**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 | P12 |
| Qualification | Auxiliary Nurse Midwife (ANM) |
| Number of years in position | 6 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?**

All type of maternity services are provided from this hospital. I am working on sub- fertility department. So, I don’t know details about the services.

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

We provide the health education on the care that should be done during the time of pregnancy.

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

Rather than advantage and disadvantage to the hospital CS should be done based on the indication of patient. It is not possible to do without indication but in some cases, it happens that the patient themselves demands CS, in terms of not being able to bear the pain. The benefit is that if the child cannot be born in a normal case, then it will be safe to do CS.

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

I don't know about that yet, probably because I don’t work directly in the labor room. There may be some funds for such cases, but I don't know the exact one.

**Reasons of rising CS**

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

I don’t know the exact data.

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

Not only in this hospital but everywhere the CS rate is more than before. The main reason for the increase is the CS is nowadays people are more concerned about their education, career so they do late marriage and plan baby late, there are also subfertility cases, all of these factors leas to the complications for which CS is needed. Besides that, patient themselves request for CS saying they will not be able to bear the pain.

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

Educated women wants to do CS.

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

The main reason for demanding CS is to avoid the pain, otherwise who else wants CS knowing that recovery process is fast in normal delivery than CS. It also varies according to the patient some women want to try normal despite indication, the doctor says that it is better to try CS, whereas some want CS without any indication in order to avoid pain.

**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?**

There is team of 5 consultant gynaecologist ,doctor they make the decision regarding CS service at this hospital.

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

If there is an emergency, you should do it immediately. The patient party is not allowed to take time to make such a decision. If you have this condition, you have to go to the caesarean section. You have to make a fast track decision. Electives CS are plan earlier after 37 weeks at the best time CS is done.

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

During the caesarean section, someone comes with the patient, doctor tells them everything about the patient condition and then the decision is taken. After that the patient party gives the decision about CS.

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

No, I did not.

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

Pregnant women are told that any operation whether it is major or minor there is risk , there is use of anaesthesia that can cause fetal distress.

**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?**

Exactly, I don’t know, I think the protocol which is followed worldwide is followed here.

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

If everything is in normal condition, then trail of labour is given for breech presentation.

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

In the case of previous CS first we find out how many years ago CS is done and for what reason based on the findings elective CS is planned . Previously if the client come with active phase of labour then normal delivery was also done . There is nothing like 100% previous CS should go for CS again.

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

I think there is system of audit but I don’t know exactly.

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

I did not have such a good idea on this.

**Barrier and strategies to reduce CS rates**

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

The main obstacle is that nowadays everyone make their study, career main priority, hence do delay marriage, conceive a child late. Likewise eat junk food, eating too much junk food causes PCOD problem so that in the starting there is problem to conceive the baby. After age 30 we called it high risk pregnancy so Increase in age, delay conception causes complications for which CS is needed that is probably the reason for the increase in CS rate.

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

Unnecessary CS are not done in our hospital , only in the indication and in the patient request CS is done over here. There might be some private hospitals where the CS is done for the sake of their own benefit, we can’t stop that type of hospitals. Nowadays the patient also have choice to get service from well facilitated big hospitals, where the CS are mostly done. But as far as I Know our hospital does not do such a miss counselling. CS is done according to the benefit of the patient.

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?**

For that the patient should be counselled for the normal delivery from the very beginning. There are lots of yoga, exercise for the pregnant women ,which should be teach to them. I think it would be beneficial if the health education related to pregnancy should be given from the very beginning.

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

From the beginning, health education has to be given, people well be aware and decide what is right and wrong if they are educated. Nowadays people have a lot of such educational degrees, but it does not apply to practice.