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For low-risk women, risk of death may be higher for babies delivered by cesarean

August 29, 2006 – For mothers at low risk, infant and neonatal mortality rates are higher among infants delivered by cesarean section than for those delivered vaginally in the United States, according to recent research published in the latest issue of *Birth: Issues in Perinatal Care*. Researchers at the Centers for Disease Control and Prevention analyzed over 5.7 million live births and nearly 12,000 infant deaths over a four-year period. In general, neonatal (<28 days of age) deaths were rare for infants of low-risk women (about 1 death per 1,000 live births). However, neonatal mortality rates among infants delivered by cesarean section were more than twice those for vaginal deliveries, even after adjustment for socio-demographic and medical risk factors.

The overall rate of babies delivered by cesarean increased by 41% between 1996 and 2004, while the rate among women with no indicated risk for cesarean delivery (term births with no indicated medical risk factors or complications of labor and delivery) nearly doubled.

"These findings should be of concern for clinicians and policy makers who are observing the rapid growth in the number of primary cesareans to mothers without a medical indication," says lead researcher Marian MacDorman. While timely cesareans in response to medical conditions have proven to be life-saving interventions for countless mothers and babies, we are currently witnessing a different phenomenon- a growing number of primary cesareans without a reported medical indication. Although the neonatal mortality rate for this group of low-risk women remains low regardless of the method of delivery, the resulting increase in the cesarean rate may inadvertently be putting a larger population of babies at risk for neonatal mortality.

In the past it was assumed that babies were delivered by cesarean because of a medical risk, thereby explaining the higher infant and neonatal mortality rates typically associated with cesarean births. In this study, only women with no identified medical risk or labor and delivery complication were included in the analysis and a substantial neonatal mortality rate differential was still found, according to MacDorman's research.

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This paper is published in the journal *Birth: Issues in Perinatal Care*. Media wishing to receive a PDF of the any of the articles should contact: professionalnews@bos.blackwellpublishing.net.

Marian F. MacDorman, Ph.D., has been a Statistician and Senior Social Scientist in the Division of Vital Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention, for the past 18 years. She received her Ph.D. in Demography from the Australian National University in 1987, and an M.A. in Population Geography from the University of Hawaii, Manoa, in 1981. She is currently co-chair of the SIDS and Infant Mortality Committee for the American Public Health Association (MCH section). For inquiries, please call: 301-458-4800

Birth: Issues in Perinatal Care, edited by Diony Young, is a multidisciplinary, refereed journal devoted to issues and practices in the care of childbearing women, infants, and

families. It is written by and for professionals in maternal and neonatal health, nurses, midwives, physicians, public health workers, doulas, psychologists, social scientists, childbirth educators, lactation counselors, epidemiologists, and other health caregivers and policymakers in perinatal care.

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