

A close-up photograph of a newborn baby's face, partially covered by a vibrant, multi-colored patterned cloth. The baby's eyes are closed, and their expression is peaceful. The cloth features a mix of purple, orange, and white patterns. A green cloth with yellow spiral patterns is draped over the baby's head and shoulders. In the top right corner, there is a logo consisting of a red circle with a white 'X' over a stylized female symbol, with the word 'STOP' in large white letters to its left. Above the logo, the text 'CESAREAN SECTION IS A LIFE SAVING INTERVENTION' is written in small white capital letters. Below the logo, the text 'UNNECESSARY USE OF IT' is written in small white capital letters.

CESAREAN SECTION IS A
LIFE SAVING INTERVENTION



UNNECESSARY USE OF IT

STOP UNNECESSARY C-SECTION CAMPAIGN

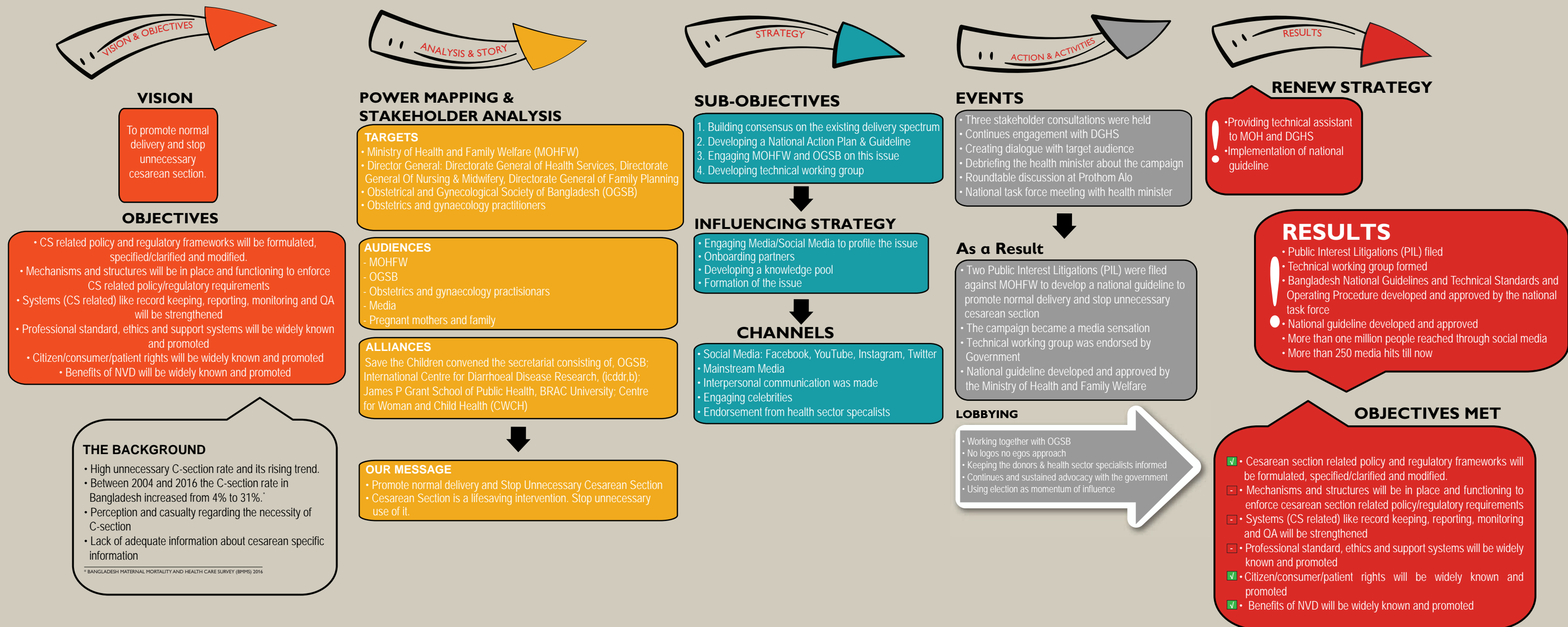
IMPACT STORY

STOP Unnecessary Cesarean Section (UnCS) CAMPAIGN

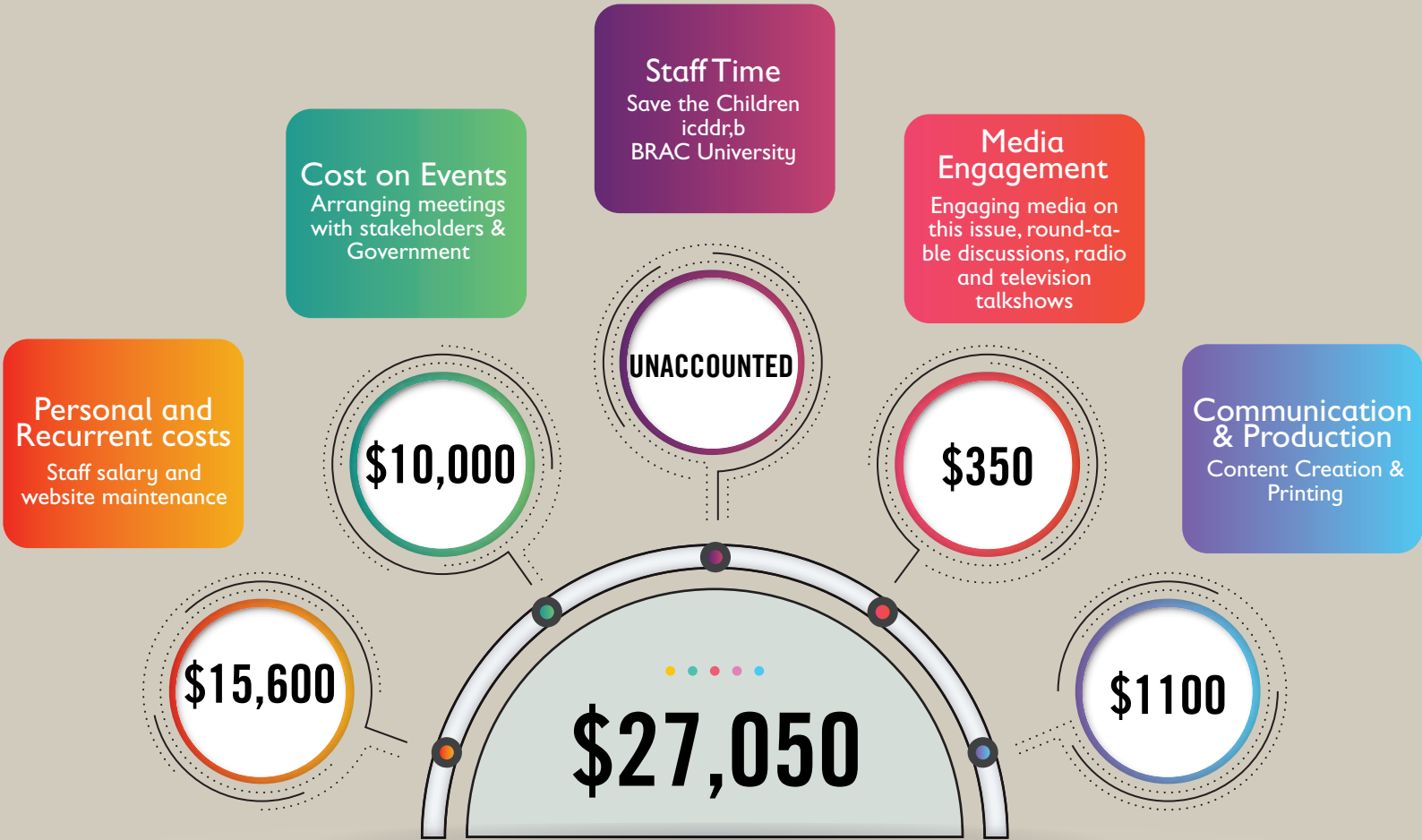
Developing and influencing national policy guidelines to reduce unnecessary cesarean sections in Bangladesh

Bangladesh is facing a massive boom in the number of medically unnecessary cesarean sections. Between 2016 and 2018 the number of cesarean sections increased by 51% * costing patients \$483 million per year, while the most vulnerable mothers are still left behind. Save the Children recognized this issue and launched, Stop Unnecessary C-Section campaign, working with likeminded organizations to improve quality of health care in Bangladesh, while reducing the number of unnecessary cesarean sections.

