cesarean-birth>
5. Doula Care Improves Health Outcomes, Reduces Racial Disparities and Cuts Cost. (August 8, 2022). National Health Law Program. <https://healthlaw.org/doula-care-improves-health-outcomes-reduces-racial-disparities-and-cuts-cost/>

Disclaimer

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