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

Date of interview: …2021-09-21………………

Interviewer:…Susagya Bhusal………………

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| Name of hospital |  Private Hospital |
| Position | P9 |
| Qualification | MD & Fellowship on Obstetrics & Gynecology |
| Number of years in position | 20 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**

We provide all kinds of maternity related services from here like delivery service, antenatal care, postnatal care as well as morbidity care services like ectopic pregnancy, we also take care of that.

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

We also do preconception counselling to pregnant women when they come to the hospital. We, doctors as well as nurses provide health education on antenatal health care, breast self care, diet plus we also show educational video in waiting room, OPD along with that in the OPD visit we tell about the CS to those who need to do CS and about vaginal delivery to those who do not need CS.

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

The benefit of doing CS is patient flow increase in hospital as well as bed occupancy rate also increase in comparison to normal delivery plus financially hospitals get benefitted. The disadvantage of doing CS is that sometimes complications arise, sometimes due to bed occupancy another patient cannot be given a bed.

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

In such condition, we can’t provide completely free medical services because the hospital should be run by the revenue generated from the patients. We didn't get funds from any sources. If the patient's financial status is too weak then in that case we provide suture material, some medicines free of cost .

**Reasons of CS**

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

Our hospital has a CS rate of 60%, although this rate is higher than a public hospital, it is lower than any other private, corporate hospital. But even this 60% is considered very high and it is a matter of concern.

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 both medical as well as non-medical reasons for the high rate of CS in this hospital. Nowadays women are more concerned about their studies, careers, due to which they are getting married late , and planning a baby late. Another reason is to avoid labor pain they themselves demand CS. Apart from that our hospital is a referral center. So, all kinds of complicated cases come over here in which CS have to be done. And another main factor is previous CS cases are more and they have to be kept under elective cases that’s why CS rate is higher.

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

It is difficult to say exactly that percentage, I think it is around 10-15%. Mostly educated women , those who are from urban areas, demand CS. Women from remote areas don’t understand about on-demand CS. They want to do normal delivery. There are group of women who said they can’t bear pain, they want mother and child both safe, they think that being in long term labor pain harms their child, and the baby may be disabled. Another reason is that some women come after hearing the experience of others, just like my friends have gone for long term labor pain but at last they did CS. That kind of woman also demands CS.

1. **What are the main reasons for your patients demanding CS? Probe: Process related factors**

Main reason for patient demanding CS is inability to tolerate labor pain. Another reason is they want mother and child both safe, they think that being in long term labor pain harms their child, and the baby may be disabled. Another reason is that some women come after hearing the experience of others, just like my friends have gone for long term labor pain but at last they did CS. That kind of woman also demands 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?**

Senior Consultant obstetrician makes the decision regarding CS plus patient and patient visitors are also included in the decision making process.

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

Elective CS are usually planned at OPD and the patient are counseled for the CS informing their indication. Decision for emergency CS is made  in the following condition like if there is fetal distress. If there is danger for both mother and baby, less fetal movement, or any complications arise during delivery like excessive blood loss, antepartum hemorrhage.

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

As part of the counseling, we also counsel pregnant women, keeping her a very responsible visitor while making decisions on CS.

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

Yes, sometime.

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

We explain risk and benefit of CS. After stating that we take written consent for CS from both patient and the patient visitor. While taking that consent we tell why CS is being done along with that we tell the benefit of CS for both mother and baby. The advantage is that the baby is born well, and the mother does not have to face much difficulty. Disadvantages are that CS has its own complications. We tell complications of anesthesia, operation procedure and we tell after CS also complications like pulmonary emulsion, wound fester, fever will be seen. Everything is explained well.

**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?**

We don’t have our own hospital evidence-based protocol but we follow other international protocols like ROBSON criteria, and other similar types of protocol.

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

In the breech presentation we do the caesarean section as much as possible, keeping the elective CS. The trial of labor is not given because there is risk for that and both the patient and the hospital do not want to take the risk.

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

We didn’t provide the opportunity of VBAC because it needs intensive monitoring patient as well as hospital do not want to take risk. Previous CS falls under indication plus patient also demand it so we do CS for previous CS.

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

Yes, there is a system of audit, we do monthly reporting and yearly presentation. We present CS rate their indications, mortality/morbidity. We also report prenatal MPDSR (Maternal and Perinatal Death Surveillance and Response).

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

Exact policy and protocol related to the CS are not being implemented in Nepal. But now in the case of the CS government Nepal gave priority for the ROBSON criteria and it is in the process  of implementation. In the same way, there is process of making  Provincial government aware about this case. The ROBSON criteria are not exactly applicable, but the Government of Nepal last year used it in four hospitals, one in BPKIHS  Dharan, Amda Hospital in Butwal. It seems that it will make the provider aware about CS and that helps a little bit.

**Barrier and strategies to reduce CS rates**

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

Main challenge is attitude change of both providers and client. Clients and provider both also couldn’t take risks and this kind of attitude of both providers and clients are main challenge.

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

Staff should be aware, providers should not get afraid and distress. Health systems should address this and support service providers to ensure safety of them. Also, the client should not demand CS unnecessarily. Similarly, family, community people should understand that CS should only be done in indicated cases.

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 it is enough if we could implement already formed policies like ROBSON criteria, RCOG/ACOG, WHO policies. Nepal government also has its own policy if it is implemented properly then that will be  enough.

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

One is that we must make the client aware from the very beginning to promote normal delivery. Another is that it would be better if hospital could provide intensive monitoring for the trail of labor in the case of breech and previous CS .If we do all this then normal physiological birth can be promoted.

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