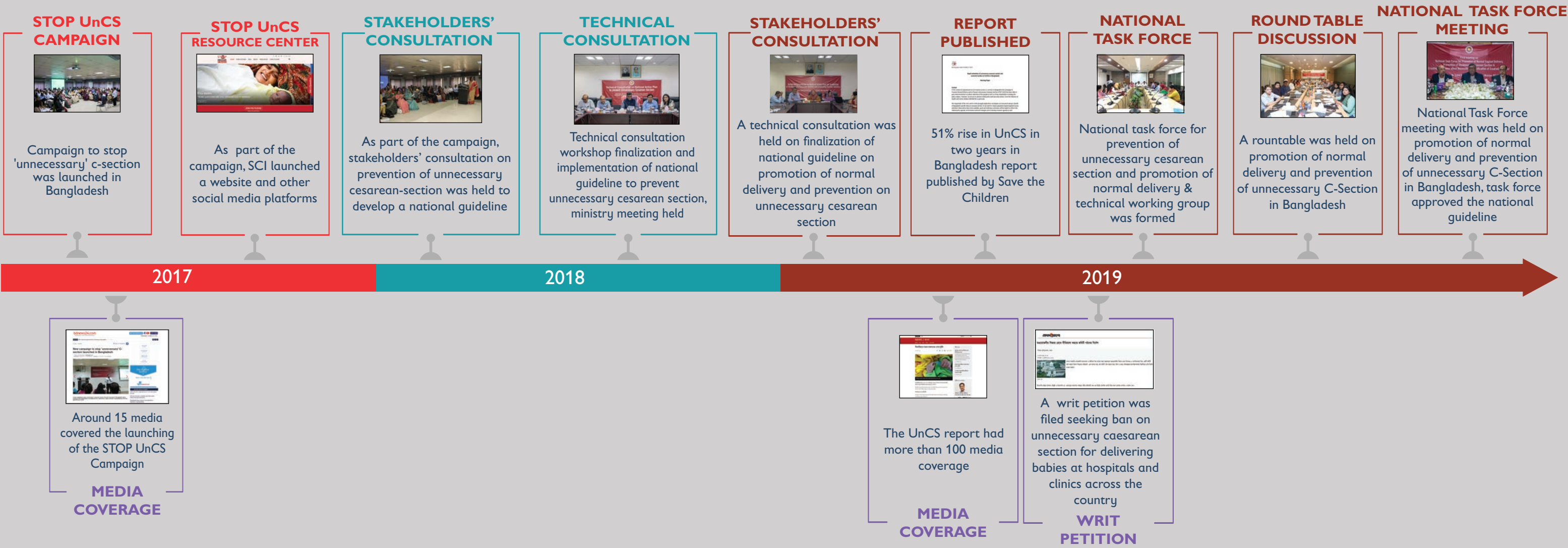
* BANGLADESH: 51 PER CENT INCREASE IN "UNNECESSARY" C-SECTIONS IN TWO YEARS, SAVE THE CHILDREN



Costs So Far



Timeline



What prompted the advocacy work?

Cesarean section (CS), also known as C-section is the use of surgery to deliver babies and is often necessary when a vaginal delivery may put the baby or mother at risk. This may include obstructed labor, twin pregnancy, high blood pressure in the mother, breech birth, or problems with the placenta or umbilical cord. The World Health Organization recommends that cesarean section be performed only when medically necessary.¹

However, despite C-section being a lifesaving intervention when medically indicated, in the last few decades the proportion of birth by cesarean section has increased in an unprecedented way and this has been an alarming global issue. 70% of all C-section operations or more than 570,000 were medically unnecessary.² This is a multifactorial phenomenon and in many cases country- and culture-specific.

While many other countries have experienced cesarean booms too in recent times including Thailand, Sri Lanka, and the United States, Bangladesh differs in a way such that its boom does not correspond with a matching decline in maternal deaths as it should.³

“Addressing the situation was an extremely concerning issue,” says Dr Ishtiaq Mannan, former Deputy Country Director of Save the Children in Bangladesh. He further states that it is important for people to understand C-section and make the right decision in spite of the doctors having the primary say. In recent times, the decision to undertake a C-section operation is taken almost nonchalantly, and it happens quite frequently in Bangladesh. According to World Health Organization, (2015) – “The ideal rate for cesarean delivery is 10-15%.” But the C-section rate has surged from 23% to 31% in Bangladesh, causing unbearably high out-of-pocket expenses which is a forced burden for the poor. Thus, in order to stop cesarean section from becoming the only practice, if not a common practice in private clinics around the country, it was important that this issue was brought to light.



¹ https://en.wikipedia.org/wiki/Caesarean_section

² <https://www.savethechildren.net/article/bangladeshs-unnecessary-c-section-boom-costing-patients-315million-year-new-analysis>

³ <https://www.dhakatribune.com/opinion/op-ed/2018/05/25/too-posh-to-push>

What changes are we trying to achieve?

