Policy Brief

Exploring factors associated with increased caesarean section deliveries in settings with high prevalence: The way forward

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Given that the majority of women access private facilities to receive antenatal care and the majority of deliveries conducted by private providers are caesarean section, thus there is a need to target private providers and women with targeted interventions aiming to reduce caesarean section rate.

Background

Caesarean section (CS) is a life-saving surgical intervention for women and their newborns. Yet, it can put women and newly born at unnecessary risk of short- and long-term health problems if performed without medical indication and its recent overutilization is a global public health concern.

In Egypt, the caesarean delivery rate increased from 28 % to 52 % per 2008 and 2014 Egypt demographic and health survey (EDHS) respectively, and reached 72.2 % per the 2021 Egypt Family Health Survey (EFHS). The 2021 EFHS also displayed regional variations of CS delivery rate where the highest rate was observed in Lower Egypt (78.5%) and Urban governorates (75%) compared to (66.4%) in Upper Egypt and (53.6%) in Frontier governorates. The CS deliveries in private facilities also increases from 65.7% per 2014 EDHS to reach 81% per 2021 EFHS, and a similar increase was observed in public facilities from 45.3% to 63%.

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Antenatal care (ANC) plays a critical role in saving lives and provides the opportunity to communicate with and support women in labor decision making. The 2021 EFHS demonstrated that the majority of women (89.9%) had at least four ANC visits for the last pregnancy in the five years prior to the survey, mainly (88.3%) from private facilities.

The present study aimed to explore the potential role of ANC in labor decision making and the perceptions of both women and ANC service providers towards CS in settings with high prevalence of CS. The findings of the study are expected to guide the development of targeted interventions that would help to reduce unnecessary CS.

Methodology

The results and recommendations presented in this brief are based on:

- Desk review of relevant documents, including demographic and health surveys, family health survey, technical reports and studies focusing on increased prevalence of CS.
- Three focus group discussions (FGDs) with 24 women pregnant for the first time during the second and third trimester of pregnancy (15 of them were accessing ANC at private facilities).
- Three FGDs with postpartum women who delivered via CS within three to six months.
- Ten in-depth interviews (IDIs) conducted with ANC service providers at public facilities in the study governorates.

The study was conducted in Cairo and Gharbia governorates with recorded CS levels of (73.7%) and (84.3%) respectively. Although, the findings of the present study cannot be generalized to the whole country; however, they do shed light on contributing factors that might be prevalent in other parts of Egypt.

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Findings

Antenatal care and mode of delivery

The study revealed that the majority of women abide by ANC, and start as early as pregnancy is confirmed specially during the first pregnancy. Women pregnant for the first time are usually concerned about their own wellbeing and that of their babies, given their limited knowledge of the required routine and things to avoid.

"As soon as we know we are pregnant, this generation is fragile and pregnancy is difficult." (Postpartum woman, Gharbia)

They majority of pregnant women access ANC at private health facilities despite the high cost compared to public facilities which they access for the tetanus toxoid immunization. Women attributed the preference of private facilities mainly to the flexible working hours and ability to contact private providers at any time, both of which are of utmost importance specially during the first pregnancy and are not fulfilled in public facilities.

""The health unit is cheap, but there is crowding and queues and functions in the morning only, but the (private) doctor is at night, and is attentive."

(Pregnant woman, Cairo)

"You have the number of the private doctor, can call or text via WhatsApp and he responds immediately." (Pregnant woman, Gharbia)

Providers of ANC at public facilities start discussing childbirth at the beginning of the ninth month after accurately assessing the maternal and fetal conditions. In absence of medical indication for CS, they discuss the manifestations and benefits of normal delivery especially if it is the first pregnancy. Women with a previous CS, are advised to get prepared for CS delivery at hospital as per providers *"once caesarean, always*

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caesarean". Women attending ANC at private facilities were mostly informed that they will deliver via CS for different medical indications.

"Counseling focuses on the pregnant for the first time as once caesarean always caesarean." (Gharbia ANC provider)

Pregnant women revealed that their main source of labor related information was their mothers, mothers-in-law and sisters who were in favor of normal delivery to avoid the hazards of surgery.

