



ASIA & OCEANIA FEDERATION  
OF OBSTETRICS & GYNAECOLOGY



MONGOLIAN FEDERATION OF OBSTETRICS AND GYNECOLOGY

# Prof Krishnendu Gupta

MBBS (Mangalore), DGO (Manipal), MD (Manipal), FICMCH, FICOG, FRCPI (Ireland), FRCOG (Ad Eundem, UK), FACOG (Hon, USA)

**Professor & Unit Head**, Dept of Obstetrics & Gynaecology, **Vivekananda Institute of Medical Sciences**, Kolkata.

**Adjunct Professor**, Dept of Obstetrics & Gynaecology, **Kasturba Medical College**, Manipal, 2017 till date.

**Deputy Secretary General**, AOFOG, 2022–2024.

**Chair – Climate Change & Pollution Working Group**, AOFOG, 2022–2024.

**FOGSI Representative to AOFOG**, 2020–2023.

**Member – FIGO Committee on Climate Change and Toxic Environmental Exposures**, 2021–2023.

**Co-Chair – Women’s Social & Sexual Rights (WSSR) Committee**, SAFOG, 2021–2023.

**Chair – Sexual & Reproductive Health (SRH) Committee**, AOFOG, 2019–2022.

**Chair**, Indian College of Obstetricians & Gynaecologists (ICOG), 2016.

**President**, The Bengal Obstetric & Gynaecological Society (BOGS), 2013.

**Vice President**, Federation of Obstetric & Gynaecological Societies of India (FOGSI), 2011.

**National Corresponding Editor**: **JOGI**, 2014–2016 and 2021–2023; **Member – Editorial Board**: **JSAFOG**, 2021–2023; **Peer Reviewer**: **IJGO, JOGR, JOGI, JIMA**.

**International Lead Fellow**, MRCPI Part II O&G OSCE/Clinical Examinations, RCPI, Dublin, Ireland, 2022 and **Examiner**, 2017 till date.



# Rising rates of Caesarean Section: Are we justified?



MONGOLIAN FEDERATION OF OBSTETRICS AND GYNECOLOGY



**Prof Krishnendu Gupta**

# Disclosure Statement

- I have “No Disclosures” and “No Conflict of Interest”.

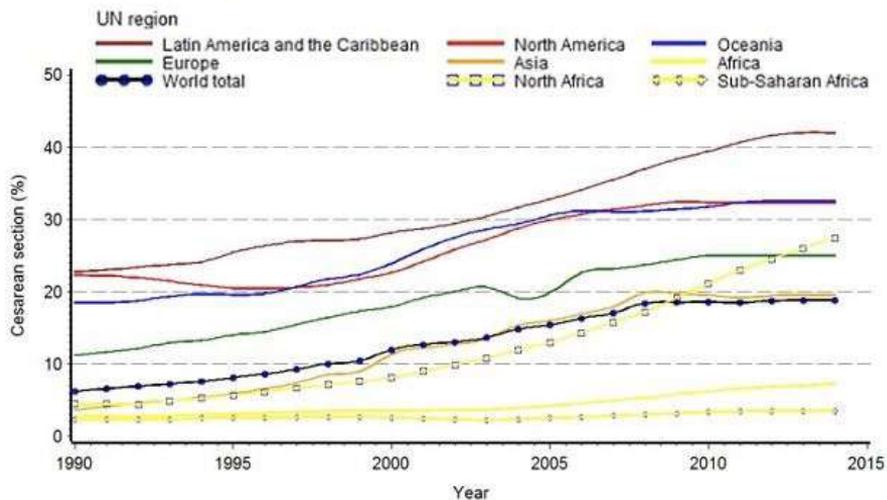
# Presentation objectives

- **Rising Rates of Caesarean Section (CS): Facts.**
- **Donning “Multiple Hats”:  
Perspective and Solutions.**
- **CS on Maternal Request / CDMR.**
- **Conclusions.**



# Rising rates of CS: Facts

Global & Regional Trends In Caesarean Section, 1990-2014



# Disclaimer

- I am an **Obstetrician** by profession.
- I use **caesarean section** in many situations as the 'preferred' mode of delivery for my patients.

