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

Date of interview: …2021-09-19………………

Interviewer:…Susagya Bhusal………………

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| Name of hospital | Public Hospital |
| Position | P4 |
| Qualification | Master’s in nursing |
| Number of years in position | 32 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?**

This hospital is the central hospital and one of the largest hospitals of Nepal. Many kinds of health facilities are found here specially related to Maternity and Woman Health. Along with this the cases that are referred from different places are also treated here. Currently we are providing services through telephone. Looking at the current situation. And besides that, we are providing service 24 hours. We run the OPD six days a week where we provide the services according to the protocol of the hospital through the ticketing system. Also, we have extended health services paying clinic. And we provide them with this service if they want to take it. After examining the patient in OPD if the patient needs surgery according to the needs of the patient, report of the laboratory and doctor's examination. For Cases of gynecology, we have Clinics after 9 am and Paying clinic after 3:00 PM. This helps the patient take services faster and return home faster.

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

Yes, we do provide them with that but rather than telling them about the advantages and disadvantages of CS we provide them with information according to the need. And their condition while treating them. Around 90 to 95% of normal delivery itself here. But the rest of the 10% is caesarean section when there is problem delivering even after labor pain. There are cases where the mother cannot deliver even after labor pain and adequate time due to fetal distress, prolapse cord, Attachment of the umbilical cord on the neck, non-progressive labor, CPD Or if they have already performed an operation before. Looking at all these indications the surgery is performed rather than telling them about the advantages and disadvantages. It is nice if the patient is able to deliver naturally. Which is advantageous to both the patient as well as the hospital. But in some cases, people want to deliver naturally, but they encounter some problem. Then surgery needs to be done for the safety of the mother and the child.

1. **What are the advantages and disadvantages of doing CS in this hospital?**

**Probe: For hospital, for staff.**

Rather than thinking about what benefits the hospital is going to have we think about how to provide services to the patient. I already mentioned that while performing a cesarean section the indication of the patient is seen. And if such indication is not seen, then there is not a system in place in which we can perform a cesarean section even if they have previous CS. So, we have to decide operation only after considering the indications. For example, there might be preterm labor, and there might be membrane rapture, in such cases the cesarean section be done immediately. It is highly risky in cases of severe eclampsia or preeclampsia operation has to be done. In such cases, it is beneficial to the patient to perform an operation in most cases Ministry of Health provides the service in free of cost from the Safe Motherhood program. And the patient does not have to pay money for it. We keep the statistics of how many surgeries we performed and send it to the Ministry of Health. And the Ministry of Health provides 8000 rupees per cesarean section.

1. **If someone cannot afford CS, how does the hospital handle?**

While taking OPD services, if the patient falls under the category of operation then they do not have to pay any money, but we provide them rupees 2000 as transportation expenses because system is in place so that nobody has to perform delivery in their own home because of the lack of money for transportation. And regarding elective cases which I have mentioned previously these kinds of cases have already performed C-section before and mostly fall under the indication and they can get during the antenatal checkup. And we plan them as elective case. And no money is required even for this kind of cases too.

**Reasons of CS**

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

The rate of CS in this hospital is Quite high Which is around 27% to 30% comparing it to the total number of patients admitted in the hospital because the number of patients in this hospital is also quite high and I've already mentioned it before. Also, that because people might fall in the list of indication then they are sent for operation. In 24 hours around 28 to 30 caesarean section keeps on happening. Surgeries keep on happening in other hospitals too, if we look at the research conducted by our midwife students. Then it is similar compared to the other hospitals such as teaching and Patan.

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

There are lots of factors contributing to it most of the patient here with a desire to perform operation they feel that they want to take the baby out by performing a surgery rather than going through a lot of Labor pain. And in such cases there in our anesthesiologist department. We have the system of providing painless delivery.

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

Women who are being mother for the first time and have not experienced the labor pain before those who have previously performed an operation. All those who do not want to bear pain. Even this time want their operation to be done. But we cannot perform operations. Even after they wanted, like in private hospitals, because we must follow the protocol. And performed the surgery only if the indications show accordingly. Because if surgeries are performed according to the request, then there might be a situation where people who are prioritized for operating. They must wait a very long time with many complications.

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

The main reason people demand caesarean section is because they do not want, or they cannot bear pain and the next thing is If they have previously had still birth then they are in fear that it might happen again, and they ask for Cesarean section. That's the main reason. They listen to their friends and relatives. And prepare their mind to perform a caesarean section before coming to the hospital.

