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Maternity Care in Nebraska: Statistics

Last updated July 2024

In order to make an informed decision about your maternity care, and your health and medical care in general, you need information! In this handout, I have compiled the latest information on Nebraska hospitals and maternity caregivers for you. These data should be used as a tool to discuss with your caregivers, patients, and clients. All of the information compiled here is available to the public, references are footnoted. Some topics require further explanation, those notes are footnoted as well. You may not reproduce or distribute this document in part or in full. The statistics here may be referenced but must be properly cited to their original sources.

Nebraska Births in 2022¹

- There were 24,345 births in Nebraska in 2022
 - ◆ Douglas County: 8,032 births
 - ◆ Lancaster County: 3,616 births
 - ◆ Sarpy County: 2,397 births
 - ◆ All other counties: 10,300 births
- 36.01% of all births were paid for by Medicaid
- 24.36% qualified for WIC

Nebraska Birth Locations in 2022¹

- 0.19% in a freestanding birth center²
- 0.37% in an other non-hospital location

¹ Source: The Center for Disease Control and Prevention (CDC) <https://wonder.cdc.gov>

² These freestanding birth centers would have been CHI Health Birth Center at Lincoln in Lincoln, NE, and CHI Health Birth Center at Immanuel in Omaha, NE.

- Total of 0.56% outside the hospital setting

Choice of Maternity Caregiver in Nebraska in 2022¹

- 79.91% were attended by an MD physician
- 11.49% were attended by a DO physician
- 8.11% were attended by a CNM, certified nurse-midwife
- 0.46% were attended by others

Early Elective Delivery^{3,4}

- The Nebraska hospitals with the lowest rate of Early Elective Delivery, all 0%:
 - ◆ Bryan Medical Center, Lincoln
 - ◆ CHI Health Good Samaritan, Kearney
 - ◆ CHI Health Immanuel, Omaha
 - ◆ Columbus Community Hospital, Columbus
 - ◆ Faith Regional Health Services, Norfolk
 - ◆ Methodist Fremont Health, Fremont
 - ◆ Nebraska Medicine, Omaha
 - ◆ Ogallala Community Hospital, Ogallala
- The Nebraska hospitals with the highest rates of Early Elective Delivery:
 - ◆ Box Butte General Hospital, Alliance - 37.5%
 - ◆ CHI Health Bergan Mercy, Omaha - 1.79%
 - ◆ CHI Health Lakeside, Omaha - 12%
 - ◆ CHI Health St. Elizabeth, Lincoln - 8%
 - ◆ CHI Health St. Francis, Grand Island - 2.38%
 - ◆ Nebraska Methodist Women's Hospital, Omaha - 2.46%
 - ◆ Mary Lanning Memorial Hospital, Hastings 5.26%

Induction of Labor and Augmentation of Labor⁵

- 41.75% of births in 2022 had induction of labor¹
 - ◆ 41.51% in 2021¹
 - ◆ 38.97% in 2020¹
 - ◆ 36.65% in 2019¹
 - ◆ 34.82% in 2018¹

³ Elective delivery before 39 weeks of pregnancy is associated with poorer outcomes. ACOG and AAP standards both require completion of 39 weeks gestation before elective delivery.

⁴ Source: The Joint Commission, <http://www.healthcarequalitydata.org>, time period is January 1, 2022 - December 31, 2022.

⁵ Induction of labor is starting labor with drugs and other methods. Augmentation of labor is strengthening a labor that has already started with drugs and other methods.