Preferred mode of delivery among women

Pregnant women for the first time revealed that they were frightened of labor pains and that CS will save them from passing through these pains which may extend for ten hours. Yet, the majority of them were in favor of normal delivery in absence of medical indication for CS. They attributed that preference of normal delivery to the short recovery period that will enable them to look after and breastfeed the baby and manage home chores. While in case of delivery via CS, the recovery period may extend for three weeks and the surgical incision may get infected. Women also noted the common practice of *"once CS always CS"* so a woman who delivers via CS will always deliver that way. Few women were in favor of CS to avoid the *"intolerable pain".*

"Normal delivery is better for the health of the baby, recovery is better and the way God created us is better even if we fear it" (Pregnant woman, Cairo)

All interviewed women affirmed that delivery decision is made by the attending doctor being the person in charge of the case regardless of the woman's preferred mode of delivery. Some postpartum women added that they accessed ANC at private facilities

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and had no medical indication for CS throughout the pregnancy but were not allowed to have normal delivery per their preference.

"The decision maker is the doctor based on the case, my preference is not as important" (Pregnant woman, Gharbia)

"I wanted to have normal delivery but the doctor said this (CS) is safer for you and the baby." (Postpartum woman, Cairo)

The majority of postpartum women stated that they would recommend normal delivery to their social network, in absence of medical indication for CS.

"I did not like CS it has many drawbacks including surgical incision, expenses and long recovery period" (Postpartum woman, Cairo)

Perception of increased prevalence of caesarean section

The increased prevalence of CS was noted by almost all interviewed women. The majority noted that physicians perceive CS as an easy procedure which yields more money within a shorter duration when compared with normal delivery. They added that some physicians frighten women about their baby's wellbeing and ask them for a quick decision without giving them the chance to think it over.

"Most doctors do not give the woman a chance to make a choice. They scare you and tell you that you have to have a cesarean section because they want to take more money, and you cannot risk your baby. The doctor will make an incision and will not have to wait all day until you give birth." (Post-partum woman, Cairo)

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Women also highlighted the peer pressure of the social networks and stated that some women fear pain and the long hours of normal delivery and hence request CS.

"There are girls who say that I can't tolerate labor pain and being in pain for all these hours. I have several friends who did the same thing." (Post-partum woman, Gharbia)

The interviewed providers stated that the financial reward and shorter duration of CS compared to normal delivery are potential factors for CS preference by private providers. They also noted that some physicians resort to CS to avoid medical litigation in case of prolonged labor with complications.

"There is no support for the doctor when any problem occurs." (Cairo ANC provider)

Conclusion and Recommendations

Fear of labor pain in this study was not the only factor determining women's preference of CS but rather limited information about CS risks despite the fact that the majority of women abide by ANC. Women, who mostly seek ANC at the private facilities, reflected their perception of private providers favoring delivery via CS. They attributed that to being financially more rewarding and allowing better time management when compared to normal delivery.

The below policy recommendations are meant to address the factors that underlie increased prevalence of CS:

Private providers

- Establishing partnership with private providers who have the highest share of ANC visits to ensure that interventions intended to reduce CS are applied at the private facilities.

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- Auditing and monitoring the reasons for use of CS to reduce non-medically indicated operations.
- Sharing strong evidence regarding risks and benefits with regard to cesarean delivery on maternal request with clinicians to guide decision making.

Women

- Programmatic efforts and planned interventions should focus on women during their first pregnancy given that the common practice is once CS always CS.
- Antenatal education should focus on enhancing women's knowledge, confidence and competence about normal delivery in addition to indications for, and complications resulting from CS.

Midwives

- Investment in quality midwifery education and midwife-led care model to support women during childbirth as some studies revealed that midwifery care is associated with lower CS rates.

Research

- Conducting research focusing on; 1) the relative contribution of healthy women (term, singleton, cephalic pregnancies without a previous caesarean) to the overall caesarean rate and 2) how targeted interventions to reduce unnecessary CS influence women's preferences and their decision-making processes.

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