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

Five recommendations

1. Educational interventions for women

Education and self-care knowledge have been found to improve adherence to guidelines and reduce the number of unnecessary caesarean sections. Women and couples who are well informed about childbearing decisions and complications of caesarean sections are less likely to choose unnecessary caesarean sections. This includes providing information and education to women about risks and benefits of caesarean sections and other appropriate interventions, including those that can save the life of the baby, and the likelihood of requiring a caesarean section.

2. Clinical guidelines and second opinion

Use of evidence-based clinical practice guidelines combined with an informed choice and second opinion can reduce caesarean births in settings with adequate health-care services and financial resources. This can be achieved through the development of national birth guidelines, as well as through the provision of second opinion services and clinical guidelines on non-clinical interventions to reduce unnecessary caesarean sections.

3. Clinical guidelines, audit and feedback

Use of evidence-based clinical practice guidelines, and information and feedback to health-care professionals are recommended to reduce caesarean births in settings with adequate health-care services and financial resources. This can be achieved through the development of national birth guidelines, as well as through the provision of second opinion services and clinical guidelines on non-clinical interventions to reduce unnecessary caesarean sections.

4. Collaboration of midwifery-obstetrician model of care

For the purpose of reducing unnecessary caesarean sections, collaboration or a midwifery-obstetrician model of care (i.e. a collaborative model of care involving both midwives and obstetricians) is recommended. In such a model, an obstetrician will be on site in the event of an obstetric emergency and should be able to provide safe and appropriate care for both the mother and the baby.

5. Financial strategies

For the safe practice of reducing unnecessary caesarean sections, financial strategies (e.g. insurance incentives encouraging decision making about unnecessary caesarean sections) are recommended. In addition, implementation of financial strategies is recommended for women who have a history of caesarean section and may be at risk of having an unnecessary caesarean section.

WHO this guideline is for

This guideline is for non-clinical interventions to reduce unnecessary caesarean sections. It is designed to inform the development of national and local birth guidelines, clinical guidelines, training programmes, and public health policy-makers in all settings and countries where increasing use of caesarean section has put the lives of women and babies at risk. The guideline is intended to be used by health-care professionals, midwives, nurses, general medical practitioners, health managers, and public health policy-makers.

Potential risks of caesarean section

Caesarean section has the potential to increase the likelihood of:

- Neonatal anaesthesia
- Blood transfusion
- Thromboembolic disease
- Organ injury
- Intra-abdominal adhesions
- Placenta praevia
- Ectopic pregnancy
- Placenta accreta
- Uterine rupture
- Risk of asthma
- Risk of obesity

Caesarean section increases the likelihood of:

- Complications in subsequent pregnancies
- Complications among other short-term and long-term risks.

Caesarean sections may put the lives of women and babies at risk – unnecessary caesarean sections.

On the contrary, there is evidence that unnecessary caesarean sections may put the lives of women and babies at risk. Non-clinical interventions to reduce unnecessary caesarean sections are recommended only in the context of patient care.

References:


Rise in caesarean section.

The rise in caesarean section affects middle- and high-income countries, although the need for caesarean section can be reduced by enhancing the evidence base, responding to the rise in the use of non-clinical interventions, and ensuring that financial reforms are implemented. In low-resource settings, financial strategies (e.g. insurance reforms equalizing co-payment for unnecessary caesarean sections) are recommended. This guideline is intended to reduce unnecessary caesarean sections.

Why this guideline is needed

The rise in caesarean section increases the likelihood of:

- Neonatal anaesthesia
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- Thromboembolic disease
- Organ injury
- Intra-abdominal adhesions
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Why non-clinical interventions? A growing proportion of caesarean sections globally are not medically indicated

3. Multiple component interventional policies that have multiple components are likely to be more successful than interventions targeting a single stakeholder and are therefore more desirable.

4. Various stakeholders interventions that target the various stakeholders (e.g. women, families, health-care providers, organizations) may have a greater effect on reducing unnecessary caesarean sections.

5. Make every effort to reduce the use among those in need. While many women undergo the procedure unnecessarily, many other in need do not have access to caesarean section. Interventions to reduce unnecessary caesarean sections must target them to reduce unnecessary caesarean sections.

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

1. Other WHO clinical 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 impede the attainment of optimal health outcomes. These recommendations should not be considered in isolation but integrated within the efforts to adopt the WHO recommendations on non-clinical interventions for caesarean section targeted at them to reduce unnecessary caesarean sections.

2. Local context There are many complex reasons for the increase of caesarean sections rates and these vary widely between health facilities and countries. Before implementing any intervention to reduce rates, research should be done which identifies and defines why rates are increasing in the particular setting, what the locally relevant non-clinical factors are, which identifies and defines why rates are increasing in the particular setting, what the locally relevant non-clinical factors are, as well as the priorities of the provider, user and culture, and WHO to determine a strategy to reduce unnecessary caesarean sections for this particular setting.

3. Multiple component interventions These factors are unlikely, however, to explain the large variations observed and the wide variations between countries.

Other factors such as differences in style of professional practice, rate of referral to medical practitioners, organizational, economic, social and cultural factors have all been implicated in this trend. Addressing these non-clinical factors is crucial to reduce unnecessary caesarean sections.

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 the WHO recommendations on non-clinical interventions for caesarean section targeted at them to reduce unnecessary caesarean sections.

It is essential to monitor and assess caesarean section rates and to have an indicator to monitor changes in the rate. This will feed back into the monitoring and evaluating of interventions that are designed to reduce unnecessary caesarean sections.

Evidence supporting the WHO recommendations on non-clinical interventions to reduce unnecessary caesarean sections One updated Cochrane review of 29 studies provides evidence on effectiveness. Judgements about values, acceptability, feasibility, measurement and feasibility of interventions are derived from evidence and the results of Gray's criteria.