- ◆ 34% in 2017¹
- ◆ 31.6% in 2016¹
- ◆ 30.8% in 2015⁶
- ◆ 29.6% in 2014⁶

→ 2022 Induction rates by county of residence¹

- ◆ Douglas County: 44.36%
- ◆ Lancaster County: 37.14%
- ◆ Sarpy County: 46.85%
- ◆ All other counties: 40.16%

→ 31.60% of births in 2022 had augmentation of labor^{1,5}

- ◆ 30.39% in 2021¹
- ◆ 30.62% 2020¹
- ◆ 30.64% in 2019¹
- ◆ 29.59% in 2018¹
- ◆ 31% in 2017¹
- ◆ 31% in 2016¹
- ◆ 28.2% in 2015⁶
- ◆ 26.3% in 2014⁶

→ 2022 Augmentation rates by county of residence¹

- ◆ Douglas County: 39.17%
- ◆ Lancaster County: 22.29%
- ◆ Sarpy County: 38.80%
- ◆ All other counties: 27.28%

Anesthesia Use (epidural, spinal, and general anesthesia)

→ 76.70% of births in 2022 received anesthesia¹

- ◆ 76.57% in 2021¹
- ◆ 75.92% in 2020¹
- ◆ 76.01% in 2019¹
- ◆ 75.73% in 2018¹
- ◆ 75.19% in 2017¹
- ◆ 76.6% in 2016¹
- ◆ 77.9% in 2015⁶
- ◆ 76.8% in 2014⁶

⁶ Source: <https://dhhs.ne.gov/Pages/Reports-and-Statistics.aspx>

2022 Anesthesia Use by county of residence¹

- Douglas County: 77.95%
- Lancaster County: 80.09%
- Sarpy County: 80.23%
- All other counties: 73.71%

Episiotomy Rate^{7,8}

- CHI Health Bergan Mercy, Omaha - 3.1%
- CHI Health Good Samaritan, Kearney - 2.8%
- CHI Health Immanuel, Omaha - 0.8%
- CHI Health Lakeside, Omaha - 3.5%
- CHI Health St. Elizabeth, Lincoln - 3.6%
- CHI Health St. Francis, Grand Island - 0%
- Grand Island Regional Medical Center, Grand Island - 0%
- Great Plains Health, North Platte - 7%
- Ogallala Community Hospital, Ogallala - 7.3%
- ◆ No other Nebraska hospitals have completed the Leapfrog Group hospital survey.

Vaginal Birth After Cesarean (VBAC) Rate⁹

- 18.58% in 2022¹
- 18.38% in 2021¹
- 19.17% in 2020¹
- 17.06% in 2019¹
- 16.4% in 2018¹
- 15% in 2017¹⁰
- 13.7% in 2016⁸

⁷ Episiotomy is an incision made in the perineum using scissors. While episiotomy used to be routine, current recommendations are to perform episiotomy only in select cases, less than 5%.

<http://www.leapfroggroup.org/ratings-reports/rate-episiotomy>

⁸ Source: <https://ratings.leapfroggroup.org/> The Leapfrog Group Annual survey is reporting hospital data from January 1, 2022-December 31, 2022 for all hospitals except CHI Health Bergan Mercy and Grand Island Regional Medical Center which are reporting July 1, 2022-June 30, 2023.

⁹ VBAC is unanimously supported as a safe and reasonable option for most people with one or two prior low transverse Cesarean births by the nation's major maternity healthcare associations, ACOG, AAFP, and ACNM. Higher VBAC rates are better, access to VBAC is one of the most effective ways to reduce the number of unnecessary Cesareans, and increasing the VBAC rate was a Healthy People 2020 Objective. This rate is calculated by taking the number of births completed by VBAC divided by the number of births after at least one prior Cesarean.

