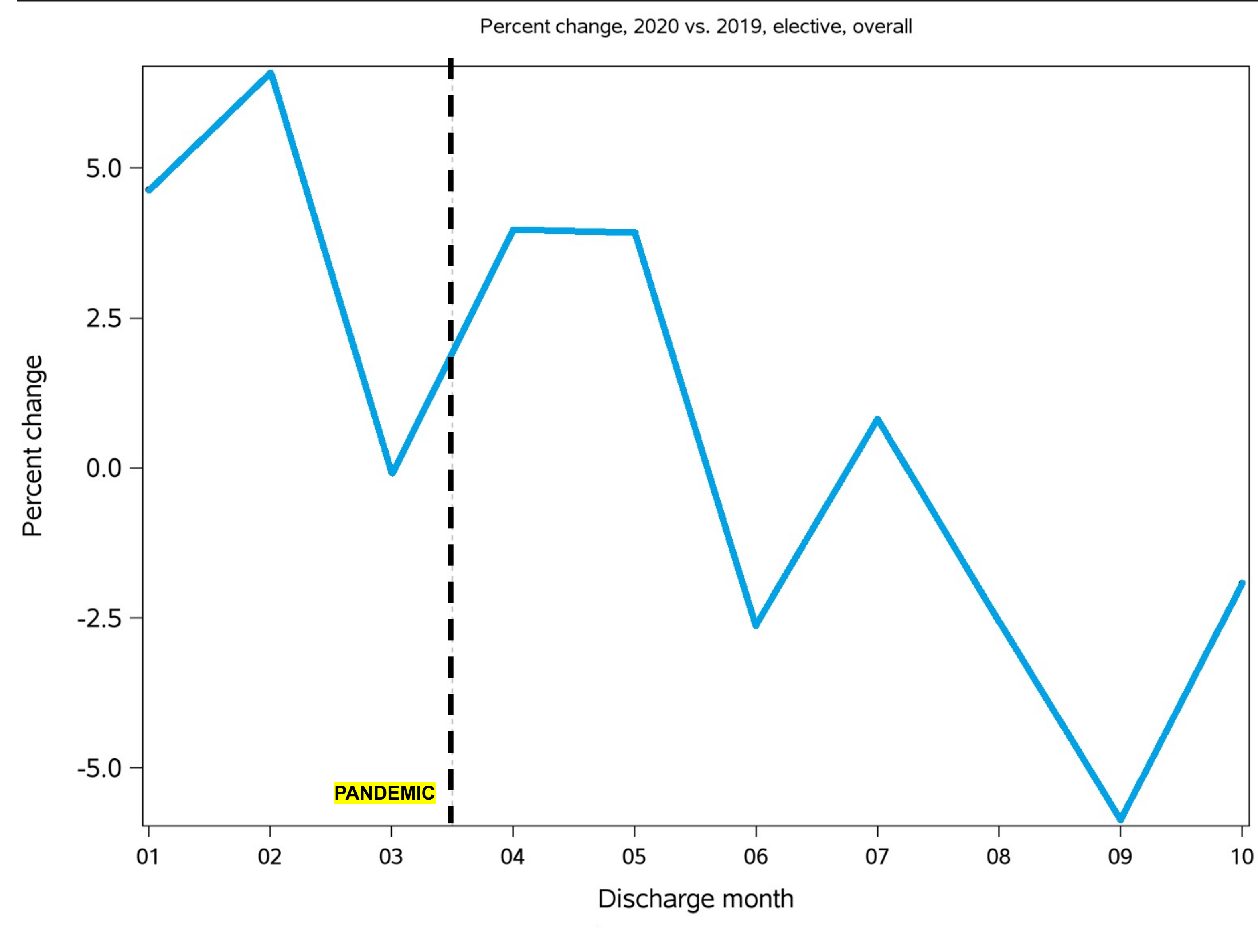