# Rising rates of CS: Variables

## Donning “Multiple Hats”:

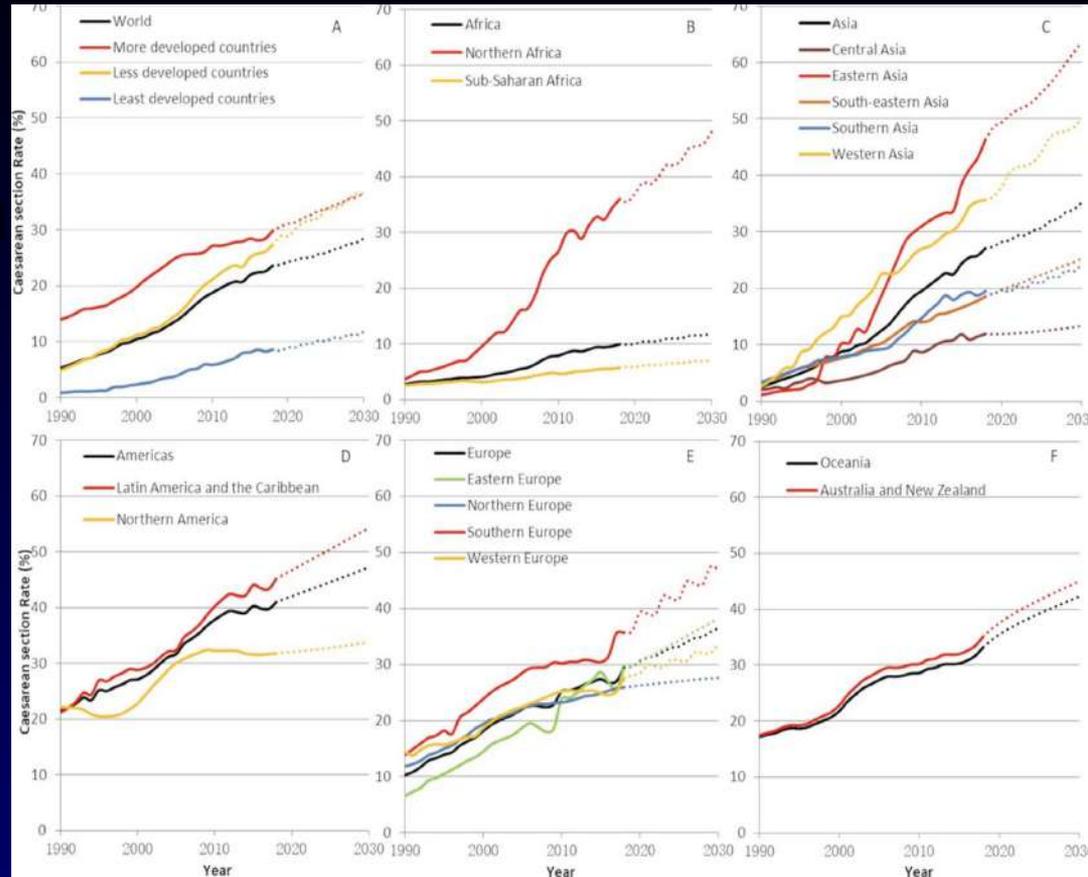
- Doctor.
- Activist.
- Economist.
- Patient.