- CS related policy and regulatory frameworks need to be formulated, specified/clarified and modified.
- Mechanisms and structures need to be in place and functioning to enforce CS related policy/regulatory requirements.
- Systems (CS related) like record keeping, reporting, monitoring and QA have to be strengthened.
- Professional standard, ethics and support systems should be widely known and promoted.
- Citizen/consumer/patient rights should be widely known and promoted.
- Benefits of NVD should be widely known and promoted.

Who can solve it?

- Ministry of Health and Family Welfare (MOHFW)
- Obstetrical and Gynecological Society of Bangladesh (OGSB)
- Bangladesh Medical Association (BMA)
- Bangladesh Medical and Dental Council (BMDC)
- Bangladesh Midwifery Society (BMS)
- Bangladesh Private Medical Practitioners Association (BPMPPA)

Why was it important?

It was important because there was lack of quality control in hospitals, a financial incentive for doctors and hospitals in doing a C-section, and poor ethical standards. Hence, to combat this rising trends of CS it is important to increase mothers' knowledge about the procedure of a C-section, to draw attention to initiate midwifery-led care in Bangladesh for natural child birth.

Having an unnecessary cesarean section puts mothers and babies at needless risk, increasing the likelihood of infections, excessive bleeding, and other health complications. There is also a threat of maternal and neonatal morbidity as unnecessary cesarean sections cause more harm than good.

At least six out of every 10 cesarean births in Bangladesh -more than 860,199 per year - are medically unnecessary. The out-of-pocket cost of unnecessary C-sections to patients is estimated at \$483 million per year, or \$612 per operation.⁴



IMPROVE QUALITY CONTROL

Lack of regulation and questionable quality of service means there is no accountability for the health care professionals. As a result, despite the rising numbers of facility deliveries, mothers in Bangladesh are still dying.

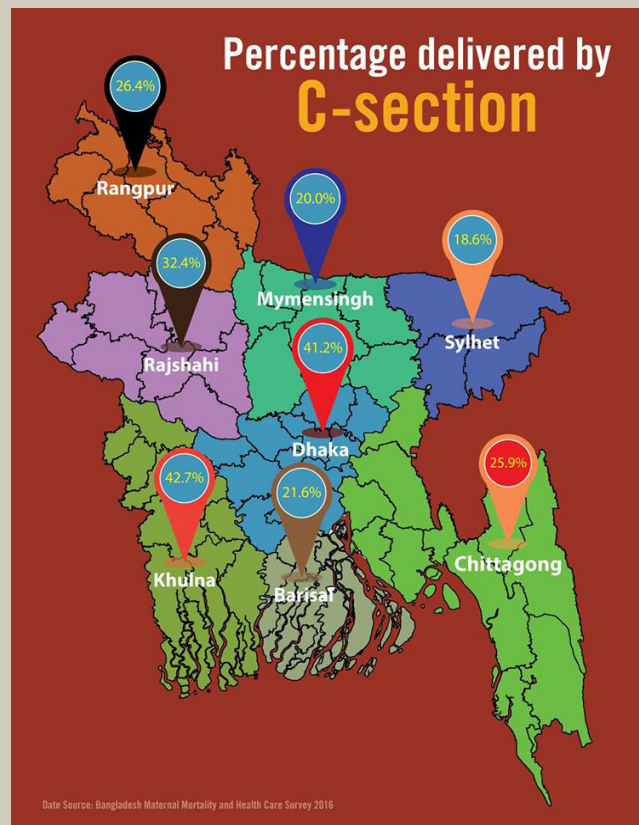
The number of C-section deliveries have been so high that doctors are losing practice in normal delivery which requires much expertise and this is due to the fact that they are not getting the chance to implement it on enough pregnant women.

⁴<http://www.stopuncs.org/Content/Publication/Estimation%20of%20UnCS%20and%20Economic%20burden%20-%202019-05-17.pdf>

PROVIDE FINANCIAL INCENTIVE

C-sections are eight times more profitable than natural births, and much shorter in procedure regardless of whether they are needed or not. This 'supplier-induced demand' for unplanned C-section births in private facilities is in most times driven by financial incentives. In addition, more wealthy women opt in for this option as they want a pain free and safe delivery, however their willingness to do so makes it difficult for the poor women who are in need for C-section to have it.

