

### Caesarean sections

Rates of caesarean delivery have increased in nearly all OECD countries, although in a few countries this trend has reversed at least slightly in the past few years. Reasons for the increase include the rise in first births among older women and in multiple births resulting from assisted reproduction, malpractice liability concerns, scheduling convenience for both physicians and patients, and the preferences of some women to have a caesarean section. Nonetheless, caesarean delivery continues to result in increased maternal mortality, maternal and infant morbidity, and increased complications for subsequent deliveries, raising questions about the appropriateness of caesarean delivery that may not be medically required.

In 2013, caesarean section rates were lowest in Nordic countries (Iceland, Finland, Sweden and Norway), Israel and the Netherlands, with rates ranging from 15% to 16.5% of all live births (Figure 6.22). They were highest in Turkey, Mexico and Chile, with rates ranging from 45% to 50%.

Caesarean rates have increased since 2000 in most OECD countries, with the average rate going up from 20% in 2000 to 28% in 2013 (Figure 6.23). The growth rate has been particularly rapid in those countries that have the highest rates now (Turkey, Mexico and Chile), as well as in Poland, the Slovak Republic and the Czech Republic which used to have relatively low rates. In some countries, however, the growth rate has slowed down since the mid-2000s and it has even come down slightly in Israel, Finland and Sweden. In Italy also, caesarean rates have come down significantly in recent years, although they remain very high. The rates have also come down in Spain.

There can be substantial variations in caesarean rates across regions and hospitals within the same country. In Italy, there continues to be huge variations in caesarean rates, driven by very large rates in the south of the country. In Spain also, there are large variations across regions (OECD, 2014).

In several countries, there is evidence that private hospitals tend to perform more caesarean sections than public hospitals. In France, private for-profit hospitals authorised to provide maternity care for pregnancies without complications have caesarean rates as high as public hospitals which have to deal with more complicated cases (FHF, 2008). In Switzerland, caesarean sections have been found to be substantially higher in private clinics (41%) than in public hospitals (30.5%) (OFSP, 2013).

A number of countries have taken different measures to reduce unnecessary caesarean sections. Public reporting, provider feedback, the development of clearer clinical guidelines, and adjustments to financial incentives have been used to try to reduce the inappropriate use of caesareans. In Australia, where caesarean section rates are high relative to most OECD countries, a number of States have developed clinical guidelines and required reporting of hospital caesarean section rates, including investigation of performance against the guidelines. These measures have discouraged variations in practice and contributed to slowing down the rise in caesarean sections. Other countries have reduced the gap in hospital payment rates between a caesarean section and a normal delivery, with the aim to discourage the inappropriate use of caesareans (OECD, 2014).

#### Definition and comparability

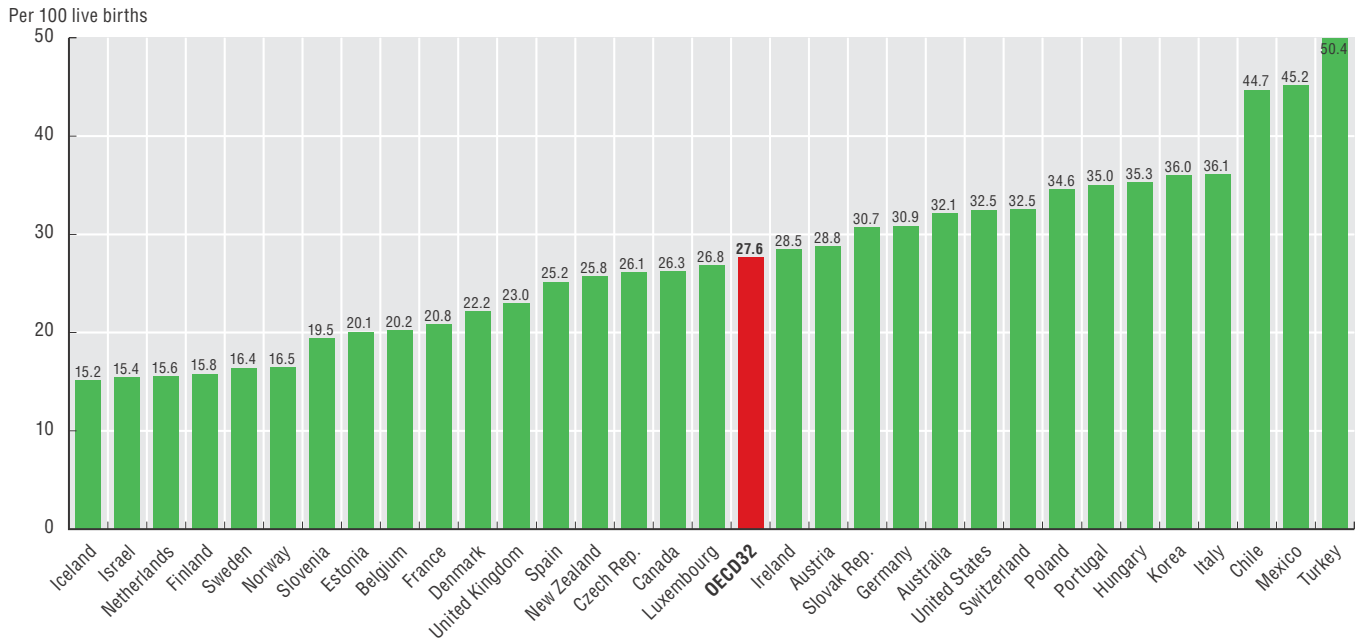
The caesarean section rate is the number of caesarean deliveries performed per 100 live births.

