The experience of using unsafe or ineffective health interventions and technologies: A case of Cesarean section

Pisake Lumbiganon, MD,MS

President, Royal Thai College of Obstetricians and Gynaecologists

Vice President, Asia Oceania Federation of Obstetrics and Gynecology

Convenor, Cochrane Thailand



Conflict of Interest

□ None



Caesarean Section: WHO Recommendations and approach to reducing unnecessary caesareans

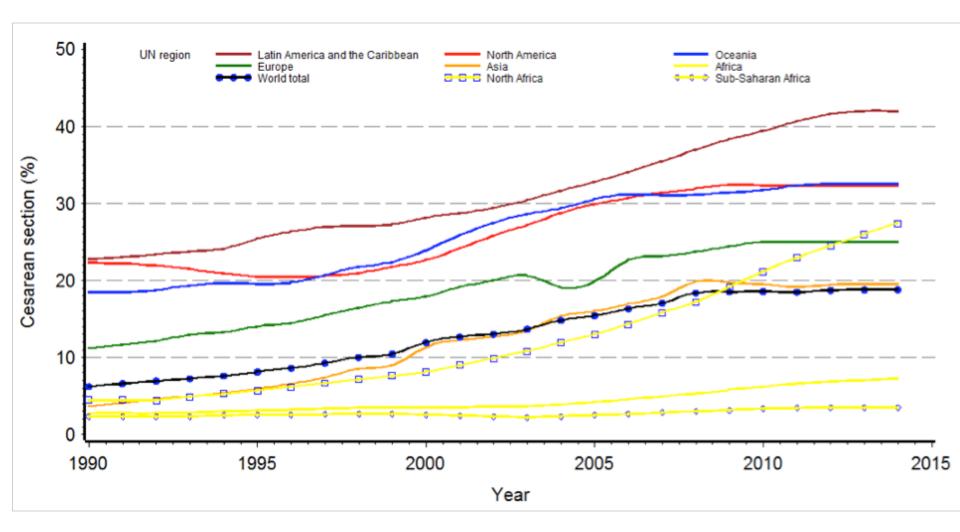
Metin Gülmezoglu, Ana Pilar Betran

Pisake Lumbiganon, RTCOG



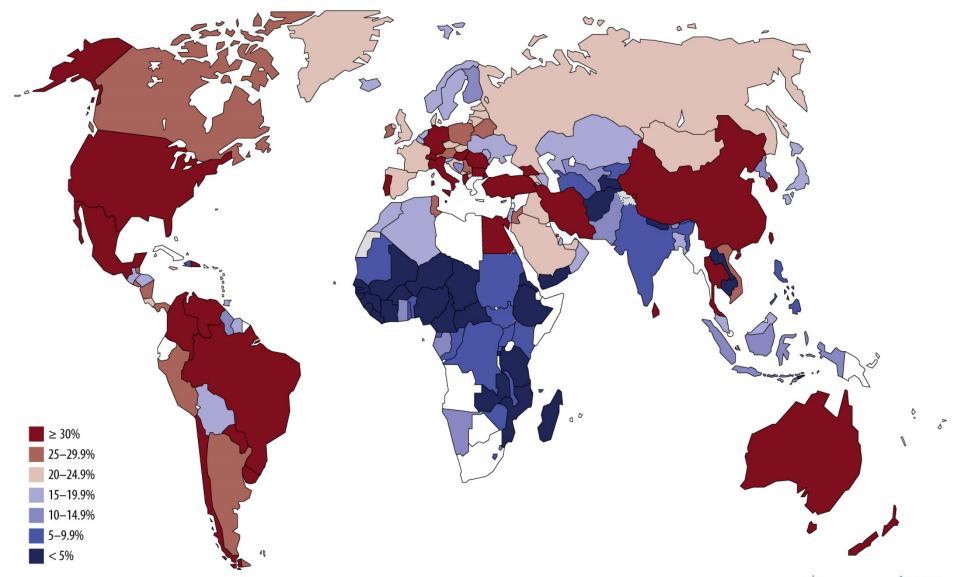


CS trends worldwide since 1990





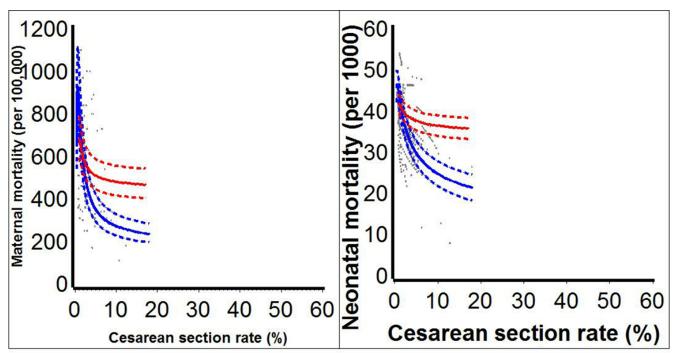
CS rates worldwide



At population level, CS rates >10% are not associated with reductions in maternal and neonatal mortality

