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

Date of interview: …2021-09-16………………

Interviewer:…Susagya Bhusal………………

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| Name of hospital | Public Hospital |
| Position | P1 |
| Qualification | Bachelor’s in Midwifery Science |
| Number of years in position | 9 months |

**Hospital services**

1. **What major maternity services do you provide to pregnant women at this hospital? Probe: Antenatal care, Normal and complicated deliveries/ CS?**

This is public hospital, here services ranging from preconception care, IVF, ante-natal care, postnatal care, cesarean section, normal delivery like facilities have been continuously provided since many years and services including gynecology, maternity, obstetrics like all kinds of health facilities is being provided from here.

1. **What kinds of health education do you provide to pregnant mother? Probe: Risks and benefits of CS/advantages of normal deliver?**

We have been providing services to the pregnant woman according to their trimester and their situation because in the initial trimesters they will be facing a kind of problem including fetal growth, nutrition, diet, immunization and later problems related to the growth of the baby fetal moment etc. and we have been providing the education accordingly. And around the last trimester we teach them about ante-natal exercise, birth preparedness, complication readiness etc.

1. **What are the advantages and disadvantages of doing CS in this hospital? Probe: For hospital, for staff ?**

I don't think there will be any benefit to the staff personally upon doing the cesarean section but the hospital has been receiving the benefits from the government for doing the cesarean section maybe but there is no benefit to the staff for performing the caesarean section.

1. **If someone cannot afford CS, how does the hospital handle? Probe: Poor fund/referral?**

Cesarean section is extremely expensive in private hospitals but since this is a governmental hospital, we do not perform caesarean section that much but in case it needs to be done then caesarean section is fully free and there are no extra charges people have to pay only for the medicine that is not available. Talking about the rest of the things everything is free including the bed charges and operation theatre charges too.

**Reasons of CS**

1. **What is current rate of CS in this hospital? How does his CS rate compare with other hospitals?**

According to the guideline of WHO the rate of caesarean section should not be over 15% but I do not have the exact idea about the rate of caesarean section in this hospital. But when looking at the comparative data it can be seen that in private hospitals the rate of CS is around 90 to 99% and in our hospital, there are daily census looking at ways it seems to be around 30% but I am not sure about the yearly data.

1. **What are the main reasons for a high rate of CS in this hospital? Probe: Medical reasons, socio-demographic reasons, non-medical reasons?**

I think that the reason for the high cesarean section rate in this hospital is because this is a referral center also and complications that arise in other places are referred to here through helicopter or nearby places. Since this is a main referral center that is the reason for the high caesarean section rate.

1. **What proportion of pregnant women or family asking for CS delivery? Any particular groups are demanding CS?**

We cannot tell which group exactly want to perform caesarean section but from the observation and while listening to the talks of woman then they say that since they have to come from village areas and have to work. So, they want their delivery to be a normal one and women from urban areas first come to the hospital and try to perform normal delivery but when they reach the level when they cannot tolerate the pain then they say that they want to do a caesarean section. We hear these kinds of things mainly from educated women.

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

Mainly as I have observed people demand cesarean section by watching YouTube videos and getting ideas from there. Mainly they demand it because they cannot tolerate the pain. And in the end women after performing normal delivery say that they were demanding a caesarean section only because of the pain they were having, and they say that there is nothing better compared to normal delivery.

In this hospital the caesarean section is not done directly.

**Decision making on CS**

1. **Who are the most important persons in making decision regarding CS service at this hospital? Probe: who are usually consulted before surgery?**

The consultation should be taken with the consultants, resident doctors.

1. **How is the decision to perform CS made? Probe: For emergency/elective CS?**

Usually, the cases that come to birthing are taken to emergencies. For the elective cases that are in OPD, It is found that Cephalopelvic disproportionate, placenta previa then elective plan is chosen. In case of complication happens or maternal fetal disorder happens then such cases are taken for cesarean section from the birthing center.

1. **How do you involve pregnant mothers /family in decision making on CS? What role do mothers Could you cite some examples?**

In our birthing center one partner is kept together after normal delivery and similarly one who has been continuously sitting with the person comes on the partner and their mother are kept together and explained about the benefits ,complications and risk and they are asked to choose.

1. **Have you ever found an example where people have demanded a cesarean section? If you have, can you please provide us with an example?**

Here since people come mainly at the active phase of labor they have pain, and they demand a cesarean section.

1. **What information do you provide to the women who are undergoing CS? Probe: risks & benefits of CS?**

Usually, people are not taken to the cesarean section from the birthing center unless there is some complication or fetal distress, because it cannot be guaranteed on the risk benefits, the risk that the mother might have to face is infections, tissue damage, complications that might arise in baby, infection that might happen in urine and similar kind of information are told before taking them for caesarean section. And we tell them about the benefits that in case of emergency the baby needs to be immediately delivered so the CS is being done, that's what we tell them.

**Adherence to guideline or protocol**

1. **Is there are protocol for performing CS that is followed at this hospital? Can I please have a copy of the protocol?**

Well, I'm not sure if that is done.

1. **What is the policy on breech? Probe: Is trial of labor given?**

In case of primi breech, it is not done but in case of multi trial of Labor is given.

1. **What is the policy for mothers with previous CS? Probe: Is vaginal delivery offered/tried [VBAC]?**

Previously, if they were interested and if their health condition was good then the chance for the previous VBAC was given but I don't know what is being done right now.

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

Yes, there is a system for the audit. Everything is recorded. There is complete recording of normal delivery, cesarean section in the operation theater also.

1. **What polices, guidelines and tools have contributed towards better CS service provision? Why and how have these made a difference?**

Well, I do not have information about it.

**Barrier and strategies to reduce CS rates**

1. **What are the main challenges to reduce CS rate? Why?**

while talking about the main obstacles it is the fear that women have kept about the pain the extreme painful process of Labor which will be really unbearable to them and they do not want to experience such level of pain and therefore they would rather go for the process of surgery, and due to this attitude, they have a fear in their heart. And this in turn hampers the labor process and automatically increases the rate of cesarean section and their demand also becomes higher.

1. **How can we reduce unnecessary CS in this hospital/Nepal? Probe: From the health system/hospital/health personals, From the community/women/family?**

Well, it is well known to everyone that around 85% of the birth happens with normal Physiology. And people do not have knowledge about the rest of the 15% of the cesarean section cases. In our hospital also deliveries are done from obstetric model so the approach to childbirth should be midwifery model by promoting physiological birth then the rate of caesarean section might be lowered according to me. Because midwives have more knowledge about physiological birth and how to perform normal delivery. And the way in which the oxytocin is being used haphazardly and the misoprostol an induction is increasing and therefore, after the induction fails the next option is caesarean section so we have to promote physiological birth giving process by producing more midwives and utilizing them. And similarly, women should be counseled from their preconceptions. About how one can deliver normally then only we might be able to reduce their fear of the normal delivery by explaining to them about the benefits of normal birth. This way we might be able to reduce the rate of caesarean section.

1. **What kinds of policies/strategies to be made or reformed to use CS appropriately in this hospital/Nepal? What would you like to do for rational uptake of CS at this hospital?**

In this hospital cesarean section is done only in case of emergency. Caesarean section is a lifesaving procedure absolutely performed for life saving. If cesarean section is avoided, to be done routinely then the rate of caesarean section can be lowered.

1. **How could you improve normal physiological birth in low risk mother and baby?**

For this in everything just like in birthing centers physiological births should be promoted, midwife approach should be applied, the amount of oxytocin should be removed for induction, and midwifery approach should be taken for normal delivery instead of obstetric model.