Fact Sheet

Overview of Maternity Care in the US

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With four million births each year[1] and three-quarters of American women becoming mothers, maternity care affects large numbers of women. It is also big business. The United States has the highest per capita spending on health care in the world, with care for mothers and newborns combined as the fourth largest category of hospital expenses,[2] and childbirth as the most common reason for the hospitalization of women in the United States.

Women are subjected to an ever-increasing array of interventions and technologies, many of which are highly invasive, with little or no evidence of their effectiveness. In fact, the medical evidence shows that the routine use of unnecessary interventions put mothers and babies at risk. Medical interventions are also expensive and often used not for the benefit of women and babies, but for the convenience or legal protection of doctors and hospitals.

All of this would be acceptable if we had better outcomes to show for it. Unfortunately, our outcomes are not nearly as good as those of developed countries that rely more heavily on midwifery care. Some of the clear problems with our maternity care system include:

- A high infant mortality rate compared to other developed countries – 27th in the world.[3] Infant mortality rates are higher for African American, Latina and Native American babies – with the rate for African American babies twice that of white babies.[4]
- A maternal mortality rate that has not improved in 20 years — 15th in the world.[5] Maternal mortality is higher for women of color than for white women, nearly 4 times higher for African American women.[6]
- A cesarean birth rate of 24.4% — among the highest in the world. Cesarean birth rates are highest for African American women, followed by white women, Latina women, Asian women, and Native American women.[7]
- A 20% drop in vaginal births after cesarean (VBAC) from 2000 to 2001to 16.4% – access to VBAC is disappearing requiring many women who have cesarean scars to undergo surgery.[8]
- An induction rate of 20.5% — which has more than doubled since 1989 and continues to rise.[9]
- Many mothers traumatized by their treatment during birth, with as many as 30% exhibiting some signs of post-traumatic stress disorder[10] and 50% experiencing some aspect of postpartum depression (the highest such rate in the world).[11]

Moreover:

Of the eight most common surgical procedures in the US, four are obstetric in nature – episiotomy, repair of obstetric laceration, cesarean birth, artificial rupture of membranes. These are in also the top four surgeries performed on women in the US.[12]
Obstetric procedures are the most common type of surgical procedures performed in the US (6,209,000), slightly higher than cardiac procedures (5,939,000). Consider the following:

- obstetric procedures are only performed on women – more obstetric procedures are performed on women than the next two categories (cardiac and digestive) combined;
- there are over six million obstetric procedures, but just over four million births;
- these procedures are primarily performed on healthy women during a normal physiological process.

The problem has steadily gotten worse over the last two decades. All obstetric procedures combined have nearly doubled since 1980, while certain procedures, such as medical induction of labor, vacuum extraction, and manually assisted delivery increased more than tenfold in that time.[13] Each procedure carries with it risks to mothers and babies, and less invasive techniques exist for most of them. Furthermore, they are usually not medically necessary and are avoidable for the majority of women.

The Midwives Model of Care[14] and the evidence-based Mother-Friendly Childbirth Initiative[15] recognize birth as a normal, natural process and support the use of less invasive techniques, such as position changes, waiting, hydrotherapy, and perineal support, that carry fewer risks to mothers and babies and are usually more effective.

Research shows that midwives are the safest birth attendants for most women, with lower infant and maternal mortality rates and fewer invasive interventions such as episiotomies and surgical births (cesareans). In developed countries where midwives are the primary care providers for pregnant women, mortality and surgical birth rates are much lower than in the United States. However, legal, regulatory, and financial barriers to the practicing the Midwives Model of Care and Mother-Friendly care make it difficult for women to access either in the US.

References:

[1] Martin, Joyce, et al, "Births Final Data for 2001," *National Vital Statistics Reports*, Vol 51, No. 5, December 18, 2002, p. 1.
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[4]Hoyert, DL; et al, "Deaths: Final Data for 1999," *National Vital Statistics Report*, Vol. 49, No. 8, September 21, 2001, p. 11.
[5] *State of the World's Mothers 2002*, Save the Children, http://www.savethechildren.org/mothers/sowm02/report/complete_index.pdf.
[6]Hoyert, DL; et al, "Deaths: Final Data for 1999," *National Vital Statistics Report*, Vol. 49, No. 8, September 21, 2001, p. 89.
[7]Martin, Joyce, et al, "Births Final Data for 2001," *National Vital Statistics Reports*, Vol 51, No. 5, December 18, 2002, p. 16.
[8]IBID
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[10] Creedy DK, Shochet IM, Horsfall J. "Childbirth and the development of acute trauma symptoms: incidence and contributing factors." *Birth*, 2000 Jun; 27(2):104-11.
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[12] Kozak LJ, Hall MJ, Owings MF. *National Hospital Discharge Survey: 2000 Annual Summary with detailed diagnosis and procedure data*. National Center for Health Statistics. Vital Health Stat 13(153). 2002, p. 40, http://www.cdc.gov/nchs/data/series/sr_13/sr13_153.pdf.
[13] IBID, p. 46.
[14]Developed in 1996 by Midwifery Task Force, www.midwiferytaskforce.org.
[15]Developed in 1996 by the Coalition for Improving Maternity Services, www.mother-friendly.org.

Information reflects 2001 data.

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