Least developed countries(n=41)

Association between CS rates vs. maternal and neonatal mortality Without adjustment and adjusting for HDI





Results

- There is a strong inverse association between CS rates and mortality outcomes:
 - ✓ as CS rates increase, up to a certain threshold, maternal, neonatal
 and infant mortality decrease
 - ✓ above this threshold, the association no longer exists and further increases in CS rates are not associated with improved mortality outcomes
- ✓ Point of inflection for the association between CS rates and mortality outcomes: **CS rates at about 10%** (9-16% for the systematic review)
- No morbidity outcomes were available at the population level



Caesarean Section – WHO Statements



developed and developing countries. When medically justified, a caesarean section can effectively prevent material and perinatal mortality and morbidity. However, there is no evidence showing the benefits of extension allower for women or infants who do not require the pre-decider. As with any surgery, caesarean sections are associated with short and long term fitted wheth can extend many years beyond the current productions are associated with short and long term fitted wheth can extend many years beyond the current productions are affected with short and long term fitted wheth can extend many years beyond the current production and affect when he had not the summan, here child used future preparation: These risks are bushes in sections are associated with strott and long term risk which can extend many years beyond the current delivery and affect the health of the woman, her child, and future pregnancies. These risks are higher in

In recent years, governments and clinicians have expressed concern about the rise in the numbers of on recent years, governments and cumicans have expressed concern about the rise in the numbers of caesarean section births and the potential negative consequences for maternal and selant health. In addition, designative countries and the posential ring acree consequences for material and states necessing account the international community has increasingly referenced the need to revisit the 1985 recommended rate. hospital level and the need for a

universal classification system

classification system for caesarean section that would allow meaningful and relevant comparisons of CS rates

to assist healthcare facilities in adopting the Robson

to assist healthcare facilities in adopting the Robio classification, WHO will develop guidelines for its use, implementation and interpretation, including standardization of terms and definitions.

Caesarean section rates at the population level

WHO conducted two studies: a systematic review of available studies that had sought to find the ideal caesarean rate within a given country or population, and a workfund country-level analysis using the latest available data. Baard on this available data, and using internationally accepted methods to assess the evidence with the most appropriate analysiscal approximate. Wast'n preserving. WHO conducted two studies: a systematic review of techniques, WHO concludes:

- allow meaninghal and relevant comparisons of CS attest across different ballites, cities or regions. Among the existing system used to classify cleararean trutions, that 10-agrand classification (also known described to the 10-agrand classification (also known which of the 10-agrand classification to against the prox and cons of its adoption, implementation and interpretation, and to identify barriers, facilitations and potential adaptations of modifications. Caesarean sections are effective in saving maternal Consider an execution are enecutive in adving magerial and infant lives, but only when they are required for medically indicated reasons.
- At population level, caesarean section rates higher than 10% are not associated with reductions in maternal and newborn mortality rates.
- WHO proposes the Robson classification system as a global standard for assessing, monitoring and comparing caetarean section rates within healthcare facilities over time, and between facilities. In order Caesarean sections can cause significant and Caesarean sections can cause significant and sometimes permanent complications, disability or death particularly in settings that lack the facilities can be particularly in settings that lack the facilities and treat surgical complications. Caesarean sections should ideally only be undertaken when medically precessary.
- 4. Every effort should be made to provide caesarear vections to women in need, rather than striving to achieve a specific rate.
- The effects of caesarean section rates on other one enects or caesarean section rates or rouse outcomes, such as maternal and perinatal morbidity, paediatric outcomes, and psychological or social paecuatric outcomes, and psychological or social well-being are still unclear. More research is needed to understand the health effects of caesarean section nediate and future outcomes.

