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

Date of interview: …2021-09-22………………

Interviewer:…Susagya Bhusal………………

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| Name of hospital | Public Hospital |
| Position | P5 |
| Qualification | MBBS, MD on Obstetrics & Gynecology |
| Number of years in position | 2 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 paropakar maternity hospital is the largest government hospital as well as tertiary care center of Nepal. From this hospital all types of maternity services are provided related to the pregnancy care like normal deliver , complicated delivery  services  , cesarean section, some time while doing CS uterus need to be expelled out, so hysterectomy is also performed here. Apart from this we provide comprehensive abortion care service, family planning service , adolescent and sexual reproductive health care service, IVF. One stop crisis management center is also there to provide service for victimized women.

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

Our ANC OPD runs every day where both doctors and nurses are there from where health education for pregnant women is given. Nurses provide information on pregnancy diet, nutrition, regular check up, danger sign seen during pregnancy and inform them about visiting the hospital in such cases and same health education is given by the doctor as well during the check up. Generally most of the patients come here from the very beginning of their pregnancy period. In that case we discuss the mode of delivery, we usually recommend them to try for normal delivery if in case some complication arises then we have to go for CS. whereas some of the patient landed up here at their active phase of labor or during the last trimester along with that complicated cases are referred here from the health post of various part of country in that case we have do caesarean section, we don’t have option for complicated cases otherwise we generally try to performed normal delivery. CS also has its own advantages and disadvantages. We do CS for the good of the mother and the baby. Since it is an operation, sometimes there may be a lot of bleeding during the operation, the uterus may have to be removed, if there is previous cs, the intestines may be stuck, the bladders may be torn, recovery period is also difficult and takes long time. Hospital stay for CS can be 3-4 days. If it becomes more complicated, you may have to stay longer than that. We need extra care even after we get home. That's all we say to the patient on the behalf of the advantages and disadvantages of CS.

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

This is a general public hospital so rather than CS. We try to do normal delivery here because doing  CS requires more human resources and there is no benefit for hospitals in CS. In my opinion, how much money does the government of Nepal give to the hospital for CS, but it is used for the mother's expenses so there is no benefit to the hospital. Here we do CS only for the benefit of the patient. Disadvantage is that hospital stay of patient is longer in CS due to which bed is occupied since this is a general hospital and patient flow is also greater so if one patient occupies bed for 5-6 days that other will not get bed. That’s why rather than advantage and disadvantage for hospital we do CS in indicated cases only.

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

 In this hospital service charge is very minimal. patients are given RS.1000 as a transportation cost. If a patient can’t afford that minimum service then there is a social service unit in our hospital which covers the patient expenses.

**Reasons of CS**

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

Looking at the present data, the CS rate of our hospital is also high, around 45-50%. One of the reasons for this high rate is  patient flow in our hospital is high because it is a referral center, also all the  complicated cases or planned cases for caesarean section come from everywhere. Because all the complicated cases are referred to here this is the reason for the high CS rate in this hospital. Probably, the rate of other government hospitals is also like this rate. I can't talk about private hospitals. Where there is a referral center, there will be more caesarean section.

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 have already said that the flow of patient in our hospital is high, daily 1000-1500 patient come over here. In some case rather we keep patient for the normal delivery sometime complications like fetal distress, meconium stained liquor , placenta previa sometime patient blood flows a lot, patient blood pressure become high, eclampsia are seen at that case we have to do CS .

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

Pregnant women who come to this hospital do not ask for such CS. Most of the people who come here are from lower middle class families. Maybe it is because they are trying to have a normal delivery so that they can discharge quickly and resume their work.

Sometime , some pregnant women want to have CS thinking that it is risky to do normal delivery in comparison to CS. We provide counselling to such patients; we tell them normal delivery is safe and it is best there will not be any problem in normal delivery.

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

Sometimes some people just say that it hurts, it doesn't hurt to do CS. Otherwise, there is not much demand for CS here. Precious babies are also more likely to be caesarian if they have had a baby by IUF, IVF, have had a baby after years, have had a miscarriage, or have had a previous pregnancy loss, have had a bad experience such as stillbirth, IUFD. they mostly demand 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?**

First doctor take round of the patient ward and checks the patient's condition. If there is patient with conditions like fetal distress, breech presentation, placenta central privia, eclampsia, baby starts eating stool at the stomach, in that case we house of office, register, consultant, senior consultant all the doctors take decision regarding CS .

