

# C-SECTION RATES IN ARKANSAS



Cesarean section (C-section) is used to deliver a baby through surgical incisions made in the abdomen and uterus. While C-sections can be necessary and lifesaving procedures, the C-section rate both nationally and in Arkansas has risen dramatically in the past few decades while maternal health outcomes have worsened. Healthy People 2030, a federal initiative that identifies public health priorities, has established a national target for first-birth\* C-section deliveries.



**1 in 3**

live births in the U.S. were C-section deliveries in 2021 (32.1%).<sup>1</sup>



**26.3%**

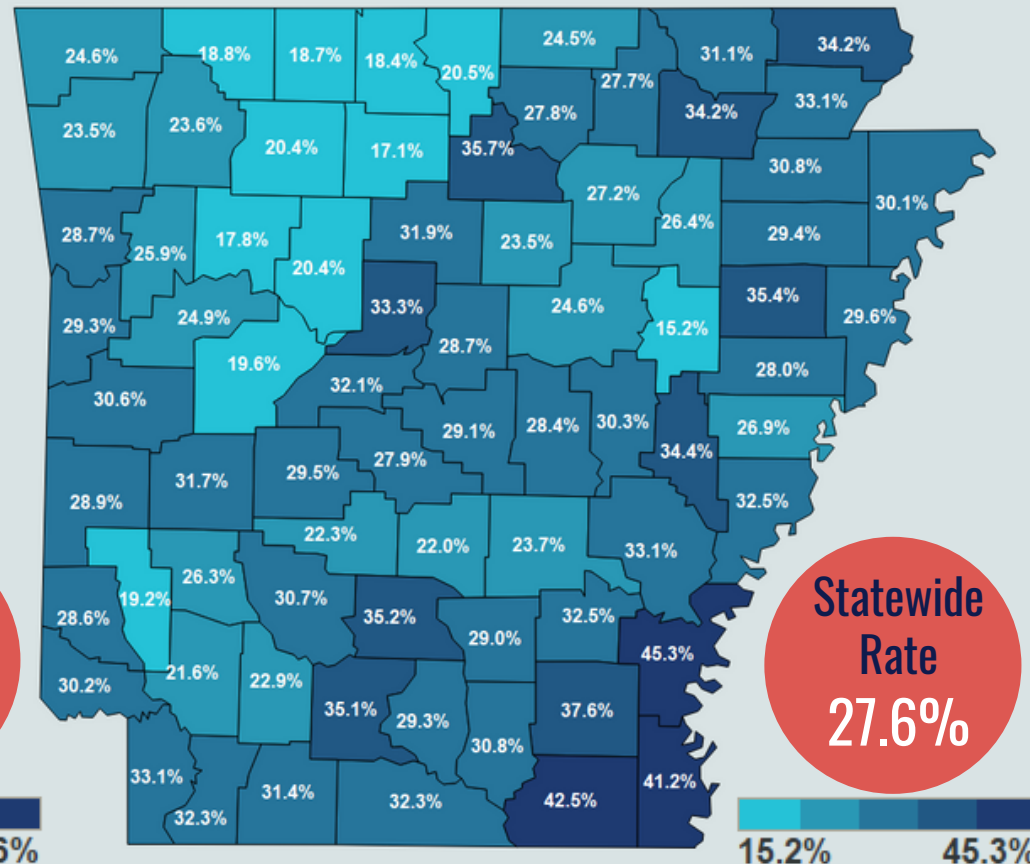
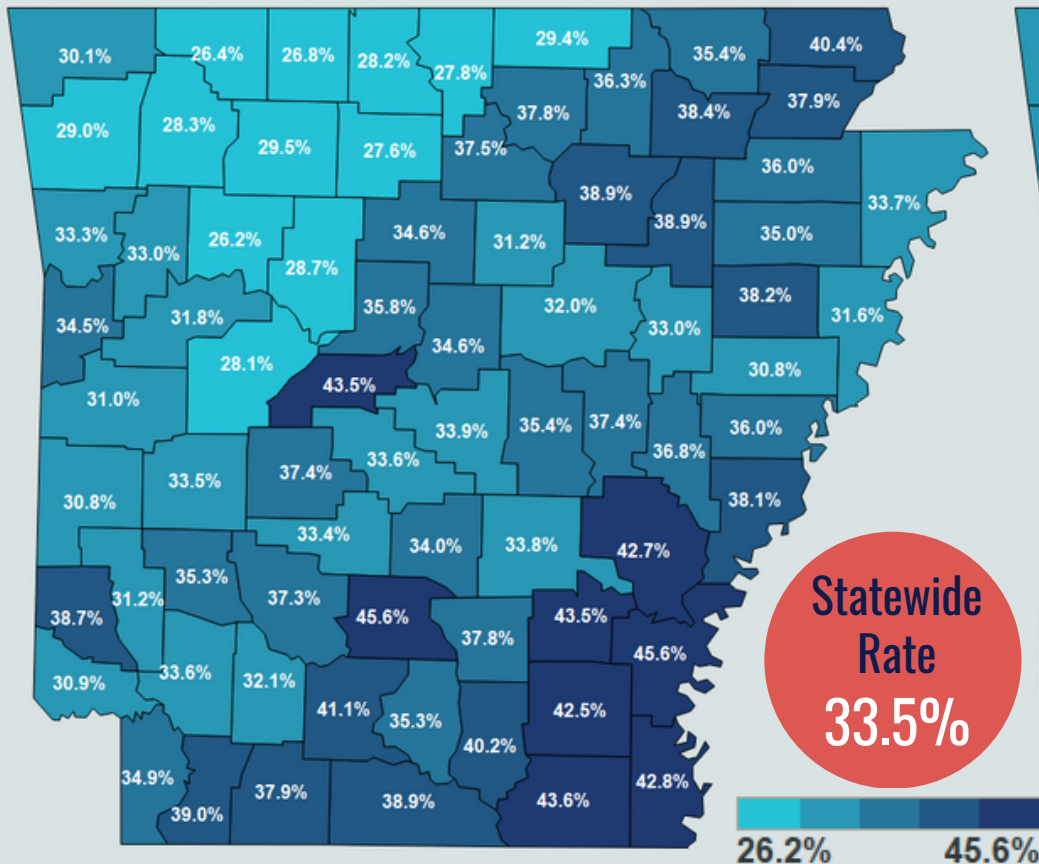
of first-birth\* deliveries in the U.S. were C-section deliveries in 2021.<sup>2</sup>