1985 Statement

✓ There is no justification for any region to have a CS rate higher than 10-15%

2015 Statement

- ✓ At population level, CS rates higher than 10% are not associated with reductions in maternal and newborn mortality rates
- WHO proposes the use of the Robson (10group) classification



BMC Medicine

This Provisional PDF corresponds to the article as it appeared upon acceptance. Fully formatted PDF and full text (HTML) versions will be made available soon.

Caesarean section without medical indications is associated with an increased risk of adverse short-term maternal outcomes: the 2004-2008 WHO Global Survey on Maternal and Perinatal Health

BMC Medicine 2010, 8:71 doi:10.1186/1741-7015-8-71

Joao P Souza (souzaj@who.int)
Ahmet M Gulmezoglu (gulmezoglum@who.int)
Pisake Lumbiganon (pisake@kku.ac.th)
Malinee Laopaiboon (laopaiboonmalinee@yahoo.co.uk)
Guillermo Carroli (gcarroli@crep.com.ar)
Bukola Fawole (fawoleo@yahoo.co.uk)
Pang Ruyan (pangruyan@yahoo.com)





Method of delivery and pregnancy outcomes in Asia: the WHO global survey on maternal and perinatal health 2007-08

Pisake Lumbiganon, Malinee Laopaiboon, A Metin Gülmezoglu, João Paulo Souza, Surasak Taneepanichskul, Pang Ruyan,
Deepika Eranjanie Attygalle, Naveen Shrestha, Rintaro Mori, Nguyen Duc Hinh, Hoang Thi Bang, Tung Rathavy, Kang Chuyun,
Kannitha Cheang, Mario Festin, Venus Udomprasertgul, Maria Julieta V Germar, Gao Yanqiu, Malabika Roy, Guillermo Carroli, Katherine Ba-Thike,
Ekaterina Filatova, José Villar, for the World Health Organization Global Survey on Maternal and Perinatal Health Research Group*

Summary

Lancet 2010; 375: 490-99

This online publication has been corrected. The corrected version first appeared at thelancet.com on December 3, 2010

> Published Online January 12, 2010 DOI:10.1016/S0140-6736(09)61870-5

See Comment page 440

Background There has been concern about rising rates of caesarean section worldwide. This Article reports the third phase of the WHO global survey, which aimed to estimate the rate of different methods of delivery and to examine the relation between method of delivery and maternal and perinatal outcomes in selected facilities in Africa and Latin America in 2004–05, and in Asia in 2007–08.

Methods Nine countries participated in the Asia global survey: Cambodia, China, India, Japan, Nepal, Philippines, Sri Lanka, Thailand, and Vietnam. In each country, the capital city and two other regions or provinces were randomly selected. We studied all women admitted for delivery during 3 months in institutions with 6000 or fewer expected deliveries per year and during 2 months in those with more than 6000 deliveries. We gathered data for institutions to obtain a detailed description of the health facility and its resources for obstetric care. We obtained data from women's



2015 WHO Statement on Caesarean Section Key messages

- CS are effective in saving maternal and infant lives, but only when they are required for medically indicated reasons.
- CS can cause significant complications, disability or death
- CS should ideally only be undertaken when medically necessary



Reasons for increasing unnecessary CS

Patients

- Literacy about risk and benefit of CS
- Fear of labour pain
- Horoscope
- Convenient time management

Providers

- Literacy about risk and benefits of CS
- Better time management
- Higher financial incentives
- Fear of medical lawsuit



The Robson classification

(10-group classification)

- Parity
- Onset of labour
- Gestational age
- Fetal lie and presentation
- Number of fetuses
- Previous CS



Nulliparous with single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour



All nulliparous women with a single breech pregnancy



Nulliparous with single cephalic pregnancy,
≥37 weeks gestation who either had labour induced or were delivered by caesarean section before labour



All multiparous women with a single breech pregnancy, including women with previous uterine scars



Multiparous without a previous uterine scar, with single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour



All women with multiple pregnancies, including women with previous uterine scars



Multiparous without a previous uterine scar, with single cephalic pregnancy, ≥37 weeks gestation who either had labour induced or were delivered by caesarean section before labour



All women with a single pregnancy with a transverse or oblique lie, including women with previous uterine scars



All multiparous
with at least one
previous uterine scar,
with single cephalic
pregnancy, ≥37
weeks gestation



All women with a single cephalic pregnancy <37 weeks gestation, including women with previous scars





Shifting focus

From the search of an "optimal" CS rate to →

prioritize and promote facility-level understanding of CS rates by using a common tool