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

their condition Elective CS is already known to us. We usually planned elective during the patient visit at ANC/OPD by checking. For example : if the patient have placenta central previa, baby presentation breech, or baby looks very big while checking, if the patient have constantly very high blood pressure, or if there is previous caesarean section and patient also get chance to decide for CS in previous CS these types of cases we plan for CS. In an emergency CS, the patient comes to the hospital with various complications. We see that the baby's heartbeat seems to be slowing down, blood seems to be flowing from the bottom of the placenta, the patient is unconscious due to high pressure or the baby has cord prolapse. In that case we immediately do an operation.

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

Pregnant women and families are included in the decision before doing CS. Because without their consent, the decision cannot be made by the doctor alone. At the time of elective, the patient and his family already know that they have already made a plan for CS . In the emergency case , due to the urgent need to do CS,  the patient party decides to sign the consent form after explaining everything to the people who have come with.

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

Yes, sometimes patient try to demand but we don’t do CS unless and until there is indication for the CS.

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

First of all, we tell the woman who is about to do cs why we need to do CS, for this reason we say the benefit of CS to both for child and the mother. Risk is like I said before. The caesarean section may be a major operation, there may be some side effects during the use of anesthesia, or there may be more bleeding during the operation . There may be some problems or excessive bleeding during the operation, or if you have a previous operation, it may be very difficult to do caesarean due to excessive stickiness. You have to stay in hospital for a long time, we have to keep a urine bag for a long time. If everything gets normal after 3-4 days we will discharge you. If blood transfusion is needed then you have to transfer to the ICU. All  these conditions are explained to the patient before CS. We also tell them that extra care is needed after they go home, as the recovery takes a long. Patient should be cared for in the proper way regarding their diets, nutrition. I think the benefit is the benefit of having a good baby. I think it's important for the mother to have a healthy baby and our aim of doing CS is the same to give a healthy baby to the mother.

**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?**

I have no idea about this.

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

If there is multi gravid patient then we give trial of labor in such case but if the patient is a young primi, those who are going to be mother for the first time then in that case we give a choice for the patient for both caesarean section and normal delivery. But if a patient is matured with good progress in labor then in that case we give a trial of labor otherwise we usually do CS in breech presentation.

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

Here it is offered to all the women. We first look the condition of women like if there is big baby, or any bad obstetric history, if the women have no living baby in the house, if the pregnancy interval is less than 18 months then we usually do CS. But the reason behind the previous CS is fetal distress, breech baby and present baby condition is good also the pregnancy duration is more than 4-5 years then we offer VBAC. Patients can also refuse this decision if they want.

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

We have a record of every day’s CS. We compile that and prepare an annual report.

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

We have tie up with Nepal government to provide treatment for rescue cases, I have no idea about other policies.

**Barrier and strategies to reduce CS rates**

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

The main challenge is to have safe delivery service everywhere. If you have SBA trained /ASBA trained manpower in every remote area, then  people don’t have to come here because the various problems arise in between. If trained manpower is placed everywhere then mothers don’t have to die with complications, they don’t need to do CS. Similarly, mother have to be encourage to go for ANC check from very beginning. They should be informed that they shouldn't go hospital at the last moment after the complications/problem arise if we are able to encourage patient for ANC checkup, if there is SBA/ASBA trained manpower in every remote areas then caesarean section rate will gradually decrease.

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 have already cover this question above. All I have to say is the government should focus on the production of trained SBA/ASBA manpower and they should be mobilized properly in every remote as well as urban area. Many women loss their life due to the delay in reaching to the health care center. So, our need is production and mobilization of trained SBA/ASBA manpower.

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?**

My point is that I already spoke not only about the caesarean section but also for the complicated delivery management, not only in Kathmandu, but everywhere, there had to be such services. We have to mobilize trained manpower everywhere. Counseling for all pregnant women should be there, even the women who came to ANC only once, the staff should tell them everything related to pregnancy and mode of delivery.

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

What we do in this hospital is normal delivery. We promote normal birth. Whatever caesarean section we do it is either indicated or emergency. Another is that because of our referral center, the caesarean section rate has increased because all the complicated cases are coming over  here from all places. What we have to do here is we promote  normal delivery and normal birth.