Caesarean section rates are increasing at an alarming rate worldwide. This increase is mainly related to non-clinical and non-medical factors and it is not associated with benefits to women and newborns, but rather with harm. Some determinants leading to high caesarean section rates are factors related to women and community.

This policy brief is to support the implementation of an informative tool for women during antenatal visits. This decision analysis tool is for informing and empowering women for quality decision making on mode of birth and optimizing caesarean section use.

This document is for decision-makers and politicians to support the implementation of an educational tool during antenatal visits which informs and empowers women and families for a shared decision-making with professional attendants on mode of delivery.

The caesarean section epidemic: Why do this matter?

The World Health Organization (WHO) emphasizes that caesarean section improves maternal and infant lives when it is used for medically indicated reasons. However, women are increasingly undergoing caesarean sections above levels that cannot be considered medically necessary. This trend has not been accompanied by significant maternal or perinatal benefits.

- There is no evidence showing the benefits of caesarean delivery for women or infants who do not medically require the procedure.
- On the contrary, as with any surgery, caesarean section is associated with short- and long-term harm, which can affect the life and well-being of the woman and her child.
- When having surgical delivery, women are at higher risks of death, hemorrhage, infection, hysterectomy, intensive care unit stay, risks of anaesthesia complications, organ injury, among others.
- Neonates born surgically, have higher risks of death, respiratory complications, stay at neonatal intensive care unit, asthma and obesity.
- This also impacts on future pregnancies and on health-care costs.

Argentina shows a sharp acceleration in the overall increment of caesarean section above medically indicated rates. The national average rate in public health subsector institutions increased by 23% in the last decade to reach over 36% according to latest publications.

If no clinical reasons, which factors contribute to this rise?

- Socio-cultural factors, fear of medical litigation, financial incentives, organizational factors, fear of pain during labour and birth, misinformation regarding risks and benefits, among other complex non-clinical factors, are influencing the decision-making on mode of birth. These factors involve not only health providers and health systems, but also women and community. Addressing them is essential to optimize caesarean section use contributing to limit this rise and the associated risks. Several interventions targeted at health providers and health systems have been recommended and implemented.
- WHO recommends health educations targeted at women as an essential component of antenatal care to optimize the use of caesarean section.

Approach

Information for women

Qualitative and quantitative studies have shown that:
- women think that learning new information about birth can be empowering
- women want educational tools and welcome them in multiple formats
- health providers agree on the need to inform and empower women
- information to women on the risks and benefits of each mode of birth may be useful to avoid misinformation and misunderstanding on caesarean section indications and safety according to health providers
- health providers agree on the fact that an intervention to optimize the use of caesarean sections should be implemented
The QUALIDEC strategy

The QUALIDEC study proposes the implementation of four non-clinical interventions with proved effectiveness in reducing caesarean section use. Health education for women through a DECISION ANALYSIS TOOL (DAT) is one of these four interventions:

- This tool is evidence-based and has been tested and adapted to local context.
- It contains essential information on benefits and risks of vaginal birth and caesarean section and promotes reflective thinking for women on their preferences and values towards mode of delivery.
- It has been developed in both booklet and electronic application formats.
- It has demonstrated to be effective in reducing caesarean section rates.
- It aims to promote the dialogue between women and providers during antenatal visits.

**RECOMMENDATIONS**

- Implement the DAT in all public health facilities providing antenatal care.
- Engage providers working in antenatal care and in the delivery rooms to pay attention to women preferences and values.
- Make the DAT available in both formats (booklet and App).
- Maximize the outreach of pregnant women for the DAT by using social networks.
- Time constraints, communication issues, resistance to change, could be main challenges for the implementation of this tool.

**RESULTS**

- Empowered women provided with relevant information on risks and benefits of each mode of birth and motivated to think about their preferences and values by committed health providers.
- Improved shared decision-making process on mode of birth.
- Optimized caesarean section rates.

**SOURCES**