Care of Women in U.S. Hospitals, 2000  HCUP Fact Book No. 3

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To help fulfill its mission of providing information on the U.S. health care system, the Agency for Healthcare Research and Quality (AHRQ) develops and sponsors databases that include the Healthcare Cost and Utilization Project (HCUP). Through HCUP, AHRQ has taken a lead in developing databases, software tools, and statistical reports to inform policymakers, health system leaders, and researchers at the Federal, regional, and State levels.

This third Fact Book answers many questions about hospital care for women such as: In what ways do hospitalized women differ from hospitalized men? What are the most common reasons for hospitalizations? For what preventable conditions are women hospitalized? Who is billed for various types of hospital stays? What are the patterns of hospital care for pregnancy and delivery?

web site URL:[**http://www.ahrq.gov/data/hcup/factbk3/factbk3.htm**](http://www.ahrq.gov/data/hcup/factbk3/factbk3.htm)

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Hospital stays for obstetric patients:

Age composition overall.

Reasons for pregnancy-related hospital stays.

Average length of stay and total charges by reason for hospitalization.

Expected sources of payment by reason for hospitalization.

Age composition and resource use by type of delivery.

Cesarean section rate by expected source of payment.

Obstetric complications by type of delivery.

Change in cesarean section rate and vaginal birth after cesarean section rate.

What Are the Most Common Reasons for Hospitalization?

The most common reason for hospitalization among women is pregnancy and childbirth. About 4.4 million hospital stays are due to obstetric conditions.

Depression is the most common reason for non-obstetric hospital stays among women age 18 to 44. Three of the top 10 conditions for this age group pertain to gynecologic diseases and disorders.

HIV disease is among the top 10 conditions with the highest in-hospital mortality for nonobsetric female patients age 18-44.

**Pregnancy and childbirth account for almost 1 out of 4 hospital stays for women.**

**Delivery of a child accounts for 88 percent of obstetric hospital stays.**

**Women with Medicaid coverage or who are uninsured account for about 4 out of 10 obstetric hospital stays.**

**Women hospitalized for antepartum or postpartum care are more likely to be uninsured or covered by Medicaid than women admitted for delivery.**

**Women admitted to hospitals due to pregnancy loss are more than twice as likely to be uninsured than any other type of obstetric patients.**

**About 1 in 3 women with a primary cesarean section is age 18 to 24 and only 1 in 6 is age 35 or older.**

**Women with private insurance are more likely to have cesarean sections than women uninsured or covered by Medicaid.**

**About 1 in 12 women who have vaginal delivery without instrumentation experiences perineal or cervical laceration or other obstetric trauma. This compares with nearly 1 in 4 women who have vaginal delivery that includes use of instruments, such as forceps or vacuum extraction.**

**The cesarean section rate increased slightly from 21.3 percent in 1997 to 23.2 percent in 2000. In contrast, the rate for vaginal birth after cesarean section (VBAC) decreased from 35.3 percent to 28.6 percent over the same time period.**

**What Is the Age Composition of Obstetric Patients?**

Obstetric patients account for about 1 in 4 hospital stays for women overall.

Over half of adult obstetric hospitalizations occur in the 25-34 age group.

Nearly 1 in 7 obstetric hospital stays is for women age 35 years or older.

Select Figure 9 (11 KB), Age Composition of Obstetric Patients.

**What Are the Most Common Reasons Associated with Obstetric Hospital Stays?**

Most obstetric hospital stays (88 percent) are for delivery of a child.

Nearly 1 in 10 obstetric hospitalizations is for antepartum or postpartum care.

Only 1 in 50 obstetric hospitalizations is due to pregnancy loss.

Select Figure 10 (3 KB), Most Common Reasons Associated with Obstetric Hospital Stays.

**What Are the Most Common Reasons for Hospital Stays Related to Pregnancy Loss?**

Over half of hospitalizations involving pregnancy loss are due to ectopic/molar pregnancy.

Spontaneous abortion accounts for more than one-fourth of all hospital stays related to pregnancy loss while induced abortion is

associated with about 1 in 10 such hospital stays.

Select Figure 11 (4 KB), Most Common Reasons for Hospital Stays Related to Pregnancy Loss.

**What Are the Most Common Conditions Associated with Hospitalizations for Antepartum Care?**

Antepartum hospital stays involve care for pregnant women who do deliver their babies during that stay. Early labor accounts for more than 1 in 4 of these antepartum stays.

Excessive vomiting during pregnancy is the second most common reason for antepartum hospitalizations, accounting for 1 in 10 antepartum stays.

One in 6 hospital stays for antepartum care is due to hypertension, bleeding, and diabetes during pregnancy.

Select Figure 12 (14 KB), Most Common Conditions Associated with Hospitalizations for Antepartum Care.

**What Are Average Length of Stay and Total Charges for Obstetric Hospitalizations?**

Obstetric patients admitted for antepartum or postpartum care have longer lengths of stay than those admitted for delivery.