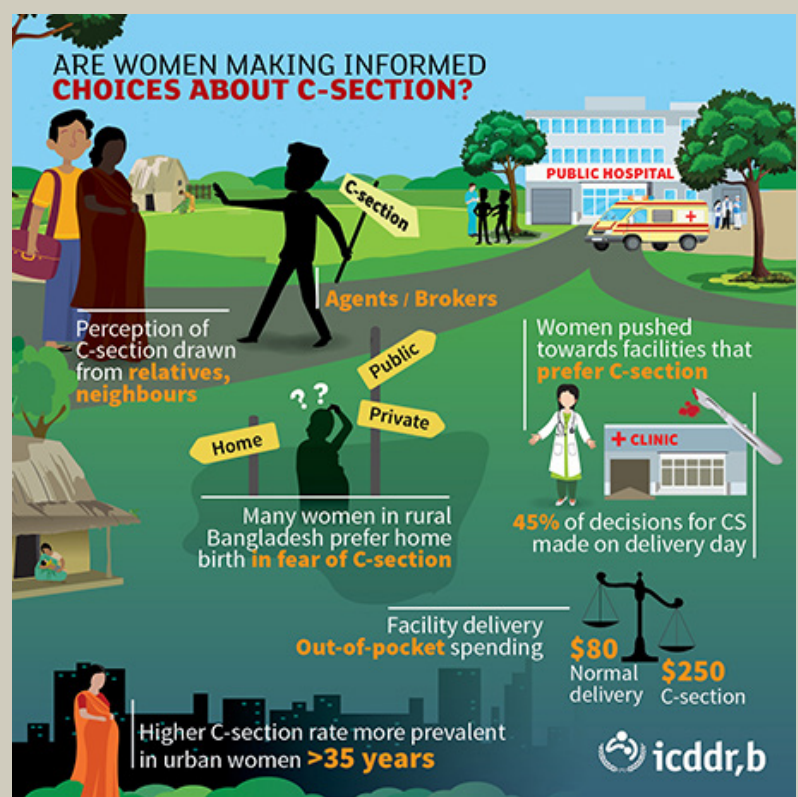
In rural areas, the few women who do require C-sections are often forced to borrow money from friends and relatives or sell household possessions to cover the costs, leaving them in crippling debt that not only takes years to repay, but can compromise their children's education, health care, and nutritional intake. In 2018 Bangladeshi parents paid a combined \$483 million in out-of-pocket expenses for C-sections that were medically unnecessary. That's an average cost of \$612 per case, including wage loss.



PROMOTE ETHICAL STANDARDS

Cesarean section deliveries are risky in many developing nations and the safety of the procedure is much lower than it is in the developed nations. So, the harm-benefit analysis in the developing nation could weigh more in the direction of harm than good.⁵ The level of care is less optimal with resultant loss of life for women and neonates in many cases.

There are also a number of potential benefits of elective cesarean section for the attending health practitioner and the institution. For the health workers, increased reimbursement, reduced time taken in caring for the patient, and reduced likelihood of being sued could encourage practitioners to prefer elective cesarean section over vaginal deliveries. In cases where health practitioners advise this option despite it endangering the life of people's health, such practice may be considered ethically questionable.



Data: icddr,b

From another perspective, there are several ethics surrounding the issue of elective cesarean section in the developing nations with regard to principles of autonomy. Often when a woman gives consent and opts for vaginal delivery it is considered a safe choice that is accepted by the practitioner, however when the women

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2080500/>

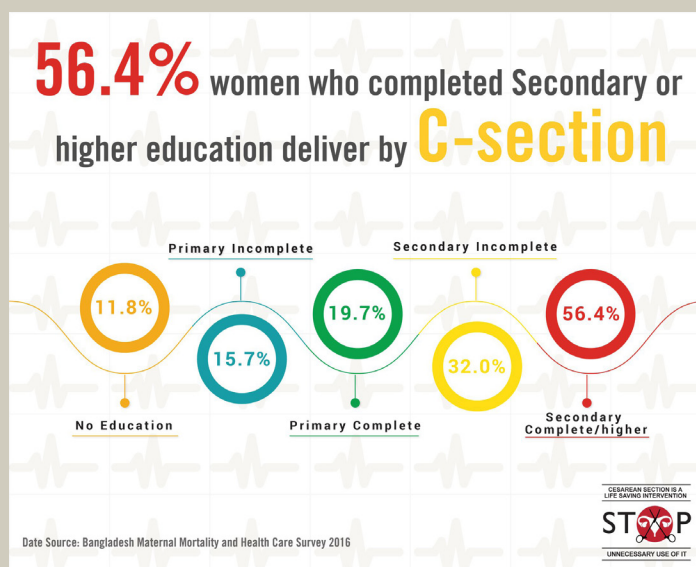
chooses C-section delivery voluntarily, it becomes a topic of concern. Women hold the right to decide what they want with their body, but what is significant here is whether the decision taken is an informed one where she understands the complications and the benefits that she may receive from her choice which in many cases health practitioners lack in doing. Moreover, in some cases, women may choose operative delivery for fear of pain perhaps experienced in a previous delivery. Some women perceive cesarean section as superior to vaginal delivery. The health practitioner should then attempt to give as much relevant information to the woman as is practicable.⁶