NATIONAL HEALTHY PEOPLE 2030 TARGET FOR FIRST-BIRTH\* DELIVERIES:<sup>2</sup>

**23.6%**

OVERALL C-SECTION RATE BY COUNTY OF RESIDENCE, 2019-2021

C-SECTION RATE FOR FIRST-BIRTH\* DELIVERY BY COUNTY OF RESIDENCE, 2019-2021



\*For purposes of this analysis, "first-birth delivery" is a full-term pregnancy (at least 37 weeks), singleton (not twins or multiples), in a head-down position. Examining first births is important because most women undergoing their first childbirth typically have lower medical needs for cesarean sections. For references: [achi.net/library/c-section](https://achi.net/library/c-section)

## FIRST-BIRTH\* DELIVERY C-SECTION RATES, ARKANSAS COUNTIES

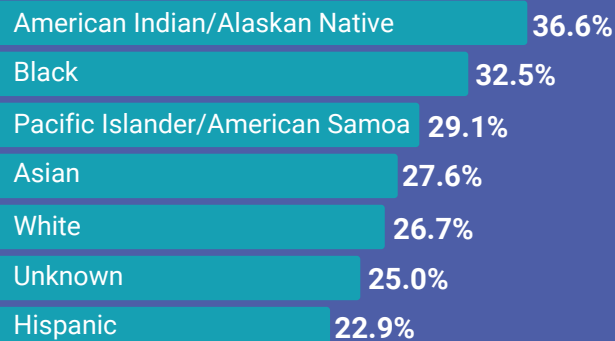
### LOWEST

1. Woodruff, 15.2%
2. Searcy, 17.1%
3. Johnson, 17.8%
4. Marion, 18.4%
5. Boone, 18.7%

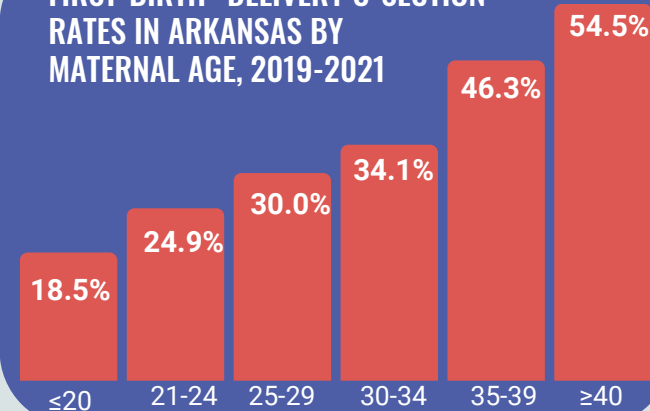
### HIGHEST

1. Desha, 45.3%
2. Ashley, 42.5%
3. Chicot, 41.2%
4. Drew, 37.6%
5. Stone, 35.7%

## FIRST-BIRTH\* DELIVERY C-SECTION RATES IN ARKANSAS BY RACE/ETHNICITY, 2019-2021



## FIRST-BIRTH\* DELIVERY C-SECTION RATES IN ARKANSAS BY MATERNAL AGE, 2019-2021



## C-SECTION RISKS<sup>3</sup>



### MOTHERS

- Infection
- Blood loss/clots
- Injury to organs



### CHILDREN

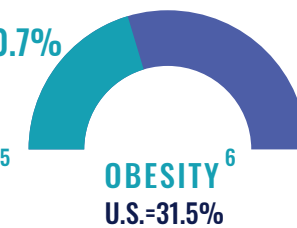
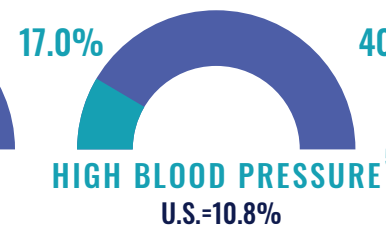
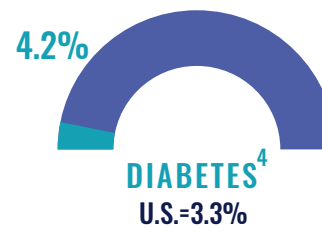
- Asthma/allergies
- Obesity
- Increased infection risk



### FUTURE PREGNANCIES

- Additional C-sections
- Uterine rupture
- Placenta issues

## CHRONIC DISEASE PREVALENCE, BIRTH-AGE WOMEN (18-44) IN ARKANSAS



## STATE POLICY EFFORTS TO REDUCE UNECESSARY C-SECTIONS

### TEXAS<sup>7</sup>

- Like several other states, Texas adopted “hard-stop” policies for labor and delivery services not medically indicated.
- Texas Medicaid adopted nonpayment for early elective deliveries prior to 39 weeks, including C-sections.
- As a result of these policies, the rate of such deliveries dropped 10-14% and birth outcomes improved.

### NEW JERSEY<sup>8</sup>

- Birthing hospitals reduced C-section rates under a statewide patient safety initiative led by a state hospital association.
- Hospitals adopted best practices including provider education, protocols, standardized plans, checklists, and screenings to reduce C-section rates.
- Overall C-section rate declined 14% from 2016 to 2021; first-birth\* delivery C-section rate declined by 18.6% during the same period.

### OKLAHOMA<sup>7</sup>

- Medicaid initiated program in 2011 to reduce elective C-sections without medical indication.
- Phase I included data collection, feedback to providers, and provider education.
- Phase II focused on medical chart review and reimbursement reform for C-section claims exceeding target rate.
- Rate of C-sections without medical indication decreased and initiative resulted in cost savings.

\*For purposes of this analysis, “first-birth delivery” is a full-term pregnancy (at least 37 weeks), singleton (not twins or multiples), in a head-down position.  
Note: Overall and first-birth C-section rates are derived from Arkansas Department of Health birth records, with the exception of the rates for Miller, Lafayette, and Little River counties, which are derived from the Arkansas All-Payer Claims Database. For references: [achi.net/library/c-section](http://achi.net/library/c-section)