# Rising rates of CS: Context Setting

## Fact Check

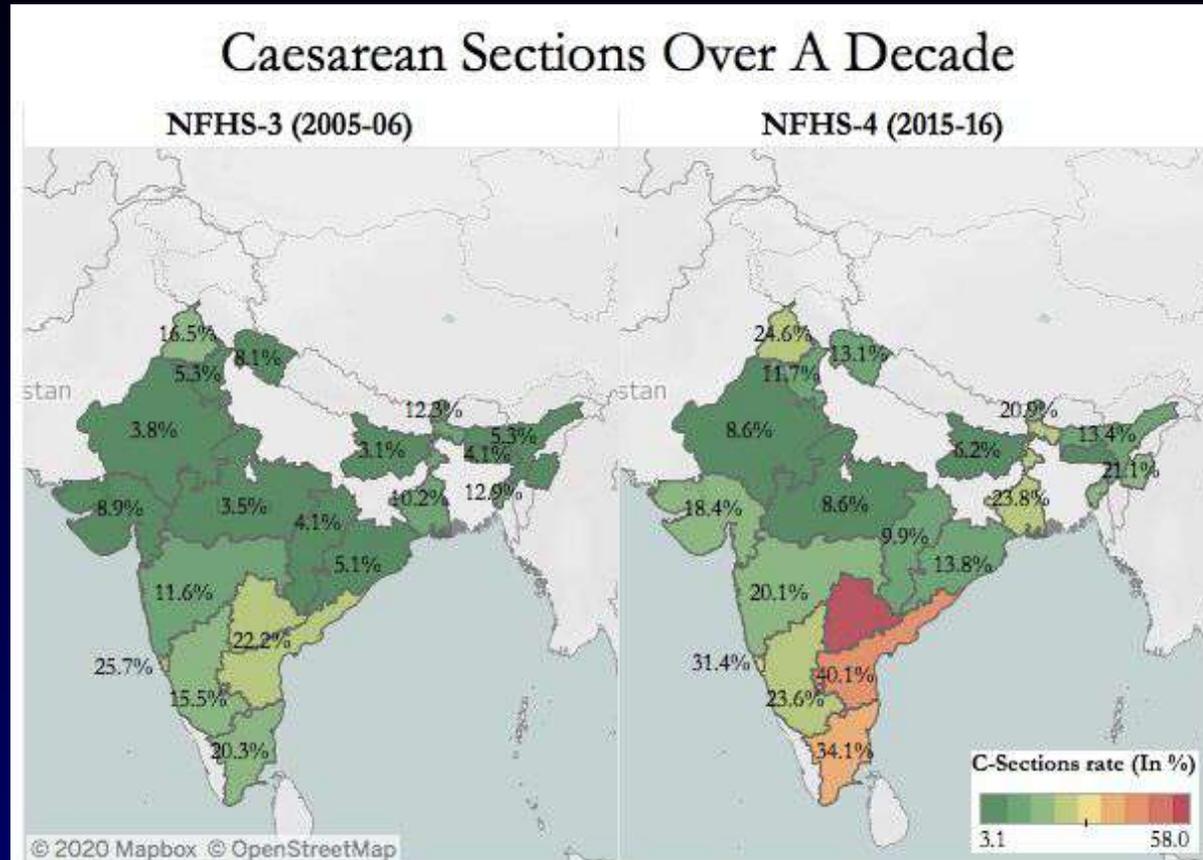
- Caesarean Section rates are rising!!
- **World: 30%**
- **North America: 48%**
- **Latin America: 54.3%**
- **East Asia: 63.4%**
- **South-East Asia: 50%**
- **South Asia: 30%**