INCREASE EDUCATION

It is important to ensure that women properly understand the risks involved with the procedure of a C-section delivery and that it must be an informed decision which should not be left to patients as their choice.

Educated mothers who belonging to wealthy families who reside in the urban areas have shown significant rise of CS rate which is quite alarming for a low- and middle-income country like Bangladesh where resources are scarce and problems are multiple.

In Bangladesh female education have improved considerably during the last couple of decades. With the increase in urbanization, rise of average income and higher coverage of private facilities, the CS rate will continue to rise unless we take some strategic moves and impose some controlling provisions.



INITIATE MIDWIFERY-LED CARE

It is important to draw attention to the worldwide shortage of midwives, who are vital for communities and families, and for improving a country's health, particularly in areas with high maternal and child mortality. It almost unacceptable to imagine that women continue to die during childbirth in the 21st century because of lack of access to midwives and other midwifery skilled health workers. Globally, one in three pregnant women (35%) gives birth without a midwife or a skilled birth attendant. In some countries rates of unattended births are much higher. On average, in the least developed countries 59% of births have no midwife or skilled health worker present; in Bangladesh the figure is 76%.⁷

As stated by Selina Amin, Head, Midwifery Education Program, James P Grant School of Public Health, BRAC University, "One of Bangladesh's biggest challenges is addressing a major shortage of accredited midwives, who not only support natural child birth when mothers are healthy to do so, but help reduce the burden faced by busy doctors."

Thus, addressing a major shortage of credited midwives who not only will support natural child birth when mothers are healthy to do so but also help reduce the burden faced by busy doctors which will have a major impact on bringing a stop the C-section surgeries. Save the Children in Bangladesh supports an 18-month midwife training program in partnership with the UN Population Fund to help address this shortage.

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2080500/>

⁷ https://www.unicef.org/publications/files/UNICEF_SOWC_2016.pdf

IMPROVED LABOR PLANNING

It is vital to ensure C-sections are only performed when medically necessary as it is a life-saving intervention and should be performed when essential. If a C-section is required for a mother, it should be discussed weeks before and consent should be taken of the mother. In cases where it is not necessary, vaginal delivery should be encouraged.

Research conducted by health care economists Erin Johnson and M. Marit Rehavi suggests that monetary incentives influence how obstetricians advise pregnant women about delivery, and C-section is often influenced by that. Even though doctors aren't necessarily consciously suggesting C-sections more often; they may be doing so subconsciously and financial incentives have perverse effects on the mind. To help curb the over-use of surgical births, pregnant women should be educated about the safety risks of C-section as well as the health benefits associated with vaginal birth. To help further minimize this, Medical studies of interventions such as training or counseling programs that target pregnant couples, pregnant women, childbirth training workshops have been suggested.

How did Save the Children respond?

A public campaign titled “Stop Unnecessary Cesarean Section” was launched in 2017. Teaming up with like-minded organizations, it was initiated to raise awareness about the risks of conducting unnecessary cesareans. Several well reputed stakeholders' including doctors, researchers, rights activists, representatives of donor agencies and media came together and jointly launched this campaign to create a collaborative platform to raise voices, build awareness and influence policy.⁸

Save the children's main goal was to improve access to quality health care in Bangladesh. Their purpose to provide a stable and well regulated industry, have greater funding for vital maternal health services within the country while reducing the number of unnecessary C-sections operations. A draft action plan for reducing unnecessary cesarean section and promotion of normal delivery was developed to be presented to the MOHFW which highlights seven priority areas where policy reform required. These include;

Prioritization of regulatory frameworks, strengthening of health system, awareness building on promotion of normal delivery, enhancement of skills among medical practitioners for normal delivery and facility readiness, enhance and expedite introduction of midwife led delivery care, strengthen program strategies, and ensure facility readiness and promote standard practice.

