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

Date of interview: …2021-09-21………………

Interviewer:…Susagya Bhusal………………

|  |  |
| --- | --- |
| Name of hospital |  Private Hospital |
| Position | P11 |
| Qualification | MD on Obstetrics & Gynecology |
| Number of years in position | 4 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?**

Regarding maternity related service we have a basic ANC test to complete 9-month ANC facility. Similarly, we provide delivery facilities including normal, instrumental, complicated delivery, caesarean section . We also have postpartum services as well as family planning services.

1. **What kinds of health education do you provide to pregnant mother?**

**Probe: Risks and benefits of CS/advantages of normal deliver?**

We provide health education to the pregnant mother depending on the time they come to the hospital. For example, in the basic antenatal period we tell them about the medication, what kind of physical activity they should do, what food to eat, we guide them in every way. We also tell them about the important part of pregnancy like at what time the baby starts their movement, at what time ultrasounds should be done, about the time for various types of test. Regarding the mode of delivery we only discuss in the 3rd trimester, our first recommendation is normal delivery until and unless there are no complications.

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

**Probe: For hospital, for staff**

Doing CS is more beneficial for the patients than the hospital. We don’t do CS without any indications, we do it for the sake of mother and foetus. For the hospital the advantage is the good outcome of patient and baby.

Disadvantages of CS are postpartum complications. Many patients find it difficult to walk or sit properly after CS, it is also  difficult to take care of  a child. The benefit of CS that patient has not have to go into labor pain.

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

**Probe: Poor fund/referral**

So far, we have not had to face such cases, as far as I know there is  social service center which looks after this type of issue, we doctors have no personal role in it.

**Reasons of CS**

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

The CS rate in our hospital is almost 50-60%. Looking at the rate of private hospitals this rate is less as in some of the private hospitals CS rate is around 100%.We only do CS for valid and indicated cases in our hospital.

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

Regarding the medical reason the CS rate is high due to fetal distress, in the case of IUGR, high risk pregnancy we cannot allow the spontaneous labor. Another main reason is previous CS, in the case of previous CS we did not give trial of labor because of the indicated cases CS rate is high in our hospital. Nowadays, one of the main reasons is CDMR(Caesarean section in maternal request) which was earlier less than 1% but now at least 3-4% of females themselves demand Caesarean section. Talking about socio-demographic reason the women from the middle class, grassroot level their main priority is normal delivery but the women from rich families don’t want to go for normal delivery, in order to avoid labor pain, they demand CS which we call caesarean section in maternal request.

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

I have said before that the rate of maternal request is increasing. Earlier it was less than 1% but now it is 3-4%. Educated women, elderly women, the women from socially high-class families mostly demand CS.

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

Main reason patient demand CS is to avoid labor pain, some of the patient think that if they have long term labor pain then there will be complications in their baby and think that in CS there are not any complications for their baby, but doctors clear their doubt. I think the main reason is to skip pain.p11

**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?**

Our 5 consultants, they decide to do CS.

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

Elective cases are planned during the patient ANC OPD visit looking at their indications. Emergency cases are then planned by looking at the patient's condition and decision is made by consulting over the phone with the consultant.

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

Usually, we talk about the mother and baby condition with the partner and family. members of the patient .Everything is explained, and the joint decision is made for 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? CS Advantages र disadvantages?**

Regarding the risk and benefit of CS We don’t tell about maternal benefit to the patient, just we tell them that in the case of previous CS to prevent the uterine rupture CS need to be done. Usually, we tell patient that CS is done to prevent fetal death, the major reason for doing CS is for better fetal outcome.

**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 usually follow RCOG guidelines because most of the UK trend is followed over here RCOG guideline, NICE guideline is followed at this hospital.

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

For the primi breech we usually plan for elective CS unless and until that patient comes with an active phase of labor. If a patient comes with an active phase of labor we go for trial of labor.

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

We do not offer VBAC.

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

We do a yearly audit of CS.

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

I don’t have clear idea about this.

**Barrier and strategies to reduce CS rates**

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

The major reason for elective CS in our hospital is previous CS, we were not able to give a chance of trial of labor to the patient to reduce it. Another major reason is patient request. They don’t want to take risk patient thought that they are going to make 1 or 2 babies because to take risk types of mentality they carry. So, even there is no indication for example cord round neck is not indication for CS but while we explain patient about this they themselves demand CS.

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 think cesarean delivery on maternal request is one of the major unnecessary CS , in that case we should also respect patient request, so we have to do it. Another one we should work on is giving the chance of trial of labor for the patient with previous CS, maybe we should put that in our hospital protocol otherwise rest is fine we are going according to the evidence-based protocol.

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?**

In private institutions we should reduce maternal requests. Another important thing is we should give a chance of trial of labor to previous CS, and this must be kept in every hospital protocol. Usually, doctors are distressed while the baby takes long time to deliver in order to be on the safe side we want to do CS so it would be better if doctors try to keep calm and manage their distress and not perform unnecessary CS.

1. **How could you improve normal physiological birth in low-risk mother and baby?** Encouraging and motivating the patient for normal delivery otherwise there is not any option.