# Rising rates of CS: Context Setting

## Fact Check

- Caesarean Section rates are rising!!
- **INDIA:** NFHS-3 vs NFHS-4 data

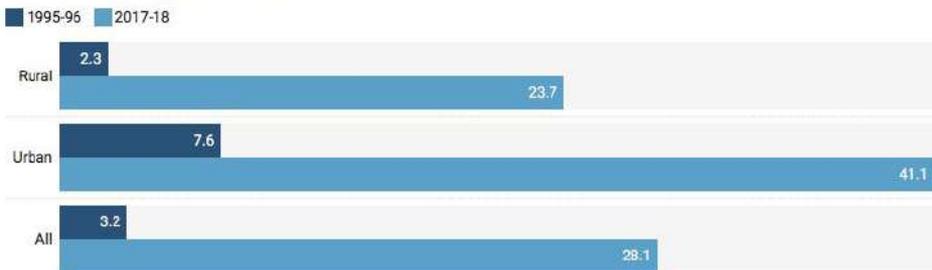


# Rising rates of CS: Context Setting

**Cesarean births in India are skyrocketing—and there is reason to be very worried**

**Total C-section rate rose by nine times in two decades**

C-sections as percentage of institutional births



Source: Health in India, NSO • Created with Datawrapper

**INDIA**

GENDER

The Logical Indian Crew

**Why C-Section Deliveries Are Rising At An Alarming Rate In India?**



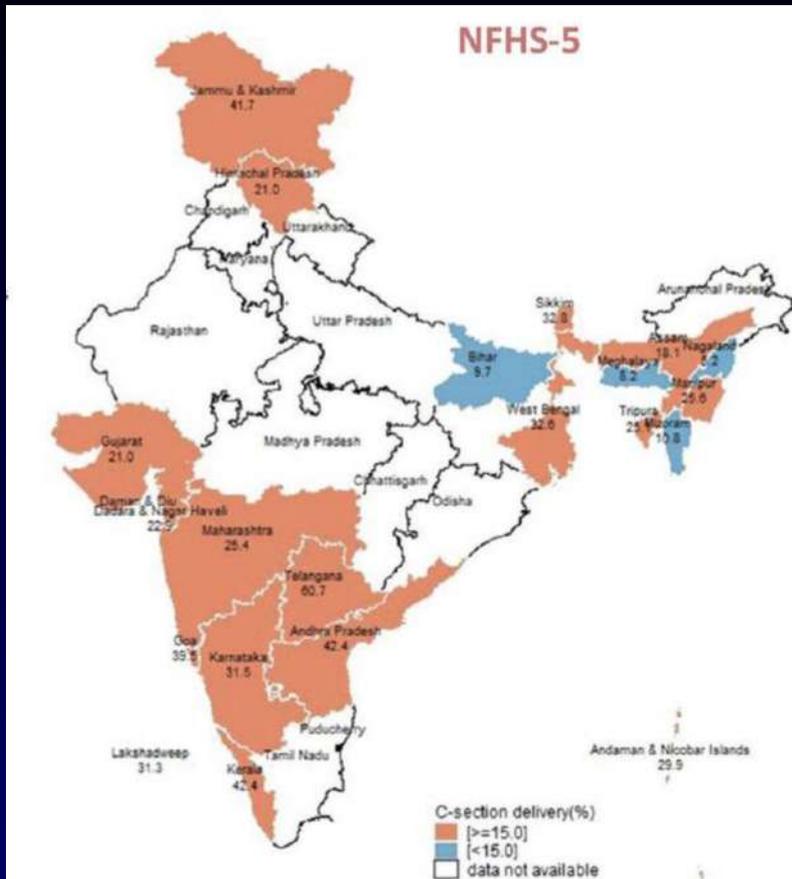
Writer: Ratika Rana

India, 18 Jan 2022 7:43 PM

Editor: Ankita Singh | Creatives: Ratika Rana

The National Family Health Survey (NFHS) revealed that the national C-section delivery rate stands at 21.5 per cent, way higher than World Health Organization's 'ideal 10-15 per cent'.

**NFHS-5 data**



# Pros of Planned Vaginal Delivery and CS

Vaginal delivery	C-section
Shorter hospital stay	Scheduled delivery timing
Lower risk of maternal infection	Avoid prolonged labor or induction, pushing, and vaginal delivery
Fewer anesthesia complications	Lower risk of hemorrhage and blood transfusion
Higher rate of breastfeeding initiation	Decreased urinary incontinence (first year only)
Quicker return to activities <ul style="list-style-type: none"><li>• Driving</li><li>• Strenuous physical exertion/exercise</li></ul>	Decreased infant mortality

# Cons of Planned Vaginal Delivery and CS

Vaginal delivery	C-section
Unscheduled delivery (if not induced)	Future pregnancy risks <ul style="list-style-type: none"><li>• Uterine rupture</li><li>• Placental problems (previa, accreta)</li><li>• Hysterectomy</li></ul>
Prolonged labor or induction, especially for first pregnancy	
Post term pregnancy if labor does not happen before due date	Surgical risks <ul style="list-style-type: none"><li>• Bleeding</li><li>• Infection</li><li>• Injury to other organs (bladder, bowel)</li><li>• Blood clots</li><li>• Anesthesia complications</li></ul>
Vaginal tears	
Potential need for emergency c-section	
Higher risk of birth trauma (injury to infant due to delivery, higher if forceps or vacuum used)	Longer hospital stay
	Wound healing problems
	Need for narcotic pain medication
	Abdominal scar