⁸ <https://bangladesh.savethechildren.net/news/stop-unnecessary-cesarean-section>

What activities were involved?

KEY STAKEHOLDER CONSENSUS ON C-SECTION

Save the Children along with its key partners had involved the general public in their advocacy. By developing a consensus, the depth of the issue was identified which involved all national key stakeholders' and an action plan through large scale stakeholders' consultations. Feminist organization/ women's right organizations, public and private hospital bodies, professional bodies, media, research organizations, development partners and donors have supported in the launch of the campaign.



Dr. Ishtiaq Mannan, former Deputy Country Director of Save the Children in Bangladesh presenting the campaign plan in front of the stakeholders'.

TECHNICAL ASSISTANCE

The collaborated campaign of “Stop Unnecessary Cesarean Section” focused on documenting pre and post pregnancy health-related contents, the pros and cons of having a normal versus a cesarean delivery and share validated articles and publications online that would help promote the cause.

Save the Children developed a website, a Facebook page, a YouTube channel, and twitter page as resource center for people who are need to read and learn about C-section and the unnecessary use of it. A subscription linkage is also provided for those who want further information on the issue.

Stop Unnecessary Cesarean Section Campaign has an active and growing Facebook page with over one million followers. The aim is to connect and engage its audiences and profile the issue of UnCS in Bangladesh. The posts on facebook are available both in English and Bengali, with organic reach of over 59000 people with high numbers of audience engagements such as likes, shares and comments. There is a high response rate and questions posted from varied audience groups regarding issues on cesarean sections and updated live discussion videos, expert interviews, case studies and recommendations on the way forward are posted on a regular basis.



Case Studies

"SOME QUESTIONS ARE STILL UNANSWERED TO WASIMA"

READ STORY

Ask a Question

JOIN THE PLEDGE

Make Yourself Heard

PARTNERSHIPS

Strong partnerships can improve the reach, quality and sustainability of programs which is beneficial to the perception of Save the Children both locally and internationally. By forming strategic partnerships with corporations and establishments that share the same vision, it is possible to generate breakthrough solutions to drive economic development and have sustainable impact for children in need as well as their families and communities.

Given how alarming of a problem unnecessary C-section in Bangladesh, it was important to form strong partnerships. The ability to collaborate and partner with key public actors and civil society organizations had been critical in the entire advocacy process. Partners range from local authorities to the Government, which helps to overcome the bureaucracy of public institutions. Collaborating with the health sector was also vital in this process, suggested stakeholders' from national and international NGOs, INGOs, UN bodies, OGSB'S, renowned print and TV media artists, female centric organizations, professional bodies



Zahid Maleque MP, Honourable Minister, Ministry of Health and Family Welfare along with other Government officials participates in a technical consultation on cesarean section.


In developing the strategy, Save the Children took into account how policies are framed in Bangladesh with multiple stakeholders often acting divergently. One of the key stakeholders' in this process was the Government of Bangladesh. Even though this campaign is relatively new and has a long way to go, Stop UnCS has been in the Government agenda for the last few years. Working with the Government will support capacity strengthening and assist with long-term advocacy goals.

Coordination and collaboration should be maintained with other NGOs and public health organizations at all levels through published mediums so that our Government put greater emphasis on the success of UnCS by joining hands together. To raise awareness about the risks of unnecessary cesareans, the campaign was jointly organized by Obstetric and Gynecological Society of Bangladesh, icddr, Save the Children and BRAC JPG School of Public Health.

SECRETARIAL SUPPORT

At the stakeholder consultations that took place at the presence of Minister of MOHFW, Save the Children committed to provide with Government to initial support to the maternal health unit of DGHS to form a Secretariat. Save the Children will collect, collate all relevant proper documentation for all cesarean sections overtime to the MOHFW.

- Two Public Interest Litigations (PIL) were filed against MOHFW to develop a National Guideline to promote normal delivery and stop unnecessary cesarean section
- The campaign became a media sensation
- Technical working group was endorsed by Government
- National Action Plan & Guideline prepared and approved by Government of Bangladesh
- More than 250 media hits till now
- More than one million people reached through social media and website

8                                

- Technical working group and National Task Force was endorsed by Government.