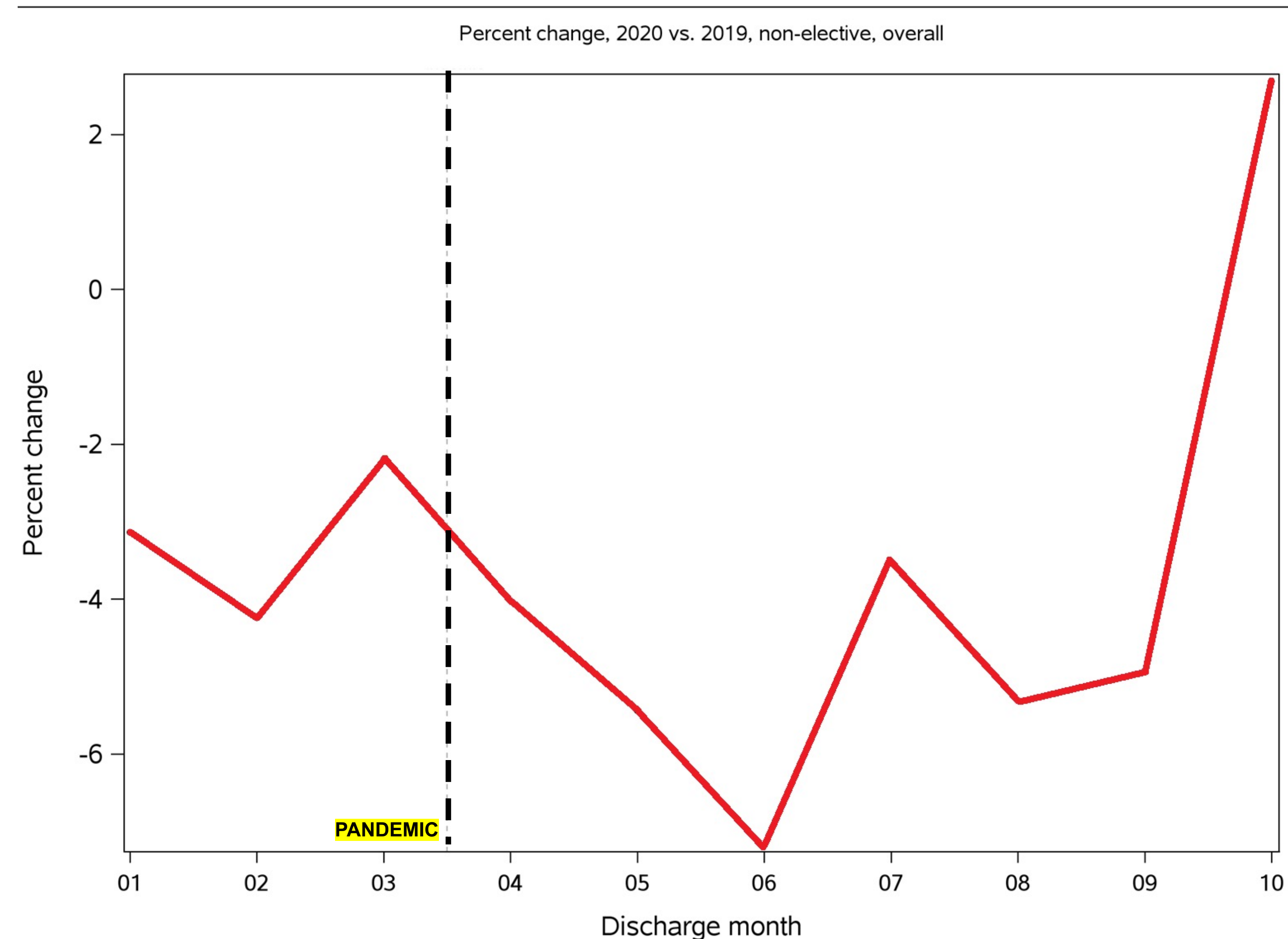


