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Subject: Insurance Companies Rejecting Women with History of Cesarean

For Immediate Release

Insurance Companies Rejecting Women with History of Cesarean

Some Companies Require Surgical Sterilization for Coverage;

Trend Gives New Imperative to Learn Ways to Avoid Unnecessary Cesarean

Redondo Beach, CA, June 1, 2008 – As reported in today's New York Times, ICAN has begun tracking an alarming new trend of insurance companies refusing to provide health insurance for women with a history of cesarean surgery. In some cases, women are being rejected for coverage outright and in other case they are being charged significantly higher rates to obtain the same coverage as women without a history of cesarean. With over a million women each year undergoing this surgery, this practice has the potential to render large numbers of women uninsurable.

This trend surfaces as the rate of cesarean surgery, including unnecessary cesareans, continues to rise. In 1970, the cesarean rate was 5%. In 2007, it was 30.1%. Experts often cite the incentives within the health care system for driving up the rate of cesarean unnecessarily, including physicians' medical malpractice fears, better reimbursement for surgery, and lifestyle conveniences for care providers and staffing efficiencies in having more "9-5" deliveries.

"Women are caught in the middle of a dysfunctional system. Doctors are telling them they need surgery, even when they don't, and insurance companies, who are tired of paying the bill for so many frivolous surgeries, are punishing women for the poor medical care of doctors," said Pam Udy, President of the International Cesarean Awareness Network (ICAN).

The trend is highlighted in the cases of women like Peggy Robertson of Colorado. When she applied for health insurance coverage with Golden Rule, her husband and her children were accepted, but her application was denied. After multiple inquiries directed to the insurance company, she was finally told that she was denied because she had delivered one of her children by cesarean. "It was shocking. I assumed that as a woman in good health I would be readily accepted," said Robertson. "When I finally found someone who would explain why my application was denied, they had the audacity to ask me if I had been sterilized, stating that this was the only way I could get insurance coverage with them."

As the incidence of cesarean increases, the evidence of the downstream medical complications for women and babies, and the associated medical costs, becomes increasingly apparent. Risks of cesarean in later pregnancies include increased incidence

of infertility, miscarriage, fetal deformities, overgrowth of scar tissue leading to bowel problems, and potentially deadly placental abnormalities in subsequent pregnancies.

And though most women with a prior cesarean are being encouraged and often coerced into having repeat cesareans by their doctors and hospitals that have banned vaginal birth after cesarean (VBAC), a pair of recent studies done by the National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network demonstrates that women who deliver vaginally after a cesarean fare significantly better than women who deliver by repeat cesarean. (Obstetrics & Gynecology 2008;111:285-291, Labor Outcomes With Increasing Number of Prior Vaginal Births After Cesarean Delivery, Mercer et al, and Obstetrics & Gynecology 2006;107:1226-1232 Maternal Morbidity Associated With Multiple Repeat Cesarean Deliveries, Silver et al.)

"Most women are looking to avoid cesareans. But physicians often make surgery difficult to avoid by insisting on non-evidence based practices," said Udy. Practices that fail to improve the outcomes for mothers and babies and increase the risk of cesarean section include inducing for going post-dates, inducing for suspected large baby, requiring fasting during labor, requiring women to be confined to bed for continuous fetal monitoring, and failing to offer continuous support to a mother in labor. "These care practices serve the system well, but not mothers and babies" Udy added.

In fact, women and their babies may be paying a higher price than being denied health insurance. Last August, the Centers for Disease Control reported that, for the first time in decades, the number of women dying in childbirth has increased.
http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_19.pdf

Experts note that the increase may be due to better reporting of deaths but that it coincides with dramatically increased use of cesarean. The latest national data on infant mortality rates in the United States also show an increase in 2005 and no improvement since 2000.
<http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimdeaths05/prelimdeaths05.htm>
Internationally, the U.S. ranks 41st in maternal deaths and has the second worst newborn death rate among industrialized nations.

Women who are seeking information about how to avoid a cesarean, have a VBAC, or are recovering from a cesarean can visit www.ican-online.org for more information. In addition to more than 90 local chapters nationwide, the group hosts an active on-line discussion group that serves as a resource for mothers.

Women who want to reach their lawmakers can visit <http://www.votesmart.org/>. Women who want to reach their state insurance commissioner can visit http://www.naic.org/state_web_map.htm.

About Cesareans: ICAN recognizes that when a cesarean is medically necessary, it can be a lifesaving technique for both mother and baby, and worth the risks involved. Potential risks to babies include: low birth weight, prematurity, respiratory problems, and lacerations. Potential risks to women include: hemorrhage, infection, hysterectomy, surgical mistakes, re-hospitalization, dangerous placental abnormalities in future pregnancies, unexplained

stillbirth in future pregnancies and increased percentage of maternal death.
http://www.ican-online.org/resources/white_papers/index.html

Mission statement: ICAN is a nonprofit organization whose mission is to improve maternal-child health by preventing unnecessary cesareans through education, providing support for cesarean recovery and promoting vaginal birth after cesarean. There are 94 ICAN Chapters across North America, which hold educational and support meetings for people interested in cesarean prevention and recovery.

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