Strengthening patients' rights, improving maternal health

limiting C-section rates in Bangladesh

Past Situation in Bangladesh

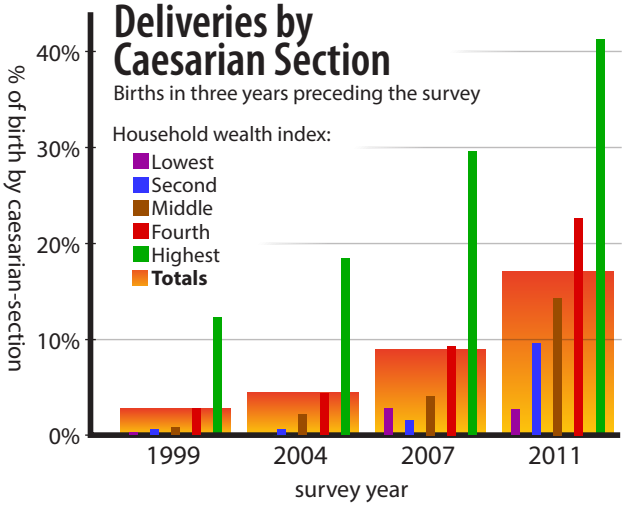
In the past decade Bangladesh has made tremendous progress in reducing maternal morbidity and mortality. According to the Bangladesh Maternal Mortality and Health Care Survey 2010, within only nine years, Bangladesh decreased its maternal mortality rate by 40 per cent and is one of the few countries worldwide to reach Millennium Development Goal 5 (Improve Maternal Health). This progress has been attributed, in parts, to increased access for pregnant women to institutionalised delivery opportunities in general and Comprehensive Emergency Obstetric Care (CEmOC) Units in particular. While this development has been applauded at the national as well as international level, it had another consequence - the drastic rise of caesarean sections (CS) as a mode of delivery. The latest data on CS rates in Bangladesh from the Bangladesh Demographic Health Survey (BDHS) indicates that the number of CS, on average, has shot up from 3 per cent in 2004 to 17 per cent in 2011. This number is much higher in some sub-groups, such as the highest income quintile (41 per cent) or women who completed secondary education (49 per cent). While the information in the last BDHS is several years old, if the trend of a fast increase in CS rates in Bangladesh continued, current rates could even be considerably higher.

A Global Phenomenon

In 1985, the World Health Organization suggested that the ideal CS rate within a country should lie between 5-15 per cent. If the rate is below 5 per cent, some women would not receive the necessary CS but if the rate is above 15 per cent, the health outcomes of births do not improve with more CS. Since then, multiple studies in many countries have confirmed these limits. Looking at the different income quintiles in Bangladesh, the poorest two still remain below the 5 per cent mark, whereas the upper two exceed the CS rate of 15 per cent, indicating a high rate of unnecessary CS (those without medical justification). Before the mid-2000s, high CS rates were predominantly an issue in developed countries. Since then, extremely high CS rates in Latin America (particularly Brazil), China and India have raised questions about how to counter high CS rates in developing countries, too.

Implications of High CS Rates

High CS rates are a concern because many of the surgeries are unnecessary and have been associated with negative outcomes regarding maternal morbidity and even mortality. Despite the tremendous progress in operative procedures in Bangladesh, CS is a major surgery with risks ranging from medical malpractice, complications during surgery and infections afterwards. The lack of adequate or post-operative care, particularly in slum dwellings, increases the risk through more post-operative complications like infections. Moreover, if the pregnant woman does not clearly express a preference towards CS, an unnecessary surgery is a major human rights violation. Article 12 of the International Covenant on Economic, Social and Cultural Rights from 1966 "recognizes the right [...] to [...] the highest attainable standard of health." Convincing a pregnant woman to undergo an unnecessary CS exposes her to an invasive procedure with higher medical risks needlessly. Moreover, the costs of a CS is 1.5-2 times higher than those for a vaginal birth. These higher costs add to people's financial burdens, particularly in low income households as the out-of-pocket expenditure in Bangladesh is, at 63 per cent, extremely high. And even though CS predominantly take place in private hospitals, the high number of CS without medical indication drains financial resources from the chronically underfinanced public health care system.



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Reasons for High CS Rates

There have been considerable efforts to understand the driving factors behind the increase in CS rates, particularly in developed countries. The following drivers are mentioned in the literature.

First, financial incentives for health service providers: Doctors and hospitals can increase their profits by performing CS instead of vaginal births. This gives them a reason to advise more pregnant women to undergo CS than medically necessary. Empirical research generally supports this argument, although the effects of financial incentives tended to be relatively small, responsible only for few percentage points of the increase in CS rates. Second, shifting preference of pregnant women from vaginal birth towards CS: Women prefer the convenience of being able to plan the date and time of delivery, as well as reduced pain due to the use of modern anesthetics. Third, high power imbalance between doctors and patients: This imbalance is particularly evident in Bangladesh, where strong sense of hierarchy, coupled with an emphasis on seniority, means that pregnant – particularly younger and less educated - women struggle to assert themselves. On top of that, the first ever midwives in Bangladesh who could challenge the doctors' opinions are currently still in training. Finally, CS is more convenient for doctors: Unlike a spontaneous vaginal birth, CS can be scheduled and doctors can easily exert pressure on pregnant women to undergo CS. This has led to extreme situations where pregnant women are forced to undergo CS because it was more convenient for the doctors.

Recommendations for Reducing CS Rates

There are three possible solutions to limit the number of unnecessary CS.

First, establishing a system of legal redress for patients in cases of malpractice: Currently, patients in Bangladesh cannot seek redress if they feel their patient rights have been violated. Consequently, doctors do not fear any repercussions if they conduct CS against the will of a pregnant woman.

Second, strengthening the position of pregnant women vis-á-vis the doctors: Pregnant women can be empowered if they are informed about different modes of delivery and their patient's and reproductive rights. Through information campaigns, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH's programme Addressing Bangladesh's Demographic Challenges (ABDC), has been informing young adolescents and mothers in three pilot city corporations on their reproductive rights and the different modes of delivery available to them.

Third, introducing midwives as a new profession in Bangladesh to provide a second professional opinion next to the doctors: On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ), GIZ is supporting the Government of Bangladesh to improve the quality of recently introduced midwifery training.

Way Forward

It is important to note that none of the solutions can work by itself. Thus, a comprehensive strategy is required to prevent the needless loss of human health and lives, human rights violations pertaining to pregnant women and the waste of financial resources on unnecessary medical procedures.

Published by:
Deutsche Gesellschaft für
Internationale Zusammenarbeit (GIZ) GmbH

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Addressing Bangladesh's Demographic Challenges

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Photo credits: Thomas Kelly, Kowser Rahaman Jewel
Layout/ Editing: Jacob Tomas
Printed and distributed by: Alex Art & Publicity

Dhaka, April 2015