

# Nevada Compare Care



## Pregnancy & Childbirth

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## **At a Glance**

In 2008 there were 28,464 babies delivered in Nevada, of which 33% were cesareans. The average length of stay was 2.65 days and the average charge was \$15,070.

The number of deliveries in Nevada has remained stable since calendar year 2000. Considering that Nevada's population increased by 30% since then, the number of births, as a percentage of the population, is decreasing.

Mother mortality for deliveries averaged approximately 0.007% since 2000. This is essentially a 100% survival rate. This rate includes deliveries with complications.

## Pregnancy & Childbirth

None of the reports posted by Nevada Compare Care are designed to provide medical advice. They present statistics and general information. This is no exception.

A report on pregnancy and childbirth is unique. It involves two lives, a mother and a baby. Pregnancy and childbirth are two separate events.

Prenatal care and preparation for the care of a newborn are important. It is critical that potential mothers be educated on matters concerning health before, during, and after a pregnancy. Links to helpful websites can be found below.

Both state and federal governments have programs and websites that offer statistics, facts, contacts for assistance, and advice. There are also private organizations that provide services. After seeking advice from a personal physician, a consumer will find these programs and websites as an excellent source of information.

The following links can be helpful to the expectant mother. The list is not exhaustive, but does thoroughly cover the financial and health aspects of pregnancy and childbirth. The URLs can be viewed by hovering over the links.

## Helpful Websites

If a pregnant woman or a new mother is a Nevada resident and cannot afford prenatal care or early childhood health services, the Department of Health and Human Services, Division of Health Care Financing and Policy offers financial assistance and healthcare services through [Nevada Medicaid and Nevada Check-up](#).

A webpage is provided by [Hands on Health](#) of South Carolina. This link contains guidance on pregnancy prevention, prenatal care, high risk pregnancies, miscarriage, postpartum depression and more.

The following link is a good supplementation for the previous one. The [American Congress of Obstetricians and Gynecologists](#) offers a webpage as a starting point toward other key organizations. Food safety for mothers, midwives, diabetes and pregnancy, and breastfeeding are just a few of the topics covered.

[National Institute of Child Health and Human Development](#)

[National Center on Birth Defects and Developmental Disabilities](#)

## Pregnancy and Health

The health of a developing baby is linked to the health of the mother. Some of the health risk factors for pregnancy are obesity, diabetes, high blood pressure, and age of mother. If a woman is planning to become pregnant, or is a new mother to be, she should consult her physician and schedule a series of prenatal care checkups. A physician will often recommend a healthy diet and non-strenuous exercise program. Prenatal vitamins and minerals are also often recommended.

In addition to diet and exercise, physicians encourage expecting mothers to avoid stress. Stress can cause gastrointestinal difficulties. Prenatal stress not only can damage the health of the mother, but also that of the fetus. A pregnant woman's stress levels are linked to emotional and behavioral difficulties in young children (Gutteling et al., 2005). According to the Journal of Child Psychology and Psychiatry, maternal stress can increase the chance of a child developing attention-deficit hyperactivity disorder (ADHD) (Rodriguez & Bohlin, 2005; Weinstock, 2005). Another effect of maternal stress is reduced birth weight of the newborn (Kim et al., 2005). Low birth weight babies have a risk of health difficulties such as delayed neurological development (Ehrenkranz et al., 2006).

In 2008 34% of the cesarean sections and 10% of vaginal deliveries

in Nevada had medical complications. These complications are typically pre-term babies, prolonged labor, breach birth, and prolapsed umbilical cord. These complications can put the baby and mother at risk. It should be reassuring that 100% of the tens of thousands of mothers that delivered a baby in Nevada's hospitals, were discharged alive.

## Birth Statistics: Nevada and the Nation

Not counting miscarriages, there were 28,464 births in Nevada during calendar year 2008. Cesareans made up 33% (9,369) of the total. There were medical complications for about 1/3 of the cesareans. This complication rate is three times higher than for vaginal deliveries. Of the 19,095 vaginal deliveries, 2,013 had complications. The vaginal rate is lower because cesarean is often selected over a vaginal delivery due to existing or expected complications.

Although the population of Nevada has increased by 30% over the last nine years, the number of births has remained stable ([Nevada Population History](#)). There were 28,647 births in calendar year 2000. The average length of stay has steadily remained between 2.5 and 2.8 days over these same nine years. There is one element that has changed - average charge.

