

Maternal Request CS - Role of Hospital Teaching

Status and For-Profit Ownership

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Abstract

Objective

To examine whether hospitals' for-profit (FP) ownership and non-teaching status are associated with greater likelihood of maternal request cesarean (CS) relative to public and not-for-profit (NFP) and teaching status, respectively.

Method

Retrospective, cross-sectional, population-based study of Taiwan's National Health Insurance claims data, covering all 739,531 vaginal delivery-eligible singleton deliveries during 1997–2000, using multiple logistic regression analyses.

Results

Adjusted for maternal age and geographic location, FP district hospitals (almost all non-teaching), followed by ob/gyn clinics were significantly more likely to perform request CS (OR = 3.5–2.3) than public and NFP teaching hospitals. Among non-teaching and teaching hospitals, FPs were more likely to perform request CS than public and NFP hospitals (OR = 2.3 and 2.5, respectively).

Conclusions

Our findings are consistent with greater propensity of physicians in FP institutions to accommodate patient requests involving revenue-maximizing procedures such as request CS. This effect is moderated by teaching hospitals' preference for complicated cases, consistent with their teaching mission and hi-tech infrastructure.

Keywords: Request cesarean section; Hospital ownership; Teaching status