



CIMS

Coalition for Improving Maternity Services

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Increased Cesarean Rate for Low-risk Women Contradicts National Goals and Guidelines to Improve Maternal and Infant Health

Ponte Vedra Beach, Florida- In 2003 the US cesarean rate reached an all-time high of 27.1%, according to the Centers for Disease Control (CDC). Physicians performed 1.2 million cesarean sections at a cost of \$14.6 billion in hospital charges. This cost did not include the physician fees. In 2004 the cesarean rate climbed even higher, to 29.1%.

The Coalition for Improving Maternity Services (CIMS) is concerned by the continuing escalation of cesareans and by new findings: the increasing cesarean rate in the number of low-risk women who give birth for the first time and in the number of low-risk women who are having repeat operations. A low-risk woman is defined as one with a full-term (37 completed weeks of gestation), singleton pregnancy with a vertex presentation (head facing down) and no medical complications at the start of labor.

“Increasing cesarean rates contradict and affect two key national health objectives of the U.S. Department of Health and Human Services,” states CIMS's Chair, Nicette Jukelevics. “Those objectives are to reduce the number of low-risk women who give birth by cesarean and to increase the number of mothers who breastfeed their babies.” In 2003 one in four low-risk women gave birth to their first child by cesarean section, an increase of 30% since 1996. That year the repeat cesarean rate for low-risk women (women eligible to labor for a VBAC) was an alarming 88.7%, an increase of more than 25% since 1996. Healthy People 2010 objective is to reduce first cesareans for low-risk women to 15% and to reduce repeat cesareans to 63%.

Compared to vaginal birth, cesarean delivery compromises womens' health. Complications from cesareans put women at increased risks for infection, hemorrhage, blood clots, bowel obstruction, adhesions and placental problems which can complicate future pregnancy and birth. Women who give birth by cesarean are at higher risk in a subsequent pregnancy. Reduced fertility, preterm birth, low birth weight, and uterine rupture are more likely in a subsequent pregnancy after women give birth by cesarean.

The CDC (Guide to Breastfeeding Interventions) documents the protection, promotion, and support of breastfeeding as a critical public health need. The CDC identified labor analgesics, epidural anesthesia, and cesarean section as maternity practices that have negative effects on breastfeeding. These practices affect the infant's behavior at the time of birth, which in turn affect the infant's ability to suckle in an organized and effective manner at the breast. A cesarean born baby is less likely to be breastfed and to benefit from the positive health outcomes associated with breastfeeding.

The Healthy People 2010 objective is for 75% of mothers to initiate breastfeeding, for 50% to continue exclusive breastfeeding at 6 months, and for 25% to continue breastfeeding until at least 12 months. The increasing cesarean rate puts this objective in jeopardy. The American Academy of Pediatrics Policy Statement, "Breastfeeding and the Use of Human Milk," documents irrefutable advantages for infants, mothers, families, and society from breastfeeding. Advantages include health, nutritional, immunologic, developmental, psychological, social, economic and environmental benefits.

Although the rise in cesareans for low-risk women was seen in women of all ages, and racial or ethnic groups, surprisingly the number of healthy teen mothers who gave birth by cesarean increased by 35% since 1996, greater than all other age groups. In 2003 almost 17% of childbearing women under 20 years of age had a first birth by cesarean.

Given the nationwide lack of maternity care services supporting VBACs in the US, CIMS anticipates that the overwhelming majority of these young women will have repeat operations in a subsequent pregnancy exposing them to continuing health risks and complications they otherwise would not experience with a vaginal birth.

In its ongoing efforts to improve birth outcomes CIMS is sponsoring the Fourth Annual Evidence-based Forum at the Radisson Hotel, Boston, February 23-25, 2006. The three-day event, Mother-Friendly Childbirth: Closing the Gap Between Research and Practice features Dr. Christiane Northrup well known obstetrician and author, and Michelle Lauria, MD of the Northern New England Perinatal Quality Improvement Project, a consortium of maternity care providers, hospitals, and insurers in the states of Vermont and New Hampshire which encourages and supports VBAC.

The Coalition for Improving Maternity Services (CIMS), a United Nations recognized NGO, is a collaborative effort of numerous individuals, leading researchers, and more than 50 organizations representing over 90,000 members. Promoting a wellness model of maternity care that will improve birth outcomes and substantially reduce costs. CIMS developed the Mother-Friendly Childbirth Initiative in 1996. A consensus document recognized as an important model for improving the healthcare and well being of children beginning at birth, the MFCI has been translated into several languages and is gaining recognition around the world. To learn more about the Mother-Friendly Childbirth Initiative, go to <http://www.motherfriendly.org>.

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