Inequities in Cesarean Delivery during the COVID-19 Pandemic

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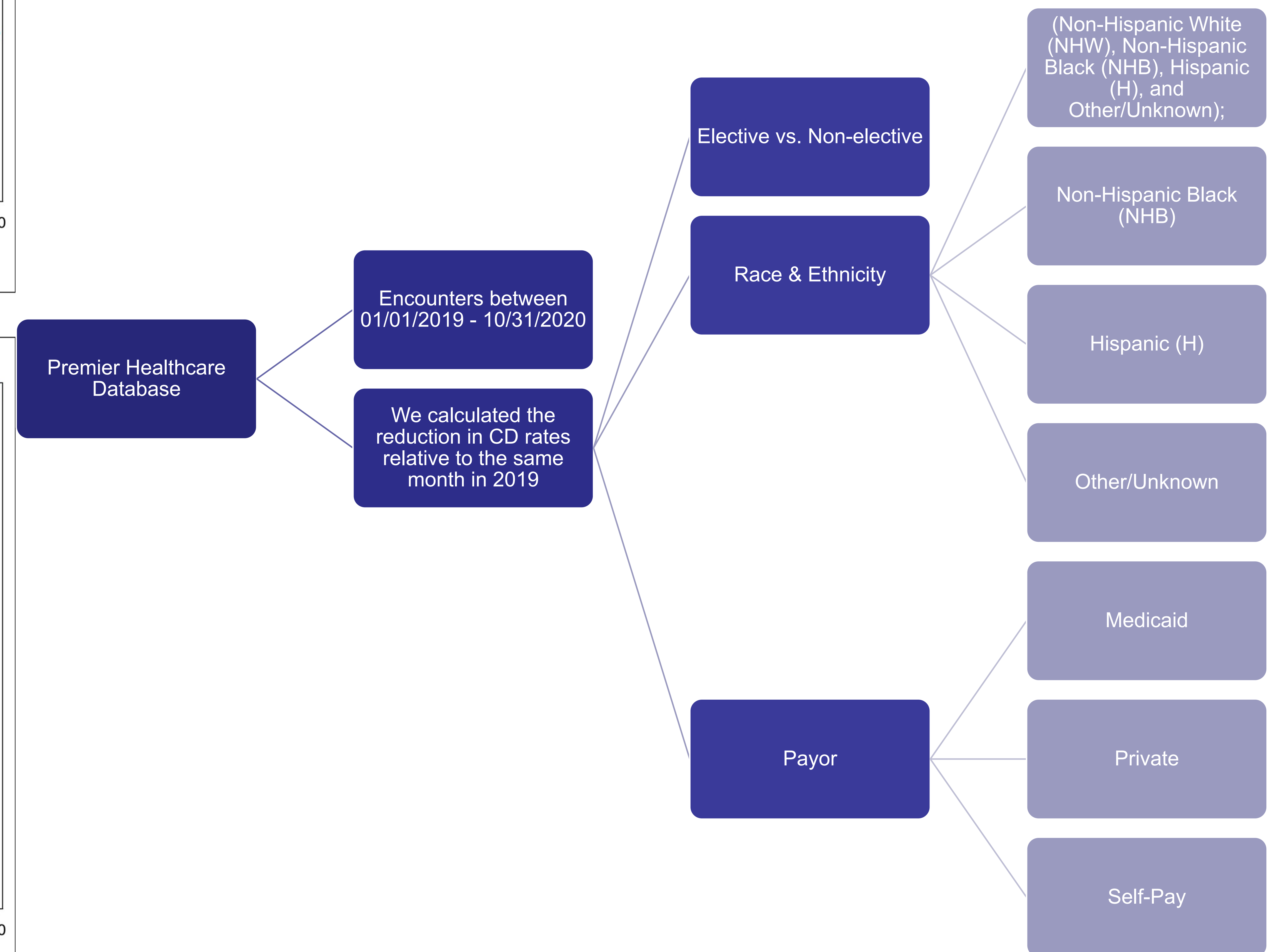