¹⁰ Source: <https://preventaccreta.org/data>

→ 12.33% in 2015¹¹

→ 10.8% in 2014¹²

2022 VBAC Rate by county of residence¹

→ Douglas County: 24.13%

→ Lancaster County: 16.20%

→ Sarpy County: 24.28%

→ All other counties: 13.71%

Nebraska's Overall Cesarean Rate

→ 28.88% in 2022¹

→ 28.59% in 2021¹

→ 28.84% in 2020¹

→ 29.07% in 2019¹

→ 29.9% in 2018¹

→ 30.4% in 2017¹

→ 31.0% in 2016^{1,6}

→ 31.1% in 2015^{1,6}

→ 30.8% in 2014¹²

→ 30.3% in 2013¹²

2022 Overall Cesarean Rate by county of residence¹

→ Douglas County: 27.70%

→ Lancaster County: 28.35%

→ Sarpy County: 29.20%

→ All other counties: 29.90%

NTSV Cesarean Rate by Hospital - Joint Commission^{4,13}

→ Box Butte General Hospital, Alliance - NR¹⁴

→ Bryan Medical Center, Lincoln - NR

→ CHI Health Bergan Mercy, Omaha - NR

¹¹ Source: <https://evidencebasedbirth.com/2015-vbac-rates-by-state/>

¹² Source: www.cesareanrates.com

¹³ The NTSV Cesarean rate is the number of Cesarean births among people having their first birth (Nulliparous), between 37 and 42 weeks gestation (Term), carrying a single baby (Singleton), in the head-down position (Vertex). This statistic is an excellent way to compare facility practices and cultures that may impact Cesarean rates by comparing only low-risk cases. Lowering the NTSV Cesarean rate is also one of the Healthy People 2030 goals, learn more at <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-cesarean-births-among-low-risk-women-no-prior-births-mich-06>

¹⁴ The Joint Commission does not report exact NTSV Cesarean rates when they are below 30%.

- CHI Health Good Samaritan, Kearney - NR
- CHI Health Immanuel, Omaha - NR
- CHI Health Lakeside, Omaha - NR
- CHI Health St. Elizabeth, Lincoln - NR
- CHI Health St. Francis, Grand Island - NR
- Columbus Community, Columbus - NR
- Faith Regional Health Services, Norfolk - NR
- Mary Lanning Memorial Hospital, Hastings - NR
- Methodist Fremont Health, Fremont - NR
- Nebraska Medicine, Omaha - NR
- Nebraska Methodist Women's Hospital, Omaha -NR
- Ogallala Community Hospital, Ogallala - NR
- ◆ No other Nebraska hospitals are accredited by The Joint Commission.

NTSV Cesarean Rate by Hospital - Leapfrog Group⁸

- CHI Health Bergan Mercy, Omaha - 19.0%
- CHI Health Good Samaritan, Kearney - 26.7%
- CHI Health Immanuel, Omaha - 25%
- CHI Health Lakeside, Omaha - 27%
- CHI Health St. Elizabeth, Lincoln - 19.2%
- CHI Health St. Francis, Grand Island - 21.1%
- Grand Island Regional Medical Center, Grand Island - 23.9%
- Great Plains Health, North Platte - 29.4%
- Ogallala Community Hospital, Ogallala - 50%
- ◆ No other Nebraska hospitals have completed the Leapfrog Group hospital survey.

Forceps Delivery Rate

- 0.89% in 2022¹
- 0.93% in 2021¹
- 1.12% in 2020¹

2022 Forceps Delivery Rate by county of residence¹

- Douglas County: 0.89%
- Lancaster County: 0.94%
- Sarpy County: 1.13%
- All other counties: 0.64%

Vacuum Delivery Rate

- 2.14% in 2022¹
- 2.29% in 2021¹
- 2.44% in 2020¹

2022 Vacuum Delivery Rate by county of residence¹

- Douglas County: 1.31%
- Lancaster County: 2.46%
- Sarpy County: 1.59%
- All other counties: 2.82%

