The California Nurse-Midwives Association (CNMA) celebrates the hospitals around the state that are working hard to provide high quality maternity care for women and families in California by minimizing their cesarean section rates and maximizing the success of vaginal birth after cesarean (VBAC).

The Office of Statewide Health Planning and Development (OSHPD) has released the California hospital utilization rates for cesarean deliveries and VBACs in 2012. These procedures are considered over-utilized and under-utilized (respectively), based on evidence for best medical practices.

In the setting of increasing maternal mortality rates and rising cesarean rates (Kassebaum, 2013; Main, 2011), hospitals and obstetric care teams that are working to reduce unnecessary cesareans and increase access to VBAC should be commended. These settings should also be assessed for “best practices” that can be more broadly implemented in other locations. We know that cesarean rates widely vary across the state (16%-78%) and that 44% of California hospitals do not allow vaginal birth after cesarean section, despite national recommendations to make the practice more widely available (OSHPD, 2013; Barger et al, 2013). CNMA calls for a statewide initiative to bring maternity care practices in line with consistent evidence-based practice that will improve the quality of care for women and babies across the state. Women should have access to information that will allow her to make the best decisions for herself and her family. Women should be made aware that their care provider practices and hospital policies have powerful impact on birth outcomes.

Top five hospitals with lowest cesarean birth rates in California:
- Kaiser Redwood City (San Mateo County) 15.9%
- Sutter Davis (Yolo County) 16.7%
- San Francisco General (San Francisco County) 17%
- Kaiser South Sacramento (Sacramento County) 17.3%
- Redwood Memorial (Humboldt County) 18%

Top five hospitals with highest VBAC rates in California:
- San Francisco General (San Francisco County) 36.6%
- Univ. of California, San Francisco (SF County) 34.9%
- Mad River (Humboldt County) 34.2%
- Kaiser Redwood City (San Mateo County) 34%
- Kaiser South Sacramento (Sacramento County) 32.3%

Each hospital listed above includes certified nurse-midwives as part of the perinatal care team. In 2012, Consumer Reports recommend that women consider CNMs “to ensure the best possible [pregnancy] experience.” Research shows that women cared for by nurse-midwives as compared to women of the same risk status cared for by physicians have (Hatem, 2009; Newhouse et al., 2011):

- Lower rates of cesarean deliveries
- Lower rates of labor induction and augmentation
- Significant reduction in severe perineal trauma (birth trauma)
- Less use of regional anesthesia
- Higher rates of breastfeeding
- Increased sense of control during the labor and birth experience

Cesarean deliveries put women at increased risk for hemorrhage, infection, and deep vein thrombosis, which are the most frequent causes of severe maternal morbidity and the leading causes of hospital readmission in the first 30 days postpartum. Significant possible long-term consequences also include pain and surgical adhesions, infertility, and perinatal complications in subsequent pregnancies, including hemorrhage, severe morbidity, and hysterectomy resulting from placental implantation problems. Further, evidence has shown greater psychological distress and illness such as postpartum anxiety, depression and posttraumatic stress disorder are associated with cesarean deliveries (Callaghan, Mackay, and Berg, 2008; Declercq et al., 2007; Liu et al., 2007; Liu et al., 2005; Silver, 2010). Infants born by cesarean delivery are more likely to have respiratory difficulties and breastfeeding problems following birth than are infants born vaginally (Gerten
et al., 2005).

Cesarean deliveries are the most commonly performed female surgery in the US. It is estimated that $80 to $441.5 million per year could be saved by reducing cesarean delivery rates in California, with the amount of savings dependent on the size of the reduction (Main et al., 2011). Catalyst for Payment Reform recommend that insurers reimburse CNMs to improve maternity care and contain the cost of unnecessary medical interventions in pregnancy (Catalyst for Payment Reform, 2012).

A successful VBAC reduces the risk of hemorrhage, infection, long hospital stays and complications in future pregnancies for the mother. The National Institutes of Health in 2010 recommended that women who had a previous Cesarean section be offered increased access to a trial of labor after a Cesarean section (TOLAC) in order to decrease the overall incidence of this surgery and decrease maternal complications. The American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists have stated that most women are good candidates for a TOLAC and this option should be more accessible.

Nurse-midwifery services are provided in diverse settings including ambulatory care clinics, private offices, community and public health systems, homes, hospitals, and birth centers in collaboration with physicians. Nurse-midwives are dedicated to working with women to promote normal, physiologic birth to preserve high quality maternity care. Care with a nurse-midwife reduces the use of unnecessary procedures, reduces health care costs, and increases women’s access to the maternity care of her choice.

There are approximately 1200 certified nurse-midwives actively licensed and certified by the CA Board of Registered Nursing. The California Nurse-Midwives Association promotes the health and well being of women and newborns within their families and communities through the development and support of the midwifery profession as practiced by certified nurse-midwives (CNMs). According to the most recent data available, certified nurse-midwives attended 11% of California’s vaginal births in 2009.