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

Date of interview: …2021-09-17………………

Interviewer:…Susagya Bhusal…………………

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| Name of hospital |  Private Hospital |
| Position | P3  |
| Qualification | Master’s in nursing |
| Number of years in position |  36 years |

**Hospital services**

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

In this hospital health services related to maternity are provided to both mother and child. There is also a program for mother safety. And the hospital also provides services related to delivery according to the needs of the people. Services are provided from here to adolescents as well as antenatal care.

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

Mostly doctors provide health education rather than the other. I don't look after ANC; therefore, I think it is better to ask the in charge of ANC about it.

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

The client might have to face many disadvantages while performing cesarean section because there is pain, and it takes a lot of time for recovery, but breastfeeding can be easier and they can return home faster. The hospital encounters more disadvantages than on normal delivery because it might receive some incentives from the government, but the hospital stay of the clients will be longer and therefore the bed occupancy rate will be high and many complications can also arise due to longer hospital stay.

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

If the patient does not have money to pay then the caesarean section is free in this hospital.

**Reasons of CS**

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

I cannot tell exactly about it because it differs from time to time but I have heard that it is about 10 to 15% and compared to other hospitals the caesarean section rate is very low.

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

Well, this may be due to the various causes that mother has or the fetal distress of the baby.

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

Well, rather than to quantify it many educated people demand it more than non-educated people. Although educated people understand it all because they cannot bear the pain, they ask us to perform a caesarean section. Even after the doctor counsels them they want to do the caesarean section. And even during normal delivery they ask for a caesarean section because they are preoccupied with it in their mind, and they have heard about caesarean section and how they do not have to bear pain during it from others. And if someone has faced a lot of difficulty during the first normal delivery then they want to perform a cesarean section.

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

One main reason for the demand for caesarean section is the fear of extreme pain during labor. Another reason is because of the presence of stillbirth during their previous labors. they listen horror stories about normal delivery from their families and relatives and prepare for CS.

**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 group of the doctors and consultants who are present and available are consulted.

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

In elective caesarean section if the cesarean section had already been conducted or if the size of the baby is large then it is Already planned. In case of emergencies like fetal distress or if the baby is not being delivered even as the level progresses or if some complications arise then an immediate caesarean section is planned as looking at the condition.

1. **How is the pregnant woman and her family involved in the indecision section decision-making process?**

For this we first explain the pregnant woman and her family and take their consent and ask them for their preparedness. Because the husband also stays together in the birthing center, we make them understand everything. The doctor explains all the risks and benefits and signs the consent.

1. **Have you come across instances when a patient demands CS?**

I have already told you about this.

1. **What information do you provide to the women who are undergoing CS?**

We tell them that a lot of blood loss can happen during caesarean section, many severe complications can arise including the worst-case scenarios. And postpartum hemorrhage can occur requiring a lot of blood. After explaining all this the doctor takes consent.

**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 about it.

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

It all depends upon the condition of the breech. if the size of the baby is quite large then we do not take risks. Breech also has different types and examining that we present different trials of labor.

1. **What is the policy for mothers with previous CS?**

If the client already has a cesarean section and if 8-to-9-centimeter dilation is there then we do not take them for caesarean section but to normal delivery instead. But if the condition is complicated and if the previous scar is quite dangerous then there is a chance of the uterus rupturing so we do not provide them VBAC after assessing the condition.

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

Well, I do not know about that .

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 know about that protocol. Maybe we should ask the doctor.

**Barrier and strategies to reduce CS rates**

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

I think to reduce cesarean section the first child has to be delivered by normal delivery because if the first child is delivered via caesarean section, then the second child should also be delivered via caesarean section. Normal delivery has to be promoted whether via ANC - displaying posters, pamphlets in it our counseling patients in the OPD about the benefits of normal delivery are by providing information in understandable form in television. in foreign countries both the husband and wife are explained clearly about the nutrition exercises and what happens if normal delivery or caesarean section is performed and this way the husband also understands everything about when to go to the hospital, so this has to be practiced in Nepal also.

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

We should provide counselling, health education on the benefit of normal delivery and risk of doing CS  to the patient clearly.

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?**

I think the partograph should carefully be remembered for this because the partograph can tell whether a normal delivery can be performed or not looking at the condition of both the mother and the fetus. If the partograph is carefully used when the condition of the fetus is known, the progress of the labor is known and partograph is monitored from the active phase of labor. Then, it will be easier to decide whether to perform a normal delivery or a caesarean section. If we are able to counsel the patient regarding it and are able to counsel the patient who asks for a cesarean section then the rate of caesarean section can be deducted throughout the country.

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

As I mentioned earlier, if we are able to educate the pregnant woman, her husband and the visitors about the benefits of normal delivery since ANC and delivering information related to this using television or posters and ask them to maintain proper diet and exercise then we might be able to promote normal delivery.