**Rising rates of  
Caesarean Section:  
The Doctor's  
Perspective**

# Rising rates of CS: Doctor's Perspective

## Reasons for rising rates of Caesarean Section

- ↑ maternal age with associated co-morbidities.
- ↑ obesity.
- Repeat-CS.
- Fear of medico-legal litigation: “medical tocophobia”.
- Maternal request for CS.  
(Caesarean Delivery on Maternal Request: CDMR)

# Rising rates of CS: Doctor's Perspective

## Reasons for rising rates of Caesarean Section

- Convenience.
- No patience to wait.
- Infrastructural issues.
- Economically beneficial.

# **Rising rates of CS: Infrastructural issues**

- **24/7 availability of painless labour (epidural analgesia).**
- **24/7 availability of foetal monitoring and monitoring progress in labour.**
- **Skilled or trained manpower in the labour ward.**
- **Equipment in the labour ward (beds, machines, space).**
- **Lack of a midwifery cadre in India.**

# PATIENCE

## IN AN IMPATIENT WORLD



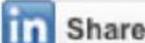
**Should women have the right to  
Caesarean section on request?**



**RELATED KEYWORDS:** [World-Health-Organization](#) | [Vietnam](#) | [Thailand](#) | [Laxmi-Shrikhande](#) | [Brazil](#)

# Mom's want c-section deliveries, docs happy to oblige

Snehlata Shrivastav, TNN | Dec 8, 2012, 04:43AM IST

 Like  Share 14  Tweet 1  g+1 0  in Share

THE TIMES OF INDIA

Nagpur

[Home](#) [City](#) [Nagpur](#) [Crime](#) [Civic Issues](#) [Politics](#) [Schools & Colleges](#) [More Cities](#)

You are here: [Home](#) » [City](#) » [Nagpur](#)

**NAGPUR:** More and more women, especially the educated urban ones, are now opting for elective caesarean delivery (c-section), both to avoid pain as well as deliver the baby according to their convenience. Another reason for the trend is that many women these days have a single baby and so do not want risks or complications associated with of a normal (vaginal delivery or VD) delivery.

Though doctors are calling this 'primary caesarean on demand', a large section of doctors are also taking advantage of the trend and are in fact promoting c-section as they too do not want any risk. They naturally prefer it over VD as it also brings more money.

The trend is not restricted to India. Some senior obstetricians and gynaecologists put the c-section deliveries at 20% while others claim the number may be as high as 40-50% in private sector in

# Why do women opt for CS on request?

- **Psychological:** Tocophobia (fear of pain) – Primary (6–10%) / Secondary: “Bad experience”.
- **Socio-cultural:** Convenience; Astrologically favourable – Horoscope (auspicious) / “Horror-scope”!!
- **Media;** Safer: No pelvic floor damage; ? Misled / Misinformed: Zero risk (one child policy); Confused.



# CDMR 'Dilemmas': Risks and Benefits

## Risks

- ↑ bleeding.
- ↑ DVT.
- ↑ infection.
- ↑ length of stay.
- Damage to urinary bladder.
- RDS for baby.

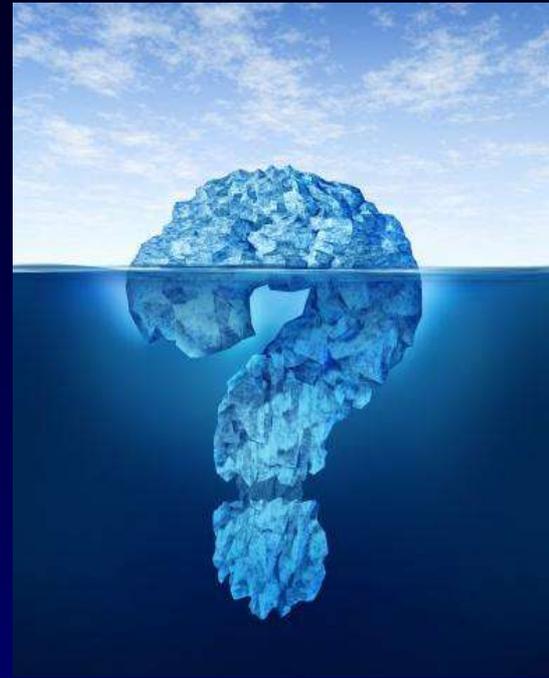
## Benefits

- ↓ trauma to baby.
- ↓ pelvic floor damage.
- Avoid perineal damage.



