**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 | P13 |
| Qualification | Proficiency of Certificate Level of Nursing |
| 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?**

From this Kathmandu model hospital, we provide obstetrics as well as gynecology service and now we provide all services related to safe abortion and family planning.

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

When pregnant women come to ANC visits we tell them everything from titanus vaccine to diet they should eat during the pregnancy. We counsel the patient according to their condition, even after the delivery we tell them about the breastfeeding, wound care, personal hygiene, and nutrition needs. The other thing is we provide them with all the health education related to gynecology problems.

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

Looking from the eyes of nurse procedure wise CS is difficult in comparison to normal delivery. I don’t think there is any benefit doing CS, it is done on the basis of the needs of patients.

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

It is not in our hands there is head of the OPD department they decide.

**Reasons of rising CS**

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

In the current context, the rate of CS in our hospital is much higher than before. Nowadays clients themselves are more concerned about their health. So even though the doctor suggests them for the normal trail they want to go for CS. Another main reason demanding CS is fear of labor pain. In some case patient go for normal trail but because of complications at the end they need CS. For the same reason, the rate of CS in our hospital is higher than normal.

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 patient is also conscious, patient themselves demand CS if they notice cord round neck, even if doctor suggest for trail of labor they demand CS, they don’t want to take risk. In other conditions even if patient go for a trial of labor because of complications seen during the course they have to go for emergency CS.

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

What happens is that sometime, even after the patient goes for a trial of labor they demand CS itself because they don’t want to take risk.

Educated person seeks more CS than uneducated. The one who came from rural areas want to go for normal delivery saying that the healing process in CS takes longer time than in normal delivery and in normal delivery they can go home earlier and resume their work that is why most of them want normal delivery.

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

We health workers suggest for CS in following conditions like: if there is breech presentation other than cephalopelvic disproportion, previous CS cases, most people with previous CS do mind makeup that they will go for CS. Other than that, when someone has cephalopelvic disproportion, short height of mother , they may not be able to go for  normal delivery, so we tell them to do CS by counseling. Patients also become ready for CS after they are counselled.

**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?**

At first patient party had to agree before doing CS .Doctor who performed surgery, on-call duty doctor, took the decision for CS.

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

The way to make a decision is different. Elective case means we have to look at everything and plan according to the indications. Emergency cases are not known in the first place we have to do at any time. Sometimes the complication arises while doing normal delivery. In that case also we need to do CS.

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

We explain them about need of CS and ask to sign consent form.

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

No idea.

1. **What information do you provide to the women who are undergoing CS?**

We told them that risk and benefit can happen at any time, the risk is that wound will not heal early, that is a major risk of CS. Benefit of CS is that patients don’t have to go for labor pain in elective cases.

**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?**

CS is done by doctors; they might follow the protocols .

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

Trail of labor is not offered for breech presentation, if breech presentation is seen in USG report then we counsel patients for elective CS. But if in case a patient comes with an active phase of labor from home with 3-4cm dilated then in that case in the presence consultant doctors breech delivery is performed.

1. **What is the policy for mothers with previous CS (VBAC)?**

Yes, we give a chance for VBAC but mostly we counsel patient for the CS. The main reason the patient with previous CS not offered trial of labor is there is high chance of uterine rupture but this is not like normal delivery is not performed in patients with previous CS .

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

Yes, there is a system for audit of CS. In our hospital, we keep an audit of every delivery case. From the date of arrival of the patient to his personal history, everything is audited. We do monthly reporting of total CS done in a month.

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

We don’t have a safe motherhood policy in our hospital. I like the safe motherhood policy of Nepal government as it focuses on providing good services for both CS and normal delivery.

**Barrier and strategies to reduce CS rates**

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

I think we don’t motivate patient for the normal delivery, usually educated people nowadays don’t want to go for normal delivery because of fear of labor pain so we health worker should counsel them properly for the normal delivery as well as everyone(nurses, doctors) working on maternity ward must be skilled and well trained to perform normal delivery.

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

Skilled birth attendants have to be mobilized in every part of the country. If everything is fine, patients also need to be a little conscious and have the courage to go on the trail of labor. Now that the CS rate is high, everyone seems to be under the influence of CS. They are following the trend of demanding CS. If patients themselves don’t have courage to go for normal delivery then doctors can’t do anything. In the same way counselling for the normal delivery should be provide from the community level. Likewise, the service providers should be trained and skillful to provide this type of services.

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?**

The government has given SBA training in many rural places, whether rural or urban trained SBA manpower is needed to do normal delivery. Along with Doctors, SBA also has a hand in normal delivery, so the government should focus on training and mobilizing SBA.

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

Patients when coming to ANC visit health workers should motivate them for the normal delivery, they should be motivated for the trial of labor. In the same way there should be a skilled birth attendant at labor room, delivery room to perform the normal delivery. At the hospital level we need to influence the patient for the normal delivery as well as staff themselves should be skillful.