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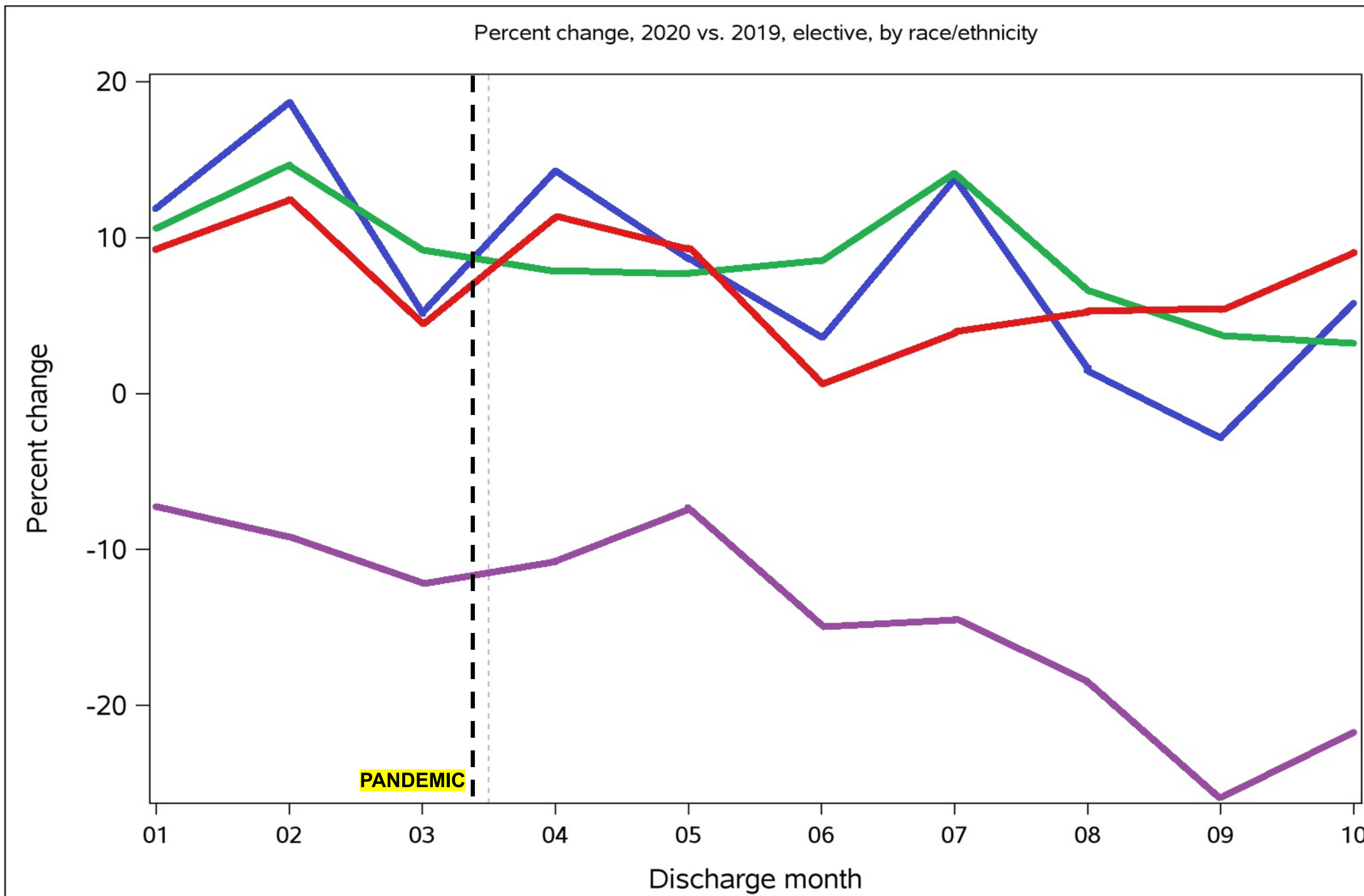
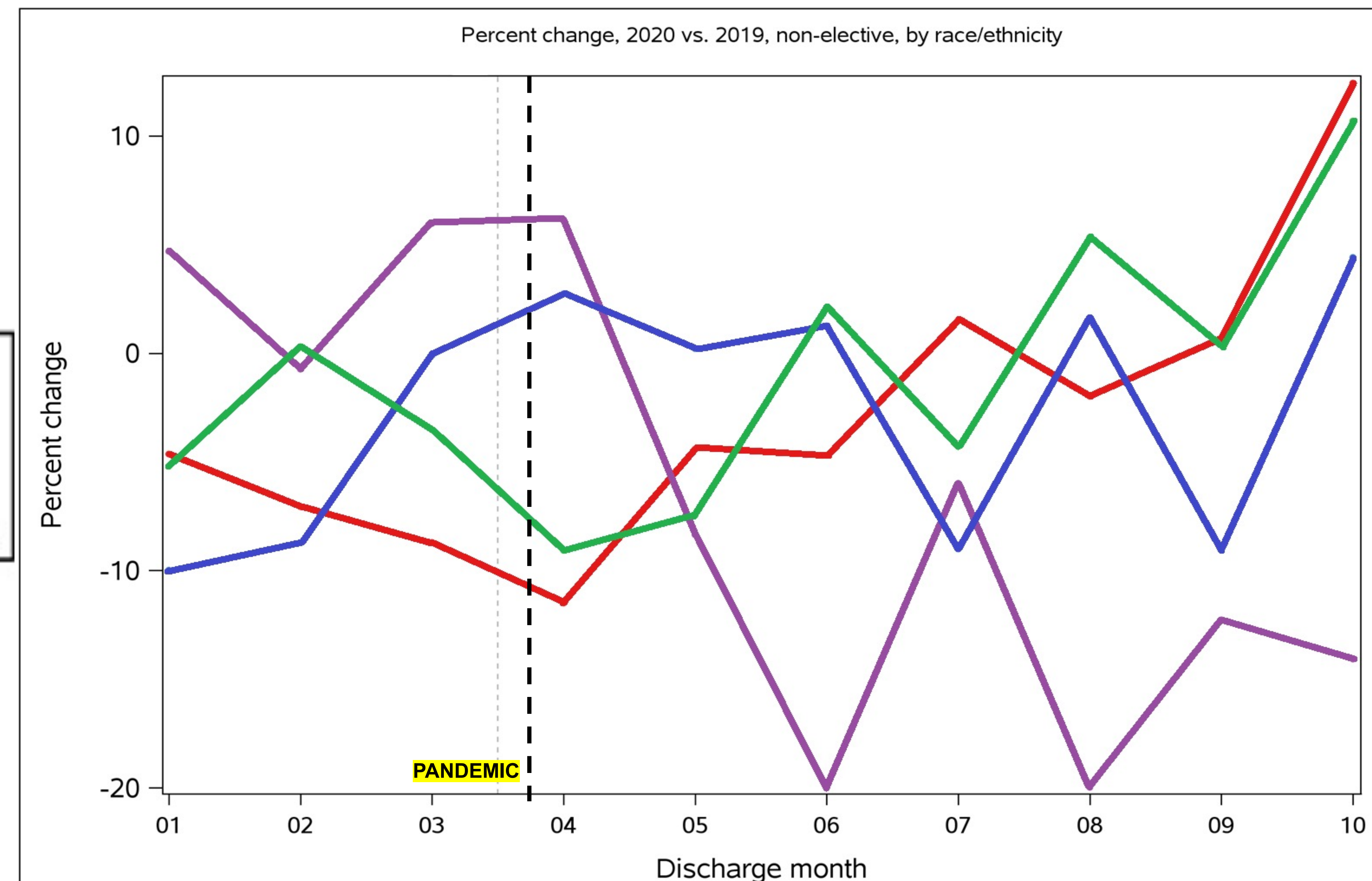