# Maternal Request for Caesarean Section

- **Medically reasonable?**
- **Financially viable?**
- **Ethically acceptable?**



**Rising rates of  
Caesarean Section:  
The Doctor's  
Solutions**

# Rising rates of CS: Doctor's Solutions

## Solutions to reduce rates of Caesarean Section

- Midwifery cadre in India.
- “Group Practice”.
- Infrastructure improvement.
- Obstetrics as a “Subspeciality”!!



**Rising rates of  
Caesarean Section:  
The Activist's  
Perspective**

2 RESPONSES

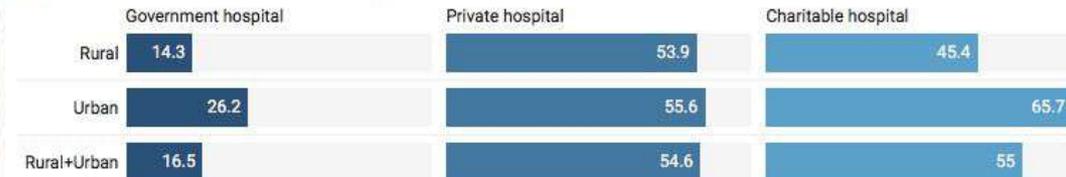
## Make it mandatory for all hospitals to declare number of Caesarean deliveries #SafeBirth

“Accountability”

### C-sections are more common in private sector hospitals

C-sections as percentage of institutional births

Government hospital Private hospital Charitable / trust / NGO-run hospital



Source: Health in India, NSO • Created with Datawrapper



# Rising rates of CS: Activist's Perspective

- Caesarean delivery has become a “**business**”!!
- Hospitals and doctors making money of unsuspecting women.
- Women are being misled, manipulated → confused and their choice overridden.
- Indiscriminate use of CS to make more money.
- ‘Private Sector’ responsible; financial incentives; hence, CS cost more!!

**Rising rates of  
Caesarean Section:  
The Activist's  
Solutions**

# Rising rates of CS: Activist's Solutions

## Solutions to reduce rates of Caesarean Section

- Mandatory declaration of CS rates by doctors and hospitals.
- Enquiry against those with abnormally high CS rates.
- Formulate clear guidelines for conducting CS safeguarding rights.

**Rising rates of  
Caesarean Section:  
The Economist's  
Perspective**

# Rising rates of CS: Economist's perspective

- The 'Private Sector' plays a major role in healthcare provisioning in India; it provides nearly 70% of outpatient and 60% of inpatient care in the country (NSSO 2016).

Saturday, September 05, 2020 | [Subscribe](#)



## Smaller Indian Cities Better At Managing Waste Than Larger Ones

More than 90% of India does not have a proper waste disposal system

# IndiaSpend

[Home](#) [ABOUT](#) [FACT CHECK](#) [EVENTS](#) [HEALTH & SANITATION](#) [DATA ROOM](#) [VIZ](#)

#BREATHE

### Led By Wealthy Urban Women, Caesarean Sections Rise In India

Nidhi Jamwal, February 10, 2017

[Follow @JamwalNidhi](#)

[f](#) [t](#) [G+](#) [in](#) [Print](#) [Email](#)

11028 Views

## **Rising rates of CS: Economist's perspective**

- **High absenteeism, inadequate infrastructure, unavailability of medicines, overcrowding, long waiting times and lack of respectful behaviour, combined with little effort on the part of doctors in the 'public sector' have made private providers a preferred option, despite them charging (higher) fees for their services as compared to the 'public sector'** (Banerjee et al 2004; Gill 2009; GOI 2011; NSSO 2016).

