



June 24, 2014 ■ Issue 104

## Childbirth Complications Higher for Medicaid Patients

The Healthcare Cost and Utilization Project (HCUP) recently released a [Nationwide Inpatient Sample](#) on the source of payment for pregnancy and childbirth hospitalizations with complicating conditions versus without complicating conditions by mode of delivery in 2011.

Childbirth is the most prevalent reason for hospitalization in the United States. Of the 4.1 million hospital stays in 2009 involving childbirth, 91.3 percent of vaginal and 99.9 percent of cesarean section deliveries had at least one complicating condition. These conditions range in severity and may include those that are preexisting, such as mental health disorders; those that create risk factors, such as multiple gestation; and those that may lead to complications of care, such as an abnormality of fetal heart rate or rhythm.

In the United States, childbirth accounts for about 10 percent of all maternal hospital stays and \$12.4 billion in hospitalization costs for live births; it represents, in the aggregate, one of the most costly conditions for inpatient hospital care. The average cost of a vaginal birth in 2008 was \$2,900 without complications and \$3,800 with complications. The average cost of a cesarean section was \$4,700 without complications and \$6,500 with complications.

### Highlights:

Among the 3.6 million hospital stays involving childbirth in 2011, cesarean section deliveries were 11 percent more likely among women who were covered by private insurance than among women covered by Medicaid. Mean length of stay and mean hospital costs were similar by payer type.

Among women who delivered by cesarean section and were covered by Medicaid, 94.6 percent of discharges included a complicating condition.

Overall, for discharges among women with vaginal deliveries covered by private insurance, the rate of cases with complications increased with age (75.5 per 100 for adolescents younger than 15 years versus 83.3 per 100 for women aged 40-44 years).

For vaginal deliveries, second-degree perineal laceration rates were higher among women with private insurance than Medicaid.

Compared with women covered by Medicaid, women with private insurance were more likely to have a cesarean section delivery when complicating conditions that may impede vaginal delivery were present.

A related report issued last week from the Centers for Disease Control and Prevention showed that after almost two decades of steady increases, the number of U.S. infants born early due to induced labor and C-section has declined in recent years.

According to the study, rates of induced labor declined across the board since 2006 for expectant mothers at 35 to 38 weeks of gestation, with the greatest decline at 38 weeks.

The largest decline in induced labor occurred for early term births at 37 to 38 weeks, which fell 12 percent between 2006 and 2012. Late preterm births at 34 to 36 weeks of gestation declined by 4 percent, the report stated.

In the last two years of the Partnership for Patients initiative, virtually every New Jersey hospital that provides labor and delivery services has now discontinued scheduling of early elective deliveries prior to week 39. The successful results of that policy change not only are reflected in the results, but have also been cited by the March of Dimes and the Leapfrog Group.

## **Save the Date**

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

Sept. 18	Adverse Drug Events
Sept. 22	Annual Leadership Summit
Sept. 29	Geriatric Emergency Department Guidelines

[Click here to register.](#)

CA36062414