WHO recommendations
non-clinical interventions to reduce unnecessary caesarean sections

Why this guideline is needed

A caesarean section is a surgical procedure that, when undertaken, results in the birth of a baby through an incision in the mother’s abdomen and the uterus (see Figure 1).

Caesarean sections rates have been steadily increasing worldwide over the last few decades above levels that cannot be considered medically necessary. This may has now been termed a problem of ‘unnecessary caesarean sections’ and is of global concern (Keag et al., 2018).

In recognition of the urgent need to address the increasing use of caesarean section, WHO has produced evidence-based guidance on non-clinical interventions to reduce unnecessary caesarean section. In the context of rigorous research, WHO recommends the following.

Rise in caesarean section

The rise in caesarean section affects high-, middle- and low-income countries, although the rate of rise is higher in the highest income group. Caesarean sections may be beneficial in a minority of cases, especially in the case of medical complications, susceptibilities and in the human factor in the Fetal and Neonatal Wellbeing Assessment. However, the Fetal and Neonatal Wellbeing Assessment and the trust needed to manage associated complications are not possible in all settings.

WHO guidelines on non-clinical interventions

A new clinical intervention – this guideline – is in addition to existing interventions that provide feedback and prompts in the context of second opinion or a surgical section for maternity. Non-clinical interventions are recommended only in the context of rigorous research. These interventions are associated with improvements in the use of caesarean sections and the health of the mother, baby and child, and are recommended only for women and babies who are clinically healthy and whose delivery is without complications. The interventions identified in this guideline are based on a consensus of evidence and are generally applicable to all settings including high-income countries.

Potential risks of caesarean section

As with any surgery, caesarean section is associated with short- and long-term risks. These can extend many years later and have implications for the health of the woman, her family and her future pregnancies.

A caesarean section increases the likelihood of:

- Chorioamnionitis and other infections
- Thromboembolic disease and mortality
- Organ injury
- Uterine rupture
- Uterine scar pregnancy

Caesarean section may also be associated with an increased risk in subsequent pregnancies and may contribute to long-term risks such as uterine fibroids and the risk of future caesarean section.

Five recommendations

1. Educational interventions for women

Health education for women is an essential component of all services, and is recommended to reduce unnecessary caesarean sections.

2. Clinical guidelines and second opinion

Use of evidence-based clinical practice guidelines (see Section 4) provides a basis for reducing unnecessary caesarean births in settings with adequate resources and where obstetricians are able to provide second opinion for caesarean section indication.

3. Clinical guidelines, audit and feedback

Use of evidence-based clinical practice guidelines, in combination with clinical audits and feedback, is recommended to reduce unnecessary caesarean births.

4. Collaboration multilateral-association model of care

For the sake of reducing unnecessary caesarean sections, collaboration at a country level, a sub-regional level and a regional level is recommended. This collaboration is recommended in the context of the United Nations Agenda.

5. Financial strategies

For the same purpose of reducing unnecessary caesarean sections, financial strategies (i.e. insurance schemes requiring reduced co-payment to reduce unnecessary caesarean sections) and an associated precautionary care for women and health professionals is recommended in the context of the United Nations Agenda.

This guideline incorporates the views, fears and beliefs of both women and health professionals about caesarean sections. It also considers the complex dynamics and interactions of health-care systems and organizations and relationships between women, health professionals, and organization of health-care services.
Why non-clinical interventions?

A growing proportion of caesarean sections globally are not medically indicated

3. Multiple component interventions

Interventions that have multiple components are likely to be more successful and are therefore more desirable. Interventions to reduce rates that do not address the complex, multifaceted reasons for the increase of rates, will be likely to have limited impact. Interventions that have multiple components may be likely to be more successful and are therefore more desirable.

Understanding context:

if you are planning to use the recommendations, take into account:

1. Other WHO guidelines

Although more women than ever before are giving birth in health-care facilities in many parts of the world, suboptimal quality of care continues to jeopardize maternal and perinatal health outcomes. Therefore, it is essential to monitor and assess caesarean section rates and maternal and perinatal outcomes in a standardized and action-oriented manner taking into account the specific characteristics of the populations served (obstetrical case mix). For this purpose, WHO recommends the Robson classification system as a global standard.

The support of other WHO guidelines

Recommendations to reduce unnecessary caesarean sections can only be implemented in the context of other relevant WHO guidelines such as:

- Evidence supporting the WHO recommendations on non-clinical interventions to reduce unnecessary caesarean sections

One updated Cochrane review of 20 trials provides the evidence for effectiveness. Judgements about values, acceptability, feasibility, measure importance and feasibility of interventions are derived from the level of evidence for each outcome (OR, RR, MD, CI) and the quality of the evidence from the Cochrane Reviews. Detailed information is available from the Cochrane Library.

Implementation Manual

Robson classification implementation manual

Evidence supporting the WHO recommendations on non-clinical interventions to reduce unnecessary caesarean sections

2/2