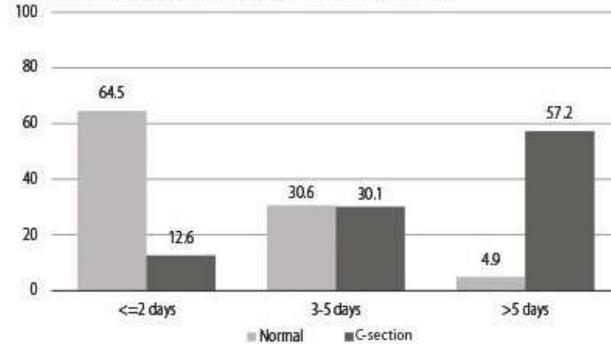
# Rising rates of CS: Economist's perspective

**Table 1: Mode of Delivery and Average Out-of-Pocket Expenses (₹)**

	Normal	C-section
Public	2,614	7,036
Private	10,814	23,978
Total	4,786	17,960

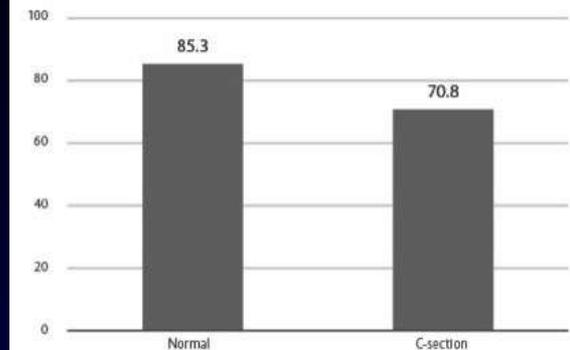
Source: Authors' calculations using NFHS-4.

**Figure 1: Mode of Delivery and Length of Hospital Stay**



Source: Authors' calculations using NFHS-4 data.

**Figure 2: Mode of Delivery and Breastfeeding**



Source: Authors' calculations using NFHS-4 data.

- **Probability of a CS in 'Private Sector' remains significantly higher than the 'Public Sector' with financial incentives and convenience being the major causes of rise.**
- **This is concluded after factoring for higher risk women attending private clinics, CS on maternal demand and litigation fears of medical professional.**

**Rising rates of  
Caesarean Section:  
The Economist's  
Solutions**

# Rising rates of CS: Activist's Solutions

## Solutions to reduce rates of Caesarean Section

- Reduce the difference in fees between vaginal and CS deliveries.
- Formulate guidelines defining the condition under which the decision for CS can be taken.
- Strengthening of 'Public Sector' facilities addressing lacunae.

**Rising rates of  
Caesarean Section:  
The Patient's  
Perspective**

**Rising rates of  
Caesarean Section:  
The Woman's  
Perspective**

## **Rising rates of CS: Woman's Perspective**

- I have an independent opinion, I only will decide.
- I will go with my doctor, he/she knows best.
- I will take the advice of my family.
- I want **ONLY** a normal delivery.
- I want **ONLY** a planned CS delivery.

# Rising rates of CS: Conclusions

- Hospitals need to **focus on normal deliveries** and **advertise** the same.
- Dedicated **nursing and medical staff** need to be employed with low risk of attrition.
- Consultants need to keep **similar charges for deliveries**, irrespective of normal delivery or CS.
- Periodic **skill development training** in labour ward for nursing staff and junior doctors to prepare for emergency situations.

# Rising rates of CS: Conclusions

- Promote “**group practice**” for doctors, so that the workload may be shared.
- Encourage hospitals to employ **midwives** and/or **doulas** who would be assigned to labouring women by the hospital.
- Incentives to **anaesthesiologists** for offering and monitoring epidural analgesia.
- **Counselling** regarding pros and cons of CS early during pregnancy, include the ‘partner’ as well.

# Rising rates of CS: Conclusions

- Engage in **dialogue with other stake holders** (governmental bodies, UN partners, professional organisations, women's groups) to offer solutions to the multifarious issues involved; in addition to increased **patient education** and involvement in **decision-making** during pregnancy, changes in methods of **reimbursement**, and **medico-legal reform** may all be areas where potential improvements can be identified.

