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

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| Name of the hospital | Private Hospital |
| Position | P10 |
| Qualification | MBBS, MD (GP), MD(OBG) Fellowship in Gyane Oncology |
| Number of years in position | 8 years |

**Hospital services**

1. **What kind of maternity services does this hospital provide?**

This is a community-based hospital. We provide all kind of services related to pregnant women such as antenatal care, delivery care, post-delivery care, family planning services.

1. **What kind of health education is given to pregnant women?**

As soon as pregnant women visit OPD, looking at their condition and things a pregnant woman should pay attention to nutritious diet, personal hygiene, how to check at what times are the health education we tell them during their pregnancy. When we get the date of the baby to delivery, we sit and discuss the mode of delivery with the pregnant women. At first we don’t talk about the mode of delivery but during 37 to 38 week we discussion with pregnant woman and let them know about the mode of delivery.

1. **In your opinion, in case of caesarean section, what are the advantage and disadvantage for hospital?**

I don’t think there is any advantage in doing CS and disadvantage in doing normal delivery for the hospital. We consider the need and health condition of the client and baby’s health condition. We think and decide according to the benefit of both. We don’t decide to do CS based on hospital’s benefit or in individual’s benefit.

1. **How do you handle if any women do not have money to do CS?**

We have social service fund in our hospital, through that fund we provide discounts to those who can’t afford. We don’t deprive of treatment to any patient on the basis of lack of money.

**Reasons of CS**

1. **What is the rate of CS in your hospital? What is its rate compared to other hospital?**

CS rate in our hospital is around 50-60%. It’s slightly higher than government hospital but much less than private hospital.

1. **What may be the reasons for having high CS in this hospital?**

According to the hospital policy, if first delivery is from CS then we will not give a normal delivery for the second delivery which is called VBAC, we don’t have this facility and we have our own limitation and challenges. We have repeat CS which is about 10-20%. Second thing is our hospital gets difficult and complicated referred cases from different places also which consist of 5-10%. Referred cases are mostly complicated so we perform CS. Third, the women who comes to us are slightly older i.e. elderly. We need to perform CS on elderly women and with many complications. Some of the CS are done on demand of the pregnant mothers as they don’t want to give normal delivery in any case. So, because of this also CS rate is slightly high.

1. **What percentage of women or families try CS? What group of women demand CS?**

Nowadays we have educated women, women who are little older and socially a little high-class women demand C-section.

**Reasons of CS**

1. **What are the reasons for requesting for caesarean section?**

The main reason is that many now request because of fear of labor pain. Many are afraid of labor pain. Secondly, nowadays women prefer less number of babies and those babies are very precious to them so they don’t want to take risk on vaginal delivery. So these are the two main reasons for requesting CS.

1. **Who are the main people to decide for CS in this hospital? Who are consulted or asked?**

We have consultant and resident doctors. The decision to conduct or not to conduct CS in the patient is done by consultant. We also discuss it with the client and her family members and decide.

1. **How to decide to do CS? Probe, For emergency/elective CS? Is the decision making on emergency and elective different? How?**

Elective CS is done on OPD basis. It is done in the patient who comes to OPD. Emergency CS is done to those who comes to emergency services due to complication. According to the need, CS is done.

1. **How do you include pregnant woman and her family in the decision of CS?**

We don’t decide without the permission of pregnant women and her families. We keep the clients and her related family members and tell them why we are doing CS. We explain them all about the advantage, disadvantage of doing CS and risk factors and we let them decide.

1. **Have you found any example of demanding CS? If yes, then can you tell us some examples?**

No.

1. **What do you tell a pregnant woman who is about to do CS? Probe: risk & benefits of CS? Advantage and disadvantage of CS?**

CS is a major operation which has its own risks. We keep the clients and her family and inform about the risk involved in doing CS.

**Adherence to guideline or protocol**

1. **Is there any evidence-based protocol to be followed during CS? Can I take one copy?**

As much as possible we follow evidence-based practice. Sometimes we have our own protocol to be done in emergency according to the client’s condition. Different follow different protocol such as SOG guideline, RCOG guideline, national guideline and practice it.

