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Louisiana defies trend to fewer C-section births

BY PETER SHINKLE

in the 1980s, a nationwide movement to reduce Caesarean sections gathered steam as research showed the procedure, a major surgery in which a fetus is cut from a pregnant mother's womb, was often being performed unnecessarily.

Critics also argued that C-sections are risky to the mother and an increased C-section rate has not led to healthier newborns.

Doctors nationwide responded to the challenge by reducing their rate of C-sections, but Louisiana's rate has risen steadily in recent years, state data show.

A top Baton Rouge obstetrician and a state health official in New Orleans said they are wary of the drive to reduce the C-section rate.

Dr. Merritt Melker, chief of staff at Baton Rouge General Hospital in Baton Rouge, said he does not see a need for the state or hospital to reduce their C-section rates. He said the issue has been pushed primarily by insurance companies seeking to cut costs.

"This issue of C-section rates is driven by bottom-line thinkers, the payers. It's not a quality issue," he said.

Dr. Louis Trachtman, assistant state health officer, also said the state's C-section rate is not a problem.

"I don't know that there's any reason that we need to look at reducing it. We have no reason to question whether it's a problem. But the effort to reduce C-section rates involves more than insurance. Doctors' groups, public health officials and consumer advocates all have a voice to speak for the idea."

For many women, the desire to avoid a C-section "doesn't cut costs.

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have much to do with the financial circumstances," said Rene Johnson, who conducts child birth education classes for expectant couples in Baton Rouge.

Many women want to avoid a C-section because it can take up to eight weeks to recuperate fully from the procedure, compared with two weeks to recover from a vaginal delivery, Johnson said.

There are also emotional reasons for wanting a vaginal birth, she said. "A lot of women are thinking of (C-section) as the loss of the experience of giving birth."

Mim Artesky, a Baton Rouge social worker who had her first child by C-section, said she found the surgery "scary" because "I wasn't participating." and she experienced pain during recovery.

She gave birth to her second child vaginally. "There was a real feeling of a rite of passage," she said. "It made me feel like any machines or flat on my back.

But some women prefer a C-section over a vaginal delivery.

Melissa Irwin said her second C-sections were medically necessary, but she would have chosen them anyway.

"There was no problem with them. They were great, painless," said Irwin, a Baton Rouge dental hygienist.

The nationwide C-section rate, which was just 5 percent of all births nationwide in 1965, reached a peak in 1988, when an estimated 24.7 percent of all births were by C-section.

The national rate dropped to 23.8 percent in 1989 and to 22.7 percent in 1990, the most recent year for which national data are available.

That reversal in the trend has not occurred in Louisiana.

In 1990, 26.9 percent of deliveries in the state were by C-section, and in 1991, that rate rose to 28.2 percent, state Office of Public Health data show.

Melker said C-section rates here are high because Louisiana women have less prenatal care than women elsewhere, so a greater share of Louisiana women have high-risk pregnancies that require C-sections.

One consumer group, drawing on state and federal data, reported in 1992 that five Louisiana hospitals were among the 10 hospitals with the highest C-section rates nationwide. And Louisiana had the third-highest C-section rate among 45 states, the group said, Public Citizen's Health Research Group.

The group said an estimated 500,000 C-sections performed in the United States in 1990 were unnecessary, in a bill of nearly $1 billion in excess charges.

The U.S. Public Health Service has set a goal for the nation to reduce its C-section rate to 10 percent of all deliveries by the year 2000.

In recommending the goal, the Public Health Service said a woman undergoing a C-section is at a risk of death that is from 2 to 26 times higher than a woman who gives birth vaginally, and that part of that increased risk may stem from health conditions that prompted the C-section in the first place, the report said.

No one disputes that a C-section is a necessary procedure in certain situations, such as a breech birth, in which a baby lies across the birth canal and is unable to enter it.

However, Dr. Edward Quilligan, Dean of the University of Louisi-

a at Irvine's School of Medicine, said there are three main medical conditions under which doctors have often performed unnecessary C-sections -- when the mother had a C-section in a previous pregnancy; when the mother's labor appears to stop later than long; and when doctors misinterpret signals to mean the fetus is in distress.

And there is no evidence that the nation's high C-section rate has improved the health of mothers and infants, said Dr. Sharon Dooley, chairman of the committee of the American College of Obstetricians and Gyne-

cologists.

"This is (the national rate) could and should come down," Dooley said.

C-sections also pose a risk of complications such as infection of the uterus or urinary tract. And as a major surgery, C-section requires the use of anesthesia, which carries small health risks.

Some critics allege that the financial interests of doctors and hospitals have contributed to the high C-section rate.

There is a direct financial incentive to perform the procedure, according to the 1992 report by Public Citizen. In 1990, doctors received an average of $1,493 for a vaginal delivery, and received $2,050, or $561 more, for a C-section delivery, the report said.

More significantly, a C-section can bring in as much as $2,500 more revenue than a vaginal delivery for a hospital, the group said.

The financial incentive is "one of the most important factors" in the nation's high C-section rate, said Dr. Sidney Wolfe of Public Citizen.

However, Trachtman, the assistant state health officer, said he doubts that doctors and hospitals tend to perform too many C-sections because it increases their revenues.

"We have no reason to think there's abuse of the system," he said.

And Melker said some local doctors charge the same amount for a C-section as they do for a vaginal delivery.

Another consideration that comes into play, obstetricians assert, is the possibility that they will be sued because patients who don't have to go through long hours of labor.

We need to re-educate everyone, and that means re-educating the hospitals, the doctors and the patients," he said.

Physicians love to blame it on malpractice rates, but I think it has more to do with education and pressure from patients," he said.

"For example, C-sections benefit newborns much less than is thought.

"We have misinformed ourselves through education and misinformed our patients," he said.

Peaceman said most C-sections are done not because of oxygen loss but because a woman has failed to progress in labor or has had a C-section in a previous pregnancy. Those are the kinds of C-section that can most easily be avoided through education, proper management of labor and malpractice claims, he said.

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