In Mexico, the number of caesarean sections is estimated based on public hospital reports and data obtained from National Health Surveys. Estimation is required to correct for under-reporting of caesarean deliveries in private facilities. The combined number of caesarean deliveries is then divided by the total number of live births as estimated by the National Population Council.

#### References

- FHF – Fédération hospitalière de France (2008), *Étude sur les césariennes* [Study on caesareans], Paris.
- OECD (2014), *Geographic Variations in Health Care: What Do We Know and What Can Be Done to Improve Health System Performance?*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264216594-en>.
- OFSP – Office fédéral de la santé publique (2013), *Accouchements par césarienne en Suisse* [Births by Caesareans in Switzerland], Bern.

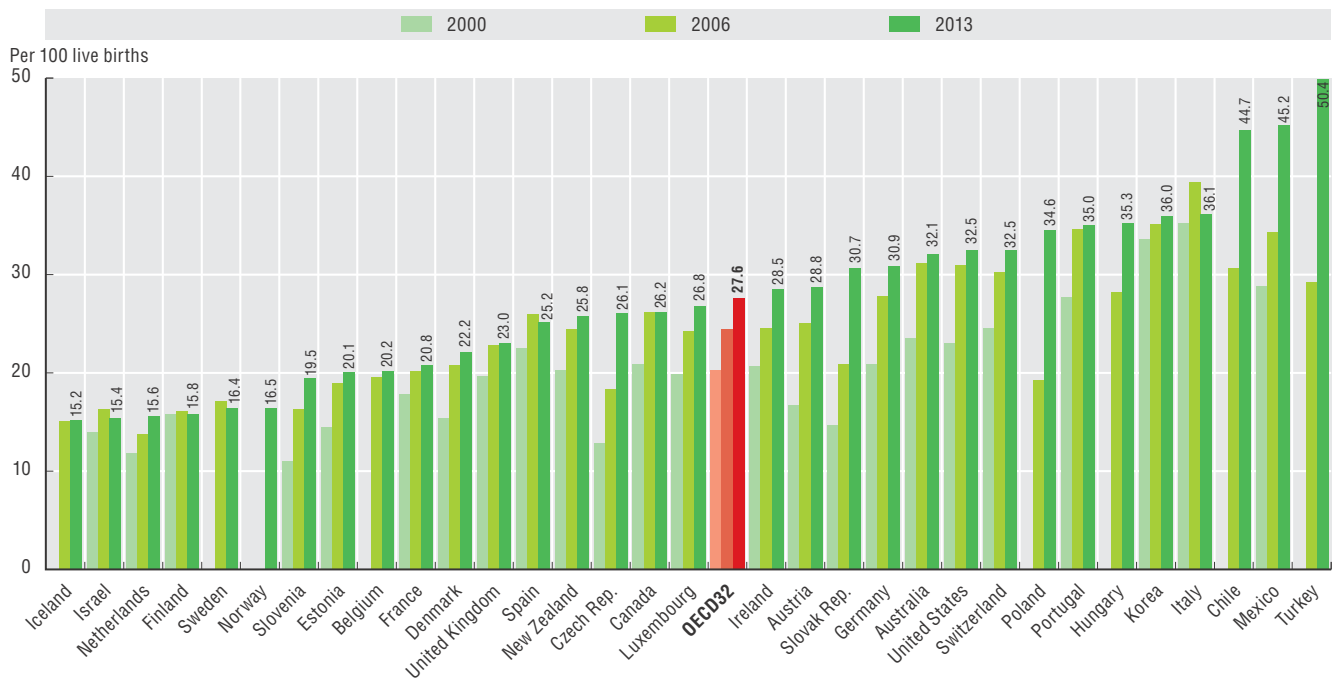
6.22. Caesarean section rates, 2013 (or nearest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281033>

6.23. Changes in caesarean section rates, 2000 to 2013 (or nearest years)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281033>

Information on data for Israel: <http://oe.cd/israel-disclaimer>



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