BACKGROUND

- The impact of the COVID-19 pandemic on Cesarean Delivery (CD) rates in the United States is not well reported.
- We examine how restrictions on surgery imposed in March 2020 impacted CD rates, and whether racial, ethnic and payor groups were differentially affected ^{1–3}.

METHODS





RESULTS

- Among **329,765 CD** encounters within 322 US hospitals, 130715 (39.6%) were non-elective and 199050 (60.4%) were elective.
- Women were 39.5%, 14.5% and 17% NHW, NHB, and Hispanic respectively, while 29% had Other/Unknown race and ethnicity.
- Overall, 56.5% and 40.4% were insured privately and by Medicaid respectively, and **3.1% were self-pay** (uninsured, indigent, charity care).
- Both elective and non-elective encounters **decreased** slightly after March 2020, and by October non-elective CD had slightly (2%) exceeded pre-pandemic levels.
- While there were no major differences across NHW, NHB, and Hispanic women, women with race and ethnicity listed as **other/unknown had significant relative reductions in CD encounters**.
- However, the largest reductions in CD encounters in 2020 were among women in the **self-pay group**.

CONCLUSIONS

- This is the first nationwide study estimating the impact of the COVID-19 pandemic on Cesarean Delivery rates in the US.
- Elective and non-elective encounters declined slightly
- Non-elective encounters began to increase in 10/2020

- There were no major differences by race/ethnicity.***
- When compared with insured women, women in the ***self-pay group*** ***had major reductions in CD encounters (20-30% decrease)*** ***during the time of the COVID-19 pandemic.***
- This concerning finding warrants further study.