In 2000 the average charge for a vaginal delivery without complications was \$4,838. This swelled to \$9,300 by 2008. \$14,099 was charged for a cesarean with complications in 2000.

By 2008, this amount had more than doubled (\$26,303). In defense of the providers, a charge is not the same as cost. Hospitals rarely, if ever, receive the full amount charged.

The latest national statistics, found for pregnancy and birth, were for calendar 2005. National rates do not change much from year to year, so national rates for 2005 will be compared with Nevada rates for 2008. The reason for this is Nevada did not

collect race information prior to 2008.

The percentage of teenagers and pre-teens having babies in Nevada is about half that of the nation. The percentage of women having children after the age of 40 is 4.04 percent in Nevada compared to 2.54 percent for the nation. The percentage of deliveries to black mothers is half the national average, while it is almost twice the national average for Hispanics (Table 1).

**Table 1. Percentage of births by age group and race.**

Age Group	National 2005	Nevada 2008	Race Category	National 2005	Nevada 2008
Age 10-19	10.17	5.95	White	55.10	43.14
Age 20-24	25.13	24.18	Black	14.11	7.96
Age 25-29	27.36	29.51	Hispanic	23.83	40.15
Age 30-34	22.98	22.94	Native American	1.11	0.83
Age 35-39	11.67	12.97	Asian, Pacific Islander	5.58	5.25
Age 40-44	2.54	4.04	Other	0.27	2.67
Age 45-49	0.14	0.40			
<b>Total Percent</b>	<b>100.00</b>	<b>100.00</b>	<b>Total Percent</b>	<b>100.00</b>	<b>100.00</b>

In Nevada, the average age of a mother giving birth is 28 years. This

remains constant between the different demographics (Table 2).

**Table 2. Average age of mother during delivery.**

Race	Average Age	Marital Status	Average Age
1 - Native American	27	1 - Single	26
2 - Asian, Pacific Islander	31	2 - Married	30
3 - Black	27	3 - Life Partner	29
4 - White	29	4 - Legally Separated	31
5 - Hispanic	28	5 - Divorced	32
		6 - Widow	33
<b>Grand Total</b>	<b>28</b>	<b>Grand Total</b>	<b>28</b>

There is a perception that babies are increasingly being born out of wedlock. Although there are myths (see *Expelling Myths*) about babies

being born, this is not one of them. The percentage of babies being born to single mothers is increasing in Nevada (Table 3).

**Table 3. Percentage of deliveries by marital status.**

Calendar Year	Single	Married
<b>2000</b>	36.75	63.25
<b>2001</b>	37.47	62.53
<b>2002</b>	37.73	62.27
<b>2003</b>	39.56	60.44
<b>2004</b>	40.71	59.29
<b>2005</b>	41.89	58.11
<b>2006</b>	42.74	57.26
<b>2007</b>	43.19	56.81
<b>2008</b>	46.85	53.15
<b>Grand Total</b>	<b>40.88</b>	<b>59.12</b>

### Expelling Myths

The following tables are provided more for fun and casual interest than as conclusive proof. They show evidence that certain myths are false, at least with regards to births in Nevada. It would take an in depth, time consuming study to examine all related factors.

It's been said that doctors perform a higher percentage of cesarean sections during golfing season when the weather is nice. This is a myth. To believe this, is to not understand how hospitals work. The percentage of cesareans in comparison to vaginal deliveries is consistent throughout all 12 months of the year (Table 4).

**Table 4. Percentage of cesareans versus vaginal deliveries by month.**

Month	Cesarean	Vaginal
<b>January</b>	32.71	67.29
<b>February</b>	33.66	66.34
<b>March</b>	31.65	68.35
<b>April</b>	33.09	66.91
<b>May</b>	34.41	65.59
<b>June</b>	30.88	69.12
<b>July</b>	33.08	66.92
<b>August</b>	33.97	66.03
<b>September</b>	31.51	68.49
<b>October</b>	33.88	66.12
<b>November</b>	34.39	65.61
<b>December</b>	31.78	68.22
<b>Grand Total</b>	<b>32.92</b>	<b>67.08</b>

There's a rumor that a large portion of health care costs are due to undocumented immigrants flooding our health care system. For Nevada, this is a myth. If a woman is nine months pregnant, having a baby is not a voluntary procedure. The baby will be born, and this, almost always at a

hospital. If undocumented immigrants were overwhelming our hospitals, it would show up here more than most other places. For all deliveries performed in Nevada for calendar 2008, less than one half of one percent of payments was coded for illegal aliens (Table 5).

