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

**Interview guideline/questions for key informants**

Date of interview: …2021-10-30……………….

Interviewer: Susagya Bhusal

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| Name of organization | Representative from NESOG |
| Education | MD on Obstetrics & Gynecology |
| Position/Role | K5 |
| Number of years in position | 1 years |

**Questions and probes:**

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

The trend of cesarean section is increasing but it is not uniformly increasing in Nepal. For example, in comparison to rural, remote , mountain area rate of CS is high in urban areas especially in private hospitals of urban areas.

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

We don’t have hospital and system factors that are related for cesarean section. I had mostly done work in government settings during my tenure. We do CS only in indicated cases , we don’t do it in patient demand also so there was no hospital condition behind it. We did CS in genuinely obstetrics related conditions. We were practicing based on the Government system. For example, if there was maternal condition like any diseases, high blood pressure, non-progress of labor, if there is a descending placenta in such type of obstructive indication we do cesarean section. The caesarean section is also done due to the baby condition like as the baby’s heartbeat started to be very fast. If there is IUGR babies, if the baby is upside down (breech) we give the option that there is a little more risk for the patient during vaginal delivery and the patient does not want to take any risk in such condition. In the government sector there is one condition where we do CS despite we can go for normal delivery in the case of previous caesarean section. In the case of previous CS, if there is a woman who has given birth to a child by caesarean section, then we usually do repeat caesarean section because we have a limited number of midwives and trained SBA. That is why the individual care that should be given to the laboring woman cannot be given. It is well known fact that there are very few human resources for health in our system Therefore, due to this reason we usually do repeated CS in the case where normal delivery can be possible.

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

Basically. I don’t talk about private hospitals because in private hospitals also I don’t do much cesarean section. Regarding government, I have worked in central hospital of Kathmandu. Paropakar maternity and the women's hospital is the only government tertiary central referral center. The rate of caesarean section is also high there because all the complicated cases are referred over there. Normally our indication shows that 5 to 15% of cases are complicated, out of which 5% of cases need to be done CS. The hospital where the admission rate of high-risk complicated cases is over 50%, definitely the CS rate of that hospital will be higher. In the private sector I have heard that they don’t mostly give try for normal delivery as I haven’t work much in private hospital so it will not be appropriate to talk about their practice.

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

I think Some small group of educated professional women are there who try to avoid labor pain. So that, they demand CS. Otherwise, we can’t generalize all the women, because most of them don’t have idea about CS, also they don’t demand it. Rather than age, and education; I think the reason behind it is growing urbanization, modernization. the trend of demanding CS is there in so-called affluent families’ women .

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

Yes, there is a difference, the word emergency itself indicates that we should do CS quickly.

Other, one is elective CS like if the women already have previous caesarean section and she comes over me for her next delivery then at that time, she said I don’t try normal vaginal delivery. In such case we plan for CS after 37 weeks. Likewise, if there is big baby or any other condition, then at that case we generally plan for elective CS. If the placenta is descended and women come with heavy bleeding then, at that condition we usually do emergency CS. There are on-call emergency doctors in government hospital.

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

The decision regarding CS is taken by an obstetrician.

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

I think, family decision for CS is included in private hospital who do unwanted caesarean section. However, in our hospital we do CS in indicated cases only. So, the decision is taken by medical personnel, family members are only informed to take their informed consent before doing CS. There is not like that the family decides for CS, they are only informed mentioning the indications and reason for doing CS.

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

The Nepal government is trying to develop the system of using ROBSON criteria in all the sites. There are indications for CS in Nepal government guideline.

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

There is no such policy that for breech presentation patients should go for CS. We counsel the patient both for CS and normal delivery mentioning the proven outcome. Choices are up to them if they choose normal delivery, then we do accordingly.

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

Usually, we have a little bit of monitoring problem, so we go to the repeated caesarean section for the women with previous CS.

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

Yes, there is a system for audit of CS. Government of Nepal trackS the number through NDHS survey, Annual report .

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

One is the safe motherhood policy , where the patient rights are ensured for all types of maternity care. Similarly, the new constitution of Nepal seems to cover maternal and neonatal health. There is very good written policy in Nepal. The country is just moved towards to the federal system. So, we couldn’t expect quick outcome. Province-wise also it is different.

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

This should be asked with the government sector people as I don’t have data of all the private sector so that I could speak where it is at a higher rate. Government should advocate that CS should be done only in indicated cases. Government should also monitor the private sector and need to strengthen for doing CS in indicated cases only.

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

I don't think anything needs to be reformed. I think the policies and acts are very good. If implemented properly, it will be sufficient.

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

Advocacy must be done; orientation must be given; follow up must be done, and monitoring system has to be brought. The human resources required for normal physiological birth should be managed. Infrastructure, human resources should also be taken into consideration.