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

Date of interview: …2021-09-30………………

Interviewer:…Susagya Bhusal………………

|  |  |
| --- | --- |
| Name of hospital |  Private Hospital |
| Position | P14 |
| Qualification | Proficiency Certificate Level nursing |
| Number of years in position | 18 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 hospital delivery related services, CAC, PAC, along with that IVF services is also provided. I don’t know other details.

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

In our operation theater we mainly do pre-operative counselling, we also talk about breastfeeding, after the operation what should be done and what shouldn't. That's all we tell as part of health education.

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

The benefit of doing CS at the hospital would be some money. There may be some income for the hospital during the operation. But we do not do cesarean section for hospital benefit, we do the operation tor the indications.

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

As an OT in charge, money is not in our hands. What we can do is donate suture material as much as we can, if there is donated operation equipment then we can provide that to the patient.

**Reasons of 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 CS rate. 50% may be. The CS rate in our hospital is more than 50%. In comparison to other private hospital this rate is less, but I think it is more than that government 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?**

Mainly, for medical reasons, CS is done according to the patient's indications. Sometimes, it happens that there is often a precious baby, so the mother also requests for CS, they are already mentally prepared for the CS. Another is medical indications such as fetal distress, or other indications.

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

Most of the women who demand CS themselves are the ones who cannot  bear the pain and are already scared. Those who have a baby from IVF, IUI precious baby, those who have late pregnancy, in this case doctors also don’t want to take risk, if  and give priority to such for. I think an educated person seems to have demanded a lot of CS. Poor people often say that they want to  give birth normally because the operation costs a lot of money, and they can't go to work quickly.

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

I think to avoid pain, because of having precious baby patient demands for 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?**

Main obstetrics/gynecologist doctors decide for CS.

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

They have already made an elective plan for  CS. Emergency is something you have to do at any time you have to do it at any time of the day or night.

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

We don’t do CS without the consent of the pregnant woman; we include them in decision making.

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

No.

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

We tell patient visitors rather than patient that complications may arise during the time of operation.

**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?**

I don’t think there is any protocol here at OT.

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

There is not any exact policy, but we mainly do CS for breech presentation. If there is second gravida and the indications are normal then we also give trial of labor, in this hospital  delivery is also done giving trial.

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

Previous CS has also been given a chance to VBAC if there is a possibility of his normal delivery. But mostly caesarean section is done in the Case of previous CS.

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

In the recording section, they have record of every admit case, vacuum delivery, forceps delivery, normal delivery.

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 idea about this,

**Barrier and strategies to reduce CS rates**

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

I think the main reason behind it is lack of health education, fear with pain of normal delivery. But if we provide counselling regarding the advantage and disadvantage of CS then CS rate will be reduced.

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

Mainly, we should provide counselling, health education on the benefit of normal delivery and risk of doing CS  to the patient clearly. Another important thing is there should be strict protocol regarding the CS that it should be done in indicated cases only. Hospital wise protocol for the CS.

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?**

Institution wise by strictly following the rules and regulation of government CS can be used appropriately.

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

One is to provide health education and counselling to mother then we should create such type of program that promote mother for normal delivery.  For example, if mother do normal delivery then they will be benefited with free health checkup for their child up to some visits.

.