Hospitalizations for postpartum care incur the highest average total charges�$8,900.

Women hospitalized due to pregnancy loss have shorter lengths of stay but much higher total charges than women admitted for delivery or antepartum care.

Select Figure 13 (8 KB), Average Length of Stay and Total Charges for Obstetric Hospitalizations.

**Who Is Billed for Hospital Stays for Obstetric Care?**

Women with Medicaid coverage or who are uninsured account for about 2 in 5 obstetric hospital stays.

Women hospitalized for antepartum or postpartum care are more likely to be uninsured or covered by Medicaid than women admitted for delivery.

Women admitted to hospitals due to pregnancy loss are more than twice as likely to be uninsured than any other type of obstetric patients.

Select Figure 14 (7 KB), Billed for Obstetric Care.

**How Old Are Obstetric Patients, by Type of Delivery?**

About 1 in 3 women with a primary cesarean section is age 18 to 24 and only 1 in 6 is age 35 or older.

Among women with prior cesarean sections, those having repeat cesarean sections are more likely to be age 35 or older than those having vaginal delivery (about 1 in 4 vs. 1 in 5).

Select Figure 15 (8 KB), Obstetric Patient Age, by Type of Delivery.

**How Does Resource Use Differ for Women Who Have Cesarean Sections and Women Who Have Vaginal Delivery?**

Average length of hospital stay and total charges are over 40 percent higher for women who have repeat cesarean sections than for women who have vaginal birth after C-section. (Among women who have repeat cesarean sections, some may have attempted a trial of labor first, which led to a longer length of stay.)

Women who have primary cesarean sections incur the longest length of stay�4.1 days�and the highest total charges�$10,200. (This group of women includes those who were unsuccessful with a trial of labor, which may be reflected in the longer length of stay.)

Select Figure 16 (10 KB), Resource Use by Women Having Cesarean Sections or Vaginal Deliveries.

Figure 16. Resource Use by Women Having Cesarean Sections or Vaginal Deliveries (Text Description)

**Type of Delivery and Length of Stay**

Vaginal delivery excluding VBAC: 2.1 days.

VBAC: 2.2 days.

Primary C-section: 4.1 days.

Repeat C-section: 3.3 days.

**Type of Delivery and Total Hospital Charges**

Vaginal delivery excluding VBAC: $5,200.

VBAC: $5,800.

Primary C-section: $10,200.

Repeat C-section: $8,300.

**How Does Cesarean Section Rate Differ by Payment Source?**

Women with private insurance have the highest cesarean section rate (24.4 percent). In contrast, women without insurance are least likely to have cesarean sections (18.6 percent).

Among women covered by Medicaid, about 1 in 5 undergoes cesarean section.

Select Figure 17 (4 KB), Cesarean Section Rate by Payment Source.

**How Is Obstetric Trauma Associated with Type of Delivery?**

About 1 in 12 women who have a vaginal delivery without instrumentation experiences perineal or cervical laceration or other obstetric trauma. This compares with nearly 1 in 4 women who have a vaginal delivery that involves use of instruments, such as forceps or vaccum extraction. Only 6 in 1,000 women undergoing cesarean sections experience obstetrical trauma.

Select Figure 18 (5 KB), Obstetric Trauma Associated with Type of Delivery.

**How Have Cesarean Section Rates and Vaginal Birth after Cesarean Section Rates Changed Over Time?**

The cesarean section rate increased slightly from 21.3 percent in 1997 to 23.2 percent in 2000.

The rate for VBAC decreased from 35.3 percent to 28.6 percent from 1997 to 2000. Fewer than one-third of women with a previous cesarean section had vaginal births in 2000. This trend is consistent with other published trends (Gregory et al., 2001; Martin et al.,

2002)\*.

\*Gregory K, Korst L, Platt L. Variation in elective primary cesarean rates by hospital organizational factors. American Journal of Obstetrics and Gynecology 2001; 184:1521-34.

Martin JA, Hamilton BE, Ventura SJ, et al. Births: Final Data for 2000. National Vital Statistics Reports; vol. 50 No. 5. Hyattsville, MD: National Center for Health Statistics. 2002.

Select Figure 19 (4 KB), Changes Over Time in Rates of Cesarean Sections and Rates of Vaginal Births after Cesarean Section.

Sources of Data for This Report

The data presented in this report are drawn from the Healthcare Cost and Utilization Project (HCUP), a Federal-State partnership to build a multi-State health care data system. This partnership is sponsored by the Agency for Healthcare Research and Quality (AHRQ) and is managed by staff in AHRQ�s Center for Organization and Delivery Studies. HCUP is based on health care administrative data (such as hospital claims and discharge abstracts) collected by individual States and forwarded to AHRQ by the States. HCUP would not be possible without State data collection projects and their partnership with AHRQ.