Exclusive Breastmilk Feeding Rates⁴

- Hospital rates of Exclusive Breastfeeding during the baby's hospital stay:
 - ◆ Box Butte General Hospital, Alliance - NR
 - ◆ Bryan Medical Center, Lincoln - 62.57%
 - ◆ CHI Health Bergan Mercy, Omaha - 55.59%
 - ◆ CHI Health Good Samaritan, Kearney - 62.39%
 - ◆ CHI Health Immanuel, Omaha - 64.54%
 - ◆ CHI Health Lakeside, Omaha - 60%
 - ◆ CHI Health St. Elizabeth, Lincoln - 72.93%
 - ◆ CHI Health St. Francis, Grand Island - 55.74%
 - ◆ Columbus Community, Columbus - 45.11%
 - ◆ Faith Regional Health Services, Norfolk - 61.92%
 - ◆ Mary Lanning Memorial Hospital, Hastings - 72.62%
 - ◆ Methodist Fremont Health, Fremont - 66.89%
 - ◆ Nebraska Medicine, Omaha - 58.48%
 - ◆ Nebraska Methodist Women's Hospital, Omaha - 74.47%
 - ◆ Ogallala Community Hospital, Ogallala - 40.35%
 - ◆ No other Nebraska hospitals are accredited by The Joint Commission.

What further information would be helpful?

- Hospitals, OB and Midwife practices, and state agencies should publish all of the statistics I have reported here, and more. While all the information I have compiled is publicly available and hypothetically available to consumers, the time and effort required to locate each statistic makes this information unattainable to most. If an organization is proud of their statistics, they should be reporting them and praising their staff. If an organization sees room for improvement, they should determine and publish action steps to improve their quality of care.
- The Nebraska Hospital Association (NHA) previously reported hospital

discharge numbers following procedures on the Care Compare website so consumers could compare the price of their care at different hospitals. With the Health Care PRICE Transparency Act effective July 1, 2022, hospitals must publicly publish how much they charge for procedures, so NHA will no longer maintain that website. I had previously used this discharge data to calculate hospital-level overall Cesarean rates since 2017, and I cannot find this information anywhere else at this time. The NHA could create a hospital-specific healthcare quality report for all areas of medical care, similar to what the LeapFrog Group and the Joint Commission report, specific to Nebraska.

- The state of Nebraska released their first report on maternal mortality and morbidity in September 2021, and another report in December 2023, <https://dhhs.ne.gov/Reports/Maternal%20Death%20Review%20Team%20Annual%20Report%20-%202024.pdf>. How many Nebraskans die in pregnancy, childbirth, and the first year postpartum, and why they die, is important information that can help identify ways we can prevent maternal deaths. This is critical, as the Nebraska committee found that 93% of pregnancy related deaths were preventable. We will have more data in years to come, as reducing maternal deaths is one of the Health People 2030 goals, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth/reduce-maternal-deaths-mich-04>.
- The state of Nebraska does not seem to collect and/or publish statistics on neonatal mortality. The number of babies who die in pregnancy, during childbirth, and in infancy, as well as why they die, is important information that can help identify ways we can prevent neonatal deaths.
- Nebraska's Department of Health and Human Services has not released a Vital Statistics Report since 2017, which included a summary of many of these same statistics I report here. The Department had previously released a Vital Statistics report annually, and they should do so again.
- In 2015, the Nebraska Perinatal Quality Improvement Collective was founded to improve the quality of care to Nebraska mothers and babies. They have a variety of quality improvement projects in their pipeline that look extremely promising. Publicly publishing their findings, progress reports, and other quality information would be beneficial. Some changes they should make to their board would be increasing the racial, ethnic, and cultural diversity, inclusion of a Certified Nurse Midwife, and including consumers. <http://www.npqic.org/>
- Amino.com used to publish individual physician Cesarean rates, but they have changed to a membership service. Amino should make their quality care

data public again.

- At this time, only 9 out of nearly fifty Nebraska hospitals have responded to the Leapfrog Group Hospital Survey. You can urge your local hospitals to respond by using the form letter provided by The Leapfrog Group, <https://www.leapfroggroup.org/sites/default/files/Files/Survey%20Participation%20Request%20Letter.docx>.
- Hospital and provider Induction Rates, Augmentation Rates, Epidural Rates, Episiotomy Rates, Primary Cesarean Rates, and NTVS Cesarean Rates would be excellent information to help consumers evaluate maternity care options in their areas.
- What further information do you want to see available to the public?