1. **What are the universal policy this hospital has for breech presentation? Probe: Is trial of labor given? In what circumstances trial of labor is given?**

Since the new recommendation is to operate breech presentation, but we sometimes deliver normally if the breech delivery is in active phase of labor. Since the new recommendation, operation is safe for breech presentation but in case of active phase of labor and it the client can delivery normally we do normal delivery or else we operate.

1. **What arrangements are made in this hospital for the delivery of women who have undergone surgery before? Probe: Is vaginal delivery offered/tried [VBAC]? Is they give chance for VBAC?**

We give chance for VBAC if patient is in active labor otherwise we will consider pervious CS as elective.

1. **Is there a system to audit CS in this hospital? Probe: If yes, then how as it done?**

We conduct monthly and yearly audit of CS according to kind of CS done and the number of CS done in a whole year. Sometimes we conducted quarterly audit if needed.

1. **In your opinion, which policy/protocol in Nepal has contributed to provide better services for CS? Why and how have these made a difference? Probe: What a difference it has made?**

We have many protocols; different institutions have made different protocols. Such universal protocol has not been made in various institutions. While the organization has its own protocol, some protocols are made on the basis national SOG, RCOG.

**Barrier and strategies to reduce CS rates**

1. **What are the main barriers in reducing CS in this hospital as well as nationwide and why?**

It has 2-3 factors; one is late marriage and late child. Nowadays, it is not customary to get married as soon as possible and to have many children. Nowadays, women give birth to less children and does not want to take risk. Another is of social issue, from the point of view of security, if something happens to the service provider while client is giving birth to a child, we will be blamed and attacked, vandalizing the hospital. All these has decreased the morale of service provider/ doctors. Therefore, normal delivery is not encouraged as much as it used to be, in case of CS baby is safe mother is also safe which reduces the headache of the doctors. So, I think all this plays important role. Because of these social issues where doctors are blamed, attacked, vandalizing the hospital which has reduced the morale of the doctors, so doctors don’t want to take the risk in conducting normal delivery as its can’t be said anything about baby until the baby is born in normal delivery. It also comes with the financial aspects of a private hospital. Because of these things, I think it is a challenge to conduct normal delivery.

1. **In your opinion, what can be done to reduce unwanted CS from this hospital as well as from the country? Probe: From Health system/hospital/ health personals? From Community/ women/family.**

Providers also should have confidence and safety. In case of any problem during delivery, safety of the provider should be ensured. The society should also be aware if anything happens blaming doctors, attacking them should not be done. Government should provide security guarantee and conduct different workshops to increase the morale and create protocol/guideline to be followed to reduce unwanted CS. At the same time, awareness should also be created among the pregnant women that it is better to have a normal delivery. Some women demand for CS, but those women should be aware that vaginal delivery is better than CS. Along with that the security of the doctors should also be done. If this is done I think it will be better.

1. **In order to make proper use of CS in this hospital as well as in the country, what kind of strategies/policies/protocols should be made? Probe: In your opinion, what needs to be done for proper use of CS in this hospital?**

The things that are causing barrier should be improved meaning there has to be an environment for treatment in the current environment for health workers, there should be guarantee of safety for service provider. Second, programs to increase morale of the physicians, encouraging strategy. The hospital that has more normal delivery had to be awarded. If it is encouraging there will be competition in the hospital, so more vaginal delivery can be done or in a hospital where most of the CS are done, the government should investigate the cause of more CS, auditing can also reduce because when there is inquiry, then people become aware that unnecessary CS should not be done. At the same time, the service recipients should also take such awareness raising programs.

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

For this, we should aware pregnant women about the benefits of vaginal delivery during ANC visit. Monetary cost is also cheap, physical recovery is also quick, CS recovery takes time so normal delivery recovers quickly, All this things should be made aware during ANC visit to pregnant women. Second, like said above there should be guarantee of safety among service providers also. This is the responsibility of the hospital as well as of government to provide safe environment for health worker to work. Our organization can also bring VBAC policy.