**Assessing factors associated with Caesarean Sections in urban Nepal: a hospital-based study**

**Interview guideline/questions for key informants**

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Interviewer: Susagya Bhusal

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| Name of organization | Public Hospital |
| Education | MD om Obstetrics and Gynecology |
| Position/Role | K2 |
| Number of years in position | 2 years |

**Questions and probes:**

1. **What is the trend of CS rate in Nepal? (how common is it)**

The rate of cesarean section is increasing in Nepal but not everywhere. It has seen a rise in urban city, tertiary care centers. But its trend is less in rural areas.

1. **What are the main reasons behind it in your knowledge? How is it related to hospital and system factors?**

There are several reasons to have a cesarean section, most of which are called fetal distress. Emergency operation must be done in the case of fetal distress in the case of non-progress of labor. There are also many reasons where the cesarean sections have to be done like if the women come with bleeding, baby’s breech presentation , if there is a previous cesarean section.

1. **What are the main causes of excessive use of CS in Urban Nepal and why?**

The main reasons behind the increase of CS rate in Urban Nepal is tertiary care centers and many big hospitals are situated in Urban cites of Nepal where most of the patients are referred. Another reason is the patients are themselves conscious nowadays; despite small problems like prolonged labor or labor pain they request for CS . CS is becoming a trend in these days.

1. **What are the main reasons for women demanding CS?**

There is also an on-demand cesarean section. On-demand CS has become the worldwide matter of discussion nowadays. We don’t do on-demand CS frequently happen with but patient while going through labor pain they themselves request CS thinking that something wrong will their baby, we called it as maternal distress due to which doctor distress also happened which is also one of the reasons for cesarean section. Another reason is women are becoming career oriented and getting married late. There is also the problem of infertility. In that case women with precious babies are not allowed to go for normal delivery, they prefer CS.

1. **How is the decision to perform CS made?**

In emergency case patients come with labor pain, some pregnant women come with problems with their baby like meconium-stained liquor ,fetal distress. In that case we perform CS. We perform CS in the case where the baby is not delivered normally , but sometimes we do CS in maternal requests also.

1. **Who are the most important persons in making decisions regarding CS birth?**

MD doctors are the important persons in making decision.

1. **What role do pregnant mothers or family play in decision regarding CS?**

Most of the family, pregnant mother prefers normal delivery rather than CS but sometimes due to excessive labor pain they request for CS . While doing the CS the decisions of pregnant women are considered.

1. **What are the national strategies or guidance for performing CS in Nepal?**

There is no such a separate strategy/policy for CS in Nepal, we follow MD level book and according to the indication we do CS.

1. **Is there a universal policy of C/S for breech presentation in hospitals in Nepal?**

If there is a primi breech then we mostly do cesarean section. Other than primi like in the case of second , third pregnancy and if there is a condition like a baby's weight less than 3.5 kg ,if there is lack of extended head in that case also we do CS. In twin pregnancy, if the first baby is cephalic and the 2nd baby is breech we do breech delivery. These are the indications.

1. **What are the criteria for management of delivery for mothers with previous CS?**

Trail of labor is given for the mothers with previous CS. If there is no problem after 40 weeks the patient is given a chance to go for spontaneous labor. Sometimes we do artificial augmentation keeping the patient in close monitoring and supervision. Due to the lack of monitoring we mostly do CS in the case of previous CS.

1. **Is there any system for audit of CS?**

Yes, there is a system for audit of CS. We do CS according to the ROBSON criteria.

1. **In your view, what polices, guidelines and tools from the national level have contributed towards better CS service provision?**

There is a safe motherhood program which covers the free delivery program. There is no separate policy for CS .

1. **What are the most important barriers to quality CS service provision? How can we reduce unnecessary CS?**

In order to reduce unnecessary CS birthing centers should be developed in every health facility , midwives should be produced. Patients should be monitored by the nurses/ SBA trained nurse , in our context 10 patients are overlooked by one nurse in such a condition it is very difficult to perform VBAC as monitoring is difficult in our context.

So, nurses' ration needs to be increased, birthing centers need to be developed where the nurses monitor everything and call doctors if required. In my experiences if these things are not looked at then the CS rate can’t be decreased.

Public awareness should be increased. There are chances of asphyxia in case of normal delivery because of lack of awareness of these types of things among the public, sometimes they harass the doctors, nurses due to which doctors do CS so the public need to be aware of such things. Midwife/nurses lead birthing centers should be established by the government.

1. **What kinds of policies/strategies to be reformed to use CS appropriately?**

Patient nurse ratio should be increased. Health facility/institution should be in feasible places and should be geographically well distributed.

1. **How can Nepal promote or improve normal physiological birth?**

In order to promote normal physiological birth, birthing centers should be established ,well trained nurses and midwives should be utilized in every health facility.