**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? Probe: For emergency/elective CS?**

First, in the process of performing caesarean section we admit the patient according to the protocol and wait for the labor to start. And if the labor does not start then we provide augmentation and provide medicine. And even if there is no progress after providing the medicine after 12 to 24 hours then We feel that we must perform caesarean section. Then we take both the mother and the baby and perform a CTG. If we find that the fetal sound is more or less, or there is bradycardia or prolapse, or if there is triplet. Then we request the seniors that this case must be operated. Looking at the indications but if there is a good progress and there is a good condition, and the fetal movement becomes less and if such condition arises then if we have to protect both the mother as well as the Child then we have to consult with the consultant Doctor Who is available 24 hours. Or the case is handled by a senior register. Our senior officer. Who decides it? During this we counsel the visitor about Why their Patient cannot give birth to the baby. And why we have to perform the CS and we take consent from them, and we perform cesarean section.

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

First, our medical team examines the patient fetal heart and perform physical examination. After a physical examination, if they fall inside the indication then we have to perform operation for such kind of patient and we called their family and we counsel them. And we tell them about the condition of the patient and why they have to do CS. We asked them to provide consent after understanding this kind of things. While performing operation there might be dangerous situations. Sometimes some complications can arise like there can be a lot of blood flow or sometimes the baby might not cry, or the baby might be facing some complication. We, however, perform the treatment of that, but there is a chance of 1 to 2% of the case being out of control. We take consent from the patient not to hold responsible. The doctors and the nurses in such case.

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

I have already talked about this above.

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

We tell about both the risk and benefit to the pregnant woman because sometimes complication can happen during the Inter operative period. If there is a large flow of blood, and if we cannot keep the uterus inside. Then, we have to take consent from Pregnant mother. The CS can be in Primi or Multigravida. We have to save the mother and in such case we take a high-risk consent. According to the needs of the patient, we prepare a document stating all the risk and benefit and then we treat 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?**

Yes, it is there. There is OPD from Sunday to Friday. There are six groups from A to F. This group works in rotational duty. And I've mentioned it time and again that there is a protocol of the hospital according to which the treatments are performed. This is a guideline developed by The WHO and to take this. You have to go to the family welfare division.

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

Sometimes, the breech is identified during diagnosis, sometimes in the outreach clinics or the hospitals. And then they are referred after that. And we have also found lots of undiagnosed cases here. The skillful midwives, doctors and nurses can perform the delivery themselves also in such cases. But some cases that are referred are quite complicated. And such cases are kept inside indication, and we perform a cesarean section.

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

It's not that everybody has to be delivered through the Cesarean section. But only those that fall inside the indication deliveries are performed even through VBAC. You can take our records of this, but they are not many cases. Around 100 cases out of 22-23,000 Such cases include the one that had previously done or caesarean section and afterwards delivered through VBAC.

1. **Is there any system for audit of CS?? Probe: If so, how?**

Yes. Because I am the in charge of the Operation Department, I have to report on a monthly basis to family welfare division through online medium which not only includes the information related to a caesarean section but related to every service that we provide.

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

First of all, the needs of the patient should be seen, and this is on need not be made solely according to the will of the patients. We cannot perform cesarean section just like in other private hospitals, but only if they fall inside some indication. We provided services during the COVID-19 through telephone. Provided them with services when they wanted through the kupondole Branch office.. The government might make such a policy in the coming future, but currently there are no protocols dedicated to caesarean section screening.

**Barrier and strategies to reduce CS rates**

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

Reduce the rate of cesarean section. We have to increase the production of midwives and prioritize the education of midwife. We have to provide education to the future students and provide services in the presence of qualified nurses. If we are able to do so, then we can be able to reduce the medicines that are used and promote different positions and encourage the patient to deliver naturally, which will be a very good thing to do. Provide education to the mothers since the conception. And we need to counsel them that Cesarean section is not compulsorily needed then the rate of caesarean section will definitely go down.

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

I already mentioned it that if we are able to increase the production of midwives and provide them a good place. And to utilize them then we can be able to reduce the rate of cesarean 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?**

The Ministry of Health has already guideline stating that the production of midwives should be increased. This must be the third batches of the midwives according to my experience. The midwives can provide services through pilot projects. In Places where the flow of the patient is maximum, and the midwife can see the patient in the OPD when they come for the visit. And following them up to the delivery. They are admitted and are seen by the doctors if such cases are followed by the midwives, then the rate of C-section can be decreased. Nepal government has produced midwife but provided us off about four to five midwives. But they are posted only in a fixed place, such as the birthing center labor room but they are not being able to provide services in the OPD. In my experience, if we are able to produce midwives and utilize them, then caesarean section rate can be controlled and brought down.

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

In my opinion, if the midwives can provide services and counseling from the OPD to the period of delivery, then. We can promote the normal delivery.