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Towards a simple and translatable method for determining the true low risk caesarean section rate in Canada

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The Canadian Institute for Health Information (CIHI) is an independent, not-for-profit organization that provides essential information on Canada's health systems and the health of Canadians. It provides comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada. Stakeholders use the broad range of health system databases, measurements and standards, together with evidence-based reports and analyses, in decision-making processes. The privacy of Canadians is maintained by ensuring the confidentiality and integrity of the health care information provided. It has provided institutional c section rates for many years which have been challenged for accuracy, as the risk profile of patients at different institutions cannot be easily compared. Despite using linear regression modelling for risk adjusting, level three institutions had significantly higher rates than did community hospitals. Caesarean section rates are difficult to compare from institution to institution and country to country. A quoted rate as a percentage of deliveries is a meaningless statistic. The WHO puts the ideal c section rate at 10-15%, a rate that is less than half of what is found in developing countries. Further, the current rate is driven by a multitude of factors, including risk factors, patient request, repeated cesearean section, fear of litigation and lower limits of viability. The true question that one should ask is: what is the probability of being delivered by c section in any (western) hospital if you are young, healthy and present in active labour. Canada has just published its first two years of data based on the following inclusion criteria: >37 weeks; Singleton, cephalic presentation; Spontaneous labour; No co-morbidities. This is loosely based on the modified Robson 1a criteria and allows an accurate comparison between all health care institutions, since it is comparing a homogeneous population. With the new indicator, a true, meaningful and actionable rate can be determined and quality improvement strategies put into place to help outliers to reduce their rates.

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