“**Ethical dilemma**”: Autonomy; Beneficence / non-maleficence; Justice.

# Rising rates of CS: Take Away

- Cause of rising CS rates is multifarious.
- There is little justification for this rise.
- **'Individualisation'** of women is the key.
- Strict legislation does not always discipline; **“Optimizing the rate of CS”!!**
- **“Healthy Mother and Healthy Baby”** – final goal.

**Every Woman  
Every Time  
Every Where!!**

**“We” need  
to BE the  
voice for  
women!!**



ASIA & OCEANIA FEDERATION  
OF OBSTETRICS & GYNAECOLOGY

# AOFOG region



AO FOG

**“A journey of a thousand miles must begin with a single step.”**

*Lao Tsu*



# Rising rates of CS: Further reading

1. **Niino Y.** The increasing cesarean section rate globally and what can we do about it. *BioScience Trends*. 2011;5(4):139–150.
2. **Barber EL et al.** Contributing Indications to the Rising Cesarean Delivery Rate. *Obstet Gynecol*. 2011;118(1):29–38. doi:10.1097/AOG.0b013e31821e5f65.
3. **WHO.** WHO Statement on Caesarean Section Rates, 2015.
4. **Visser GHA et al.** FIGO position paper: how to stop the caesarean section epidemic. *Lancet*. 2018;392:1286–1287.
5. **Wiklund I et al.** Appropriate use of caesarean section globally requires a different approach. *Lancet*. 2018;392:1288–1289.
6. **Boerma T et al.** Global epidemiology of use of and disparities in caesarean sections. *Lancet*. 2018;392:1341–1348.
7. **Sandall J et al.** Short-term and long-term effects of caesarean section on the health of women and children. *Lancet*. 2018;392:1349–1357.
8. **Betran AP et al.** Interventions to reduce unnecessary caesarean sections in healthy women and babies. *Lancet*. 2018;392:1358–1368.
9. **National Family Health Survey (NFHS-5: 2019–2020).** International Institute for Population Sciences. Ministry of Health and Family Welfare, Government of India, 2020.
10. **Betran AP et al.** Trends and projections of caesarean section rates: global and regional estimates. *BMJ Global Health*. 2021;6:e005671. doi:10.1136/bmjgh-2021-005671.

# Acknowledgements

- **Dr Urjindelger Ts** and the esteemed members of the **MFOG**.
- **Prof Pisake Lumbiganon**, President **AOFOG** and the members of the **Executive Board of AOFOG**.
- **Dr Jeanne Conry**, President **FIGO** and **Dr Ravi Chandran**, Past President **AOFOG**.
- The **Federation of Obstetric & Gynaecological Societies of India (FOGSI)** and the **Bengal Obstetric & Gynaecological Society (BOGS)**.

# Presentation objectives

- **Rising Rates of Caesarean Section (CS): Facts.**
- **Donning “Multiple Hats”:  
Perspective and Solutions.**
- **CS on Maternal Request / CDMR.**
- **Conclusions.**



SAVE the DATES

The 28<sup>th</sup> Asia and Oceania Federation of Obstetrics and Gynecology Congress

# AFOG 2024

May 16 (Thu) - 20 (Mon), 2024  
BEXCO, Busan, Korea

[www.aofog2024.org](http://www.aofog2024.org)

*"Quantum Jump for Women's Health in Asia & Oceania"*

## Important Dates

- |                                    |                   |
|------------------------------------|-------------------|
| · Abstract submission starts       | July 1, 2023      |
| · Abstracts submission deadline    | December 31, 2023 |
| · Early bird registration deadline | February 18, 2024 |
| · Standard registration deadline   | May 3, 2024       |

## AFOG 2024 secretariat Office

T. +82-2-538-2042-3 F. +82-2-538-1540 E. [info@aofog2024.org](mailto:info@aofog2024.org)

**AFOG 2024**  
**in Busan,**  
**South Korea:**  
**Please block**  
**your dates**  
**now!!**



Mongolian Federation of  
Obstetrics and Gynecology



ASIA & OCEANIA FEDERATION  
OF OBSTETRICS & GYNAECOLOGY



**Thank  
you**

