



## **Cesarean Section Safety and Quality in Low Resource Settings 27-28 July, 2017 | Harvard School of Public Health Overview of Technical Consultation**

### Rationale

The volume of cesarean sections in low- and middle-income country (LMIC) settings has been increasing steadily in recent years [1]. While much of the maternal and newborn health community focus has been on urgently needed expansions in access to emergency obstetric and newborn care (EmONC), particularly life-saving surgical procedures, there is evidence that many Cesarean sections are being done in settings where minimum standards of safety and quality are not achieved.

Program data from the *Fistula Care Plus* Project (FC+) and its partners suggest that a substantial and increasing proportion of genital fistulas is attributable to surgical errors, specifically during Cesarean section and hysterectomy [2]. Numerous factors, including inadequate surgical infrastructure, clinician training, and, potentially, task shifting may be contributing to this problem.

Previous research by FC+ found that the indications for Cesarean section are not well-documented, consistent, or standardized in many settings [3]. Recent health services research suggests that inadequate access and overuse now co-exist in the same countries [4].

The potential impact of universal access to essential obstetric surgery is enormous – it has been estimated that such access could prevent “37% of the aggregate burden of maternal and perinatal deaths and newborn morbidity [5]. Ironically, surgery to prevent and manage maternal and newborn complications may now be contributing to severe iatrogenic morbidities such as fistula. To reduce such preventable maternal and newborn morbidity, it is crucial to identify and prioritize key areas of action to ensure that the Cesarean section care pathway adheres to a minimum standard of quality. This pathway includes factors ranging from the health system infrastructure to clinician training to case selection to anesthesia and post-operative care. Both the maternal/newborn health and global safe