**Table 5. Percentage of births by race by payer.**

Primary Payer	Native Am/AK	Asian/PI	Black	White	Hispanic	Grand Total*
<b>10 - Medicare</b>	0.00	0.00	0.45	0.25	0.07	0.18
<b>12 - Charity</b>	0.43	0.47	0.18	0.24	0.29	0.27
<b>14 - CHAMPUS(VA)</b>	0.00	1.63	0.89	1.46	0.23	0.90
<b>16 - Nevada Medicaid</b>	42.74	7.18	18.80	14.31	23.54	18.34
<b>17 - Other Medicaid</b>	0.85	0.20	0.40	0.19	0.19	0.21
<b>18 - Self Pay</b>	9.40	10.37	9.69	6.34	29.22	16.28
<b>19 - Miscellaneous</b>	3.42	0.00	0.09	0.07	0.04	0.08
<b>20 - Commercial Insurer</b>	4.27	1.76	0.98	6.38	1.64	3.72
<b>21 - Negotiated Discounts</b>	17.95	31.50	12.33	29.05	14.67	21.80
<b>22 - HMO</b>	9.40	35.91	21.71	28.23	14.76	22.40
<b>23 - County Indigent Referral</b>	2.56	0.88	1.34	1.34	5.08	2.86
<b>27 - Medicare HMO</b>	0.00	0.07	0.00	0.03	0.01	0.02
<b>28 - Nevada Medicaid HMO</b>	8.97	9.96	33.14	12.10	9.25	12.51
<b>29 - Undocumented Aliens</b>	0.00	0.07	0.00	0.02	1.01	0.43
<b>Grand Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

\* Unknown race and unknown payers have been excluded.

1 = Native American/Alaskan

2 = Asian/Pacific Islander

It has been said that a large number of white professional woman are electing cesareans over vaginal deliveries so they can better time the births around their work schedule. The numbers do not back this up. The following tables display percentage of births by cesarean versus vaginal

delivery. The age range of the mother's in Table 6 is limited to 30-39. This removes younger women who are often not yet established in a professional career. It also removes older women with higher risk pregnancies (Tables 6 & 7).

**Table 6. Percentage cesareans versus vaginal deliveries, by race.**

Race	Cesarean	Vaginal
1 - Native American/Alaskan	41.79	58.21
2 - Asian/Pacific Islander	40.25	59.75
3 - Black	44.94	55.06
4 - White	39.99	60.01
5 - Hispanic	34.89	65.11
<b>Grand Total</b>	<b>38.42</b>	<b>61.58</b>

Unknown race has been removed.

Mother's ages were limited to 30-39.

**Table 7. Percentage of cesareans versus vaginal deliveries, by age.**

Age Group	Cesarean	Vaginal	Total Deliveries
Age 10-19	19.48	80.52	1,694
Age 20-24	27.00	73.00	6,882
Age 25-29	31.23	68.77	8,400
Age 30-34	35.67	64.33	6,529
Age 35-39	43.53	56.47	3,692
Age 40-44	48.35	51.65	1,150
Age 45-49	56.14	43.86	114
Age >= 50	66.67	33.33	3
<b>Grand Total</b>	<b>32.92</b>	<b>67.08</b>	<b>28,464</b>

## Conclusion

The above report covers facts, figures, and procedures while displaying tables with impersonal numbers. This information can be valuable to both mothers and healthcare workers, but in the end it is the outcome that matters - the newborn baby.



