

Study suggests racial disparities persist in general anesthesia rates for C-section

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Racial disparities in the rates of general anesthesia use persist among patients undergoing cesarean delivery, according to a study published online Jan. 9 in *JAMA Network Open*.

Caroline Leigh Thomas, M.D., from the University of Chicago Medical Center, and colleagues examined the differences in general anesthesia use for cesarean delivery in a retrospective, cross-sectional, single-center study using [electronic medical records](#) for 35,117 patients who underwent cesarean delivery from Jan. 1, 2007, to March 2, 2018.

The researchers found that 3.3 percent of the patients who underwent cesarean delivery received general anesthesia, with rates of 2.5, 5.0, 3.7, 2.8, and 3.8 percent for Asian, Black, Hispanic, non-Hispanic white, and all other groups, respectively.

Overall, 56.8 percent of the pregnant patients were in labor at the time of cesarean delivery; of these, 82.1 percent had neuraxial labor analgesia in situ. No racial or [ethnic differences](#) were seen in the rates of general anesthesia versus neuraxial analgesia use among those who had an epidural catheter in situ. When stratified by race and ethnicity, indications for cesarean delivery for general anesthesia were not different.

"The [data](#) suggest that the racial and ethnic disparities in general anesthesia rates exist in association with neuraxial catheter placement and that once a neuraxial catheter is in situ, these disparities no longer existed for the subset of patients undergoing intrapartum cesarean delivery," the authors write. "These findings underscore the need to identify modifiable risk factors for [general anesthesia](#) use, to mitigate risk."

More information: Caroline Leigh Thomas et al, Racial and Ethnic Disparities in Receipt of General Anesthesia for Cesarean Delivery, *JAMA Network Open* (2024). DOI: [10.1001/jamanetworkopen.2023.50825](https://doi.org/10.1001/jamanetworkopen.2023.50825)

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