Caesarean Section Rates in Medicare Ineligible Patients

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INTRODUCTION

The prevalence of birthing patients without the safety net of government funded healthcare in Australia is increasing (1). Caesarean sections (CS) are surgical procedures utilised to improve health outcomes. The cost of care for caesarean sections in Australian government hospitals is on average $7316.40, compared to $5191.80 for an uncomplication vaginal delivery (2).

AIM

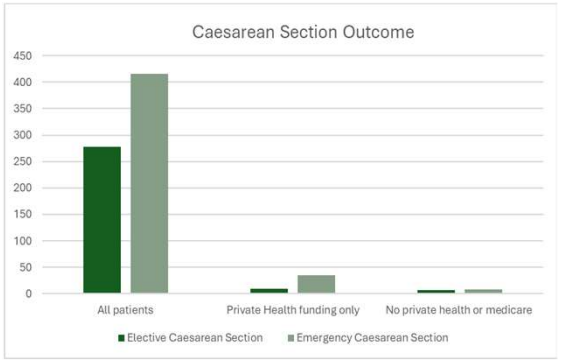
This audit aimed to establish the rate of caesarean sections for birthing patients who were self-funded.

METHOD

A quantitative and qualitative retrospective audit of birthing patients who underwent CS at Logan Hospital between September 2024 and September 2025. For this cohort audit, birthing patients were not excluded if they recorded social risk factors such as domestic violence, mental health disorders prior, during or after pregnancy, or substance abuse such as alcohol, drugs or smoking. Patients lost to follow-up were included. Patient data was collected from charts and electronic records documented in ORMIS, iEMR and THE VIEWER. The data was collated, analysed and stored (password protected) on Microsoft Excel.

RESULTS

- *694 of 4457 birthing patients underwent a CS, 40% of these were elective.*
- *61 of the 694 CS patients were self-funded, with the majority 72.1% (44), having coverage from private health insurance.*
- *Self-funded birthing patients with private health coverage, had an elective CS rate of 20.9%.*
- *The 17 patients without government or private health, 45.45% underwent an elective CS.*



DISCUSSION

CS is an operation to improve the physical and mental health outcomes of birthing patients and their babies (3). It is a concern of health practitioners that best practice is not accepted or delayed by self-funded patients due to cost (1). The emergency CS rate of self-funded patients was higher than government funded patients. Quantitative review indicated that whilst a discrepancy existed, all 12 self-funded patients without private health coverage who required an emergency CS, were not recommended an elective CS and financial barrier was not a cause for delay. The ability to extrapolate these results to other units though is limited given small number of patients involved in the study. Overall, the concern patients are declining and/or delaying recommended treatment due to cost did not occur and monitoring of these behaviours is recommended.

REFERENCES

1. Australian Bureau of Statistics. Disadvantaged Australians face barriers to healthcare. Release 2024. [cited January 10, 2026]. Available from: Disadvantaged Australians face barriers to healthcare | Australian Bureau of Statistics.
2. Queensland Health. Fees and charges for healthcare services. Updated 2026. [cited January 10, 2026]. Available from: Fees and charges for healthcare services | Health service directive | Queensland Health.
3. RANZCOG. Caesarean section. Updated 2021. [cited January 10, 2026]. Available from: Caesarean section.