National Task Force for Promotion of Normal Vaginal Delivery, Prevention of Unnecessary Cesarean Section & Creating Awareness about Necessity and justification of Cesarean Section এর
কর্মসূচী ও কার্য-পরিধির স্বাস্থ্য রপরেবা নিম্নরূপ:

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ক্রমিক	পদবী	কর্মস্থল	কমিটিতে পদ
৩৫	প্রতিনিধি	নিএফইউজ	সদস্য
৩৬	লাইন ডাইরেক্টর, এনএফসিএফএএইচ	বাছা অধিকার, মহাপাণী, ঢাকা	সদস্য সচিব

સામ-પરિશિષિ (TOR)

১. অসমীয়া ভাষাৰ ব্যৱহাৰ কৰা হ'ল।
২. অসমীয়া ভাষাৰ লিপিগত সঠিকভাৱে লেখকৰে নিৰাৱৰণ লক্ষ্যে আৱৰ্জিত বৰ্ণবিভাজন, বৰ্ণবৈৰলি আৰু স্পৰ্শবিন্দুৰ ভুলবিধি প্ৰাৱণ্যকৰণ কৰা হৈছে।
৩. উদ্দেশ্যৰ নিষ্পত্তিৰ বাবে অৱশ্যকীয় পৰিৱৰ্তন, ব্যৱহাৰৰ নিয়ন্ত্ৰণ, বিভিন্ন ক্ষেত্ৰৰ অৱস্থা আদিৰ মতে অসমীয়া (মহোঁ প্ৰৱৰ্ত্তা), মুখ্যপাৰ্শ্বকীয় ভেদবিভাজন আদি নিষ্পত্তি কৰা হৈছে।
৪. উদ্দেশ্যৰ নিষ্পত্তিৰ বাবে, অসমীয়া, অসমীয়াৰ সাহিত্যৰ সাহিত্যিক, ভাষা, ভাষাৰ ব্যৱহাৰ নীতি আৰু বিভিন্ন শৈলীৰ ব্যৱহাৰ, উদ্দেশ্যৰ উদ্দেশ্যৰ পৰা পৰিৱৰ্তন কৰা হৈছে।
৫. ন্যায়মূলকভাৱে প্ৰত্যেক বৰ্ণৰ ০০ (শিলা) মাত্ৰ আৱৰণৰ মাত্ৰ মিলিত হৈছে।
৬. এই সকলো অসমীয়াৰ বাবে অৱশ্যকীয়, বিৱৰ্তনৰ পৰা পৰিৱৰ্তনৰ বাবে হৈছে।
৭. বৰ্ণৰ প্ৰত্যেক অসমীয়াৰ বাবে অৱশ্যকীয় (অসমীয়া) মাত্ৰ পৰিৱৰ্তন।

- Bangladesh National Guidelines and Technical Standards and Operating Procedure developed and approved by the National Task Force.

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- Technical consultation workshop finalization and implementation of National Guideline to prevent unnecessary cesarean section, ministry meeting held.

[illegible][illegible]

Conclusion



Bangladesh health system urgently needs policy guideline with monitoring of clinical indications of CS deliveries to avoid unnecessary CS. Strict adherence to this guideline, along with enhance knowledge on the unsafe nature of the unnecessary CS can achieve increased institutional normal delivery in future; otherwise, an emergency procedure may end up being a lucrative practice.⁹

Women, healthcare providers, healthcare systems and societies need to work together to decrease the number of unnecessary cesarean sections within their institutions, regions, countries, and globally. Appropriate training, timely and regular supervision and leadership by senior physicians are also important in conducting standard practices. Another important thing that is highly suggested is to perform routine clinical audits. It would be very useful to perform routine clinical audits in facilities at all levels, which can be used to monitor the change of CS rate, improvement of practice and maintain a good quality of care.¹⁰

As for targeting healthcare organizations or hospitals, studies found that combining midwifery with in-hospital labor and delivery coverage by the obstetrician seems to reduce C-section rates, compared with a private practice model of care. However, the evidence quality was low and did not look at mortality or complications.¹¹

⁹ https://dhsprogram.com/publications/journal-details.cfm?article_id=3433&C_id=0&T_ID=13&P_ID=0&r_id=0

¹⁰ [https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1016/S0020-7292\(2801\)2900427-1](https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1016/S0020-7292(2801)2900427-1)

¹¹ <https://www.reuters.com/article/us-health-childbirth-c-sections/a-few-interventions-may-work-to-reduce-c-sections-idUSKCN1N52RZ>



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Stop Unnecessary Cesarean Section