# Deliveries by Hospital – Volume for Calendar 2008

## Deliveries by Diagnosis Related Groups - 2008

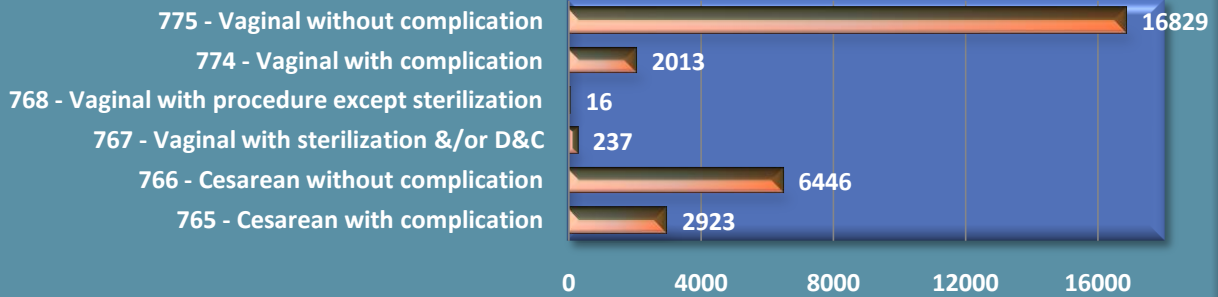


Figure 1. Deliveries by Diagnosis Related Groups (n=28,464)

Hospital	Diagnosis Related Groups (See Figure 1)						Total Count
	765	766	767	768	774	775	
Carson Tahoe Medical Center	59	239	22		40	613	<b>973</b>
Churchill Community Hospital	24	109	33		10	260	<b>436</b>
Desert View Regional Medical Center	3	12	2		2	37	<b>56</b>
Humboldt General Hospital	9	23			16	92	<b>140</b>
Mesa View Regional Hospital	34	45	5		22	111	<b>217</b>
Mountain View Hospital	166	494	16		110	1,338	<b>2,124</b>
North Vista Hospital	130	271	11	1	129	1,097	<b>1,639</b>
Northeastern Nevada Hospital	36	167	18		29	425	<b>675</b>
Nye Regional Medical Center						2	<b>2</b>
Renown Regional Medical Center	372	875	31	3	276	2,663	<b>4,220</b>
Saint Mary's Regional Medical Center	223	482	11	2	230	1,313	<b>2,261</b>
Saint Rose Dominican - de Lima	108	264		2	102	763	<b>1,239</b>
Saint Rose Dominican - San Martin	87	150	3		60	390	<b>690</b>
Saint Rose Dominican - Siena Campus	409	819	22	1	177	1,613	<b>3,041</b>
Southern Hills Medical Center	189	312	10	1	82	672	<b>1,266</b>
Sunrise Hospital & Medical Center	606	1,314	20	2	205	2,484	<b>4,631</b>
University Medical Center	467	850	29	4	523	2,899	<b>4,772</b>
William Bee Ririe Hospital	1	20	4			57	<b>82</b>
<b>Grand Total</b>	<b>2,923</b>	<b>6,446</b>	<b>237</b>	<b>16</b>	<b>2,013</b>	<b>16,829</b>	<b>28,464</b>

## Deliveries by Patient County, Race – Volume for Calendar 2008

Patient County	Diagnosis Related Groups (See Figure 1)						Total Count
	765	766	767	768	774	775	
Carson City	48	145	13		32	389	627
Churchill	19	96	14		10	208	347
Clark	2,119	4,429	109	10	1,376	11,097	19,140
Douglas	23	73	2		13	210	321
Elko	37	152	16		26	380	611
Esmeralda	2					2	4
Eureka	1	5			2	12	20
Humboldt	9	33			17	94	153
Lander	5	16	2		2	48	73
Lincoln			1		1	9	11
Lyon	51	143	13		41	381	629
Mineral	3	14	5		1	26	49
Nye	39	73	8		24	197	341
Pershing	4	7	3		2	29	45
Storey		1				5	6
Washoe	496	1,155	37	5	441	3,462	5,596
White Pine	2	23	5			58	88
Out of State	63	78	8	1	23	199	372
Other	2	3	1		2	22	30
<b>Grand Total</b>	<b>2,923</b>	<b>6,446</b>	<b>237</b>	<b>16</b>	<b>2,013</b>	<b>16,829</b>	<b>28,464</b>

Patient Race	Diagnosis Related Groups (See Figure 1)						Total Count
	765	766	767	768	774	775	
1 - Native American/Alaskan	30	48	3		14	139	234
2 - Asian/Pacific Islander	181	342	8	1	106	838	1,476
3 - Black	329	554	14	1	192	1,151	2,241
4 - White	1,304	2,976	128	5	758	6,967	12,138
5 - Hispanic	953	2,273	76	6	862	7,128	11,298
<b>Grand Total</b>	<b>2,797</b>	<b>6,193</b>	<b>229</b>	<b>13</b>	<b>1,932</b>	<b>16,223</b>	<b>27,387</b>

Unknown race is excluded.

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