**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 | P6 |
| Qualification | MBBS, MD on Obstetrics & Gynecology |
| Number of years in position |  8 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**

At this hospital we provide services to pregnant women as well as we also provide gynae care such as PID, cervicitis, UTI, urine related problem, cancer related cases as well. Nowadays, fellowship is also higher in our hospital. Similarly, we also provide family planning services, comprehensive abortion care from our hospital.

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

We tell pregnant women that for their health they should eat nutritious food, green vegetables, yellow fruits, protein food like egg, meat along with this we tell them about the maintenance of their hygiene, if possible avoid heavy workload. We don’t teach them about pelvic floor exercise, it would be better if we could teach that too. Mainly we teach them about hygiene, maintenance, and avoiding unhygienic food.

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

There is no benefit of doing CS for the hospital, some aid from the government is there for the CS but that is used for the patient. We have safe motherhood policy in our hospital so the government provides us aid for the patient care so there is no benefit of doing CS for our hospital. Case load is higher here and patients also trust us.

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

We have safe motherhood policy so there is no worries about money.

**Decision making on CS**

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

The rate of CS has increased a bit now because all the complicated cases are coming to our hospital. Complicated are cases that have already been operated on, refuse VBAC.

In comparison to other hospital CS rate here is less. There is a lot in private hospitals because they are seeing privately, and they can’t take risk over their patient. In this hospital CS rate is less; it is around 25-30%.

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

The reason for having a higher CS rate is complicated cases are referred to here. Some come with CPD, some have a breech presentation and nowadays do late marriage and have a late child. There is elderly pregnancy as well. We keep them in elective CS.

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

Such families do not seek CS, they want normal vaginal delivery as normal as possible. But the educated ones , elderly women, some are very educated, they don't want labor pain. So we give them epidural. If somebody wants epidural painless delivery then that is also provided from our hospital. Some days back one of the patients did painless delivery but the labour progress did not go well so we did CS later.

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

**Probe: Process related factors**

Because they can’t tolerate labour pain, some are pregnant at elderly age, some have late marriage and that type of patient wants CS. But most of the patients who come here want normal vaginal delivery.

**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?**

We all doctors make decision regarding CS. We have levels of doctors over here like consultant, senior consultant, senior registrar, medical officer, MD students we teach them under our control.

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

Those patients who come to ANC visit according to their indication we plan elective CS. For emergency CS, we do it in following conditions like: if there is fetal distress, non-progressive labour, those who are referred from helipad with prolonged labour, if someone have medical diseases, if there is cord round neck, primi breech. While checking at ANC/OPD someone has breech baby, big baby, obesity, medical disease, some refused VBAC, if there is elderly primi very young primi, severe pre-eclampsia case in all of the following cases we do CS looking at the patient condition.

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

Yes, we involve them in the decision making process. We provide counseling to their close relatives like husband, mother-in-law or those who are present at that time and make decisions accordingly.

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

Most of the clients want normal delivery in this hospital.

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

We tell all the possible risk of CS like an operation is going to happen and during the time of operation sometime over bleeding may happen, there may be PPH, in the case of CS there is more risk of PPH. We inform them that if there is previous CS then sometime bladder injury, ureter injury, may happen.

**Adherence to guideline or protocol**

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

We don’t have a written protocol here. We are finalizing it soon. We know about the indication of CS and based on that we do CS in our hospital.

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

We provide trail of labour for breech presentation. Sometimes patient come fully dilated. In that case we provide a trail of labour observing their condition like mother weight , previous obstetric history. If there is primi breech then we mostly do CS otherwise normal delivery of breech is also happens in our hospital

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

Yes, VBAC is also offered, depending on the criteria of the client, how many years it has been delivered by CS, depending on the weight. Some have had CS due to a previous fetal distress but the pelvis is better. We offer a trail of labour by looking at date, spacing, weight, pelvis, labor of patient.

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

Yes, we have system of audit in our hospital, we keep the daily record of CS and mention them in annual “SMARIKA” of the hospital.

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

Nepal government has Safe Motherhood policy, I think that is applicable for all.

**Barrier and strategies to reduce CS rates**

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

For this, there has a many challenges ahead. Our hospital is tertiary care center, so we provide all types of services like CTG, and other pregnancy related services. One is that we have to take risk and there is fear in mind if something happens to a patient party. We also do vacuum, forceps, instrument delivery we need to keep both mother and baby healthy. Now there are many women’s who want one child, so they don’t want to take the risk and demanding CS. Educated person do late marriage and produce a baby late that is another challenge.

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

Unwanted CS is not done in our hospital we only do CS for indicated cases. I don’t know about the private hospitals. I think they also do CS in indicated cases.

**21. 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?**

Our hospital has its own protocol. We filled partograph but I don’t think private hospital filled partograph, at least partograph should be filled and CS should be done in indicated cases only.

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

Mainly, we should provide counselling to the patient, VBAC should be given priority in case of previous CS, breech should be delivered normally based on criteria, instrumental/vacuum delivery should be performed like previously if these things are done then we can reduce CS rate.