All nulliparous women with a single breech pregnancy



Nulliparous with single cephalic pregnancy, ≥37 weeks gestation who either had labour induced or were delivered by caesarean section before labour



All multiparous women with a single breech pregnancy, including women with previous uterine scars



Multiparous without a previous uterine scar, with single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour



All women with multiple pregnancies, including women with previous uterine scars



Multiparous without a previous uterine scar, with single cephalic pregnancy, ≥37 weeks gestation who either had labour induced or were delivered by caesarean section before labour



All women with a single pregnancy with a transverse or oblique lie, including women with previous uterine scars





All women with a single cephalic pregnancy <37 weeks gestation, including women with previous scars





Possible Interventions

1. Clinical interventions

- 1. Appropriate induction of labour
- 2. ECV
- 3. Appropriate indication for C/S
- 4. VBAC
- 5. Pain relief during labour

Non clinical interventions

- Health literacy
- 2. Companion of choice during labour
- 3. Audit and feedback
- 4. Financial strategies





25/05/61 มิเศก ลุมพิกานนท์ RTCOG 16





ู้ ข่าวเพื่อสื่อมวลชม สำนักสารนิเทศ กระทรวงสาธารณสุข

■ fanmoph ■ pr_moph 圖 clubhealthch 圖 moph channel

โทร. 02 590 1401-2 โทรสาร.02 591 8612-3 BUREAU OF INFORMATION, MINISTRY OF PUBLIC HEALTH

รมว.สธ.-ประธานราชวิทยาลัย ร่วมวางกรอบความร่วมมือพัฒนาระบบสาธารณสุข 3 ด้าน

รัฐมนตรีว่าการกระทรวงสาธารณสุข และประธาน 16 ราชวิทยาลัย/วิทยาลัยวิชาชีพของประเทศไทย หารือกรอบความร่วมมือ เพื่อสนับสนุน การคำเนินงานสาธารณสุข ทั้งการผลิตและพัฒนาบุคลากร การพัฒนาระบบบริการ และการพัฒนางานสาธารณสุขของประเทศ กำหนคลงนามข้อ ตกลงร่วมกันในเดือนธันวาคม 2560

วันนี้ (4 ตุลาคม 2560) ที่กระทรวงสาธารณสุข ข.นนทบุรี
ส.คลินิก เกียรติคุณ นพ.ปิยะสกล สกลสัตยาทร รัฐมนตรีว่าการ
กระทรวงสาธารณสุข ประชุมหารือความร่วมมือกับ 16 ประธาน
ราชวิทยาลัย/วิทยาลัยวิชาชีพของประเทศไทย และให้สัมภาษณ์ว่า
กระทรวงสาธารณสุขและราชวิทยาลัยทั่วประเทศ ได้ร่วมหารือ
ความร่วมมือการดำเนินงานใน 3 ด้าน คือ 1.การผลิตและพัฒนา
บุคลากร โดยมีโรงพยาบาลสังกัดสำนักงานปลัดกระทรวง
สาธารณสุขเป็นสถาบันหลักในทุกเขตสุขภาพ การสนับสนุนโค
วด้าการศึกษาของนักเรียนทุนกระทรวงสาธารณสุข และการ
อบรมในสาขาต่อยอดตามแผนพัฒนาระบบบริการ (Service Plan)
ทั้ง 19 สาขาของกระทรวงสาธารณสุข 2.การพัฒนาระบบบริการ



17

แก่ประชาชน ได้แก่ สนับสนุนการพัฒนาแนวทางเวชปฏิบัติ (Clinical practice guideline) การพัฒนาระบบ/วางแผนทรัพยากร การสร้างนวัตกรรม

25/05/61 มิเศก ลุมพิกานนท์ RTCOG

World Health Organization

What should we do in Thailand?

Interventions	Ву
1. Reproductive health literacy	1. DOH, PSO, RTCOG
2. Monitoring C/S rates	2. DMS, PSO, RHO, University, RTCOG
3. Implement interventions	3. DMS, PSO, NHSO, HA, University, RTCOG
4. Monitoring and evaluation	4. DMS, PSO, NHSO, RTCOG
5. Implementation Research	5. HSRI, University, RTCOG







กรมอนามัยย้ำ !! เอาอย่างแม่หญิงการะเกด เถิดหนาออเจ้า ทั้งหลาย

คลอดธรรมชาติ ดีต่อแม่และลูกมากโข กว่าการผ่าคลอดนัก...