First Births: A Review of the United States Primary Cesarean Section Rate and Recommendations for Further Study

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**PURPOSE**
To conduct a literature review to analyze factors in the rising total cesarean and primary cesarean rates, to examine the nursing role in preventing cesarean section, and to profile current programs aimed at reducing the cesarean rate.

**BACKGROUND**
- Childbirth is a normal physiologic process. While childbirth was managed expectantly during the 19th century, in the 20th century birth is seen as a disease state to be actively directed by the medical team.
- Birth now involves routine interventions including intravenous fluids, episiotomy, labor induction, electronic fetal monitoring, amniotomy, regional anesthesia, and cesarean section.
- Cesarean section may be seen as “the ultimate technological intervention” and is the most common major surgery performed in the United States.
- While cesarean is beneficial in specific high risk situations, it is a major surgical procedure and may be accompanied by significant consequences, including elevated maternal and neonatal morbidity and mortality.
- Utilizing cesarean section for low-risk births does not improve outcomes and has a host of risks.

**METHODOLOGY**
- Articles were selected using the Cumulative Index to Nursing and Allied Health Literature database (CINAHL).
- Articles that contributed information regarding the total cesarean and primary cesarean rates, the nursing role in preventing cesarean section, or cesarean section prevention programs were used.

**FINDINGS**

**Elevated total cesarean section rate in the U.S.**
- The World Health Organization recommends 10-15% of all births should be cesarean section, and excess cesarean sections are not medically necessary (WHO, 1985). The rate of cesarean section has increased exponentially since the mid-20th century.
- In the 1960s, cesarean section accounted for less than 5% of births; in 2014, 32.2% of all births in the US were cesarean sections (Martin, Hamilton, & Osterman, 2015; Menacker, 2011).

**Elevated primary cesarean section rate in the U.S.**
- The first CS a woman has is termed a primary cesarean section. The primary cesarean section rate is critical because 89.5% of women who have a cesarean section go on to have cesarean sections for subsequent births (repeat cesarean section).
- In 1996, the primary cesarean section rate was 14.5% (MacDorman, Declercq, & Osterman, 2011). By 2014, it had increased to 22.3% (Martin, Hamilton, & Osterman, 2015).
- The alternative to a repeat CS is vaginal birth after cesarean (VBAC), a healthy option for low-risk women who have had one cesarean section. As the cesarean rate has increased, the VBAC rate has decreased from 28.3% in 1996 to 11.3% in 2014 (Martin, Hamilton, & Osterman, 2015; Menacker, 2005).

**CONCLUSION**
- A reevaluation of childbirth care in the U.S. is needed. Research shows the benefit of allowing labor to run its course. Changes in practice must follow.
- It will take consistent, dedicated partnerships among agencies, non-profit organizations, facilities, and staff to ensure that these changes are effective and lasting. Provider attitudes need to adapt to new evidence, and facility culture and policy must also evolve to support normal birth.
- As frontline care providers, nurses are well-placed to model evidence-based childbirth care.