

Cesarean Delivery (C-Section) Among Mississippi Women in 2020

About PRAMS

- The **Pregnancy Risk Assessment Monitoring System (PRAMS)** is an ongoing, population-based surveillance sponsored by the Centers for Disease Control and Prevention and the Mississippi State Department of Health.
- PRAMS participants are randomly selected between 2 and 6 months **postpartum**.
- In this study we analyzed Mississippi PRAMS data from 1,012 women who had a live birth in 2020 in Mississippi to assess **C-section delivery**.

About Cesarean Delivery

- Cesarean delivery, or C-section, is a **life-saving intervention** in women who are at higher risk of complicated deliveries or have unexpected complications.
- However, like any other surgeries, C-section can lead to short- and long-term maternal and neonatal **complications**.
- In 2020, **31.8%** of live births in the United States were to women who had a cesarean delivery.
- Approximately **40%** of women in Mississippi reported C-section delivery. Mississippi has the **highest rate** of C-section in the nation. (Figure 1)
- Mothers who were under the age of 20 years were **significantly less likely** to report having a C-section compared to older mothers.
- **No significant associations** were observed between C-section and race, education, marital status, or income. (Figure 2)

Definitions

- **Cesarean delivery (C-section)** was assessed using the following PRAMS questions:
 1. *Did you plan or schedule a cesarean delivery (c-section) at least one week before your new baby was born?*
 2. *How was your new baby delivered?*
 3. *What was the reason that your new baby was born by cesarean delivery (c-section)?*
 4. *Whose idea it was for you to have a cesarean delivery (c-section)?*
- In this report, estimates for women who reported their race to be anything other than White or Black are suppressed due to low response.
- The difference between two estimates is considered **statistically significant** (also stated as “significantly higher/lower” or “significant” in this fact sheet) if the 95% confidence intervals do not overlap.

Figure 1. Method of Delivery Among Women, MS, 2020

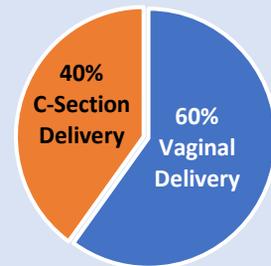
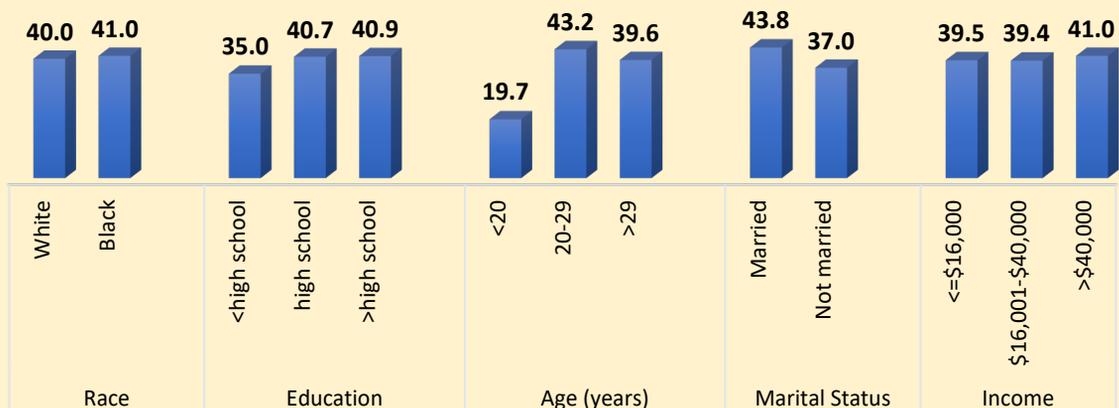


Figure 2. Percentage of C-Section Delivery by Demographic Characteristics, MS 2020



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Figure 3. Planned C-section

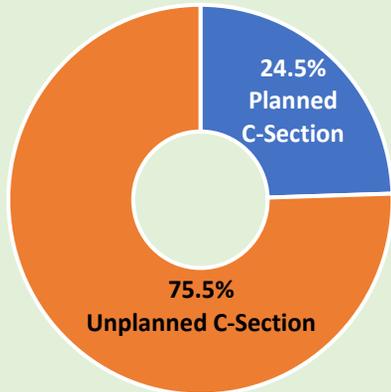


Figure 4. Whose Idea to Have C-Section?

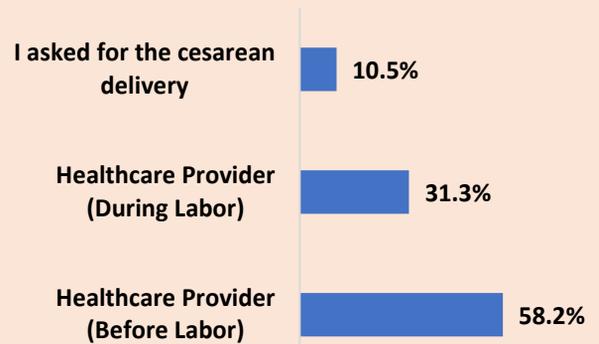


Table 1. Reasons for C-Section Delivery

	Percent (%)
I had a previous cesarean delivery (c-section)	44.5
My baby was in the wrong position (such as breech)	17.2
I was past my due date	4.0
My health care provider worried that my baby was too big	10.5
I had a medical condition that made labor dangerous for me (such as heart condition, physical disability)	6.2
I had a complication in my pregnancy (such as pre-eclampsia, placental problems, infection, preterm labor)	22.5
My health care provider tried to induce my labor, but it didn't work	20.7
Labor was taking too long	17.7
The fetal monitor showed that my baby was having problems before or during labor (fetal distress)	14.1
I wanted to schedule my delivery	5.5
I didn't want to have my baby vaginally	8.3
Other	15.6

- **Approximately 1 in 4 women (24.5%) reported having a planned C-section. (Figure 3)**
- **Approximately 58% of women reported that, before labor, their healthcare provider recommended that they have a C-section. (Figure 4)**
- **Having a previous C-section (44.5%), complication during pregnancy (22.5%), and failed induction (20.7%) were the three most reported reasons for having C-section. (Table 1)**

References

- Centers for Disease Control and Prevention. [Stats of the States - Cesarean Delivery Rates \(cdc.gov\)](https://www.cdc.gov/data/statistics/cesarean-delivery-rates)
- Sandall J, Tribe RM, Avery L, Mola G, Visser GH, Homer CS, Gibbons D, Kelly NM, Kennedy HP, Kidanto H, Taylor P, Temmerman M. Short-term and long-term effects of caesarean section on the health of women and children. Lancet. 2018 Oct 13;392(10155):1349-1357. doi: 10.1016/S0140-6736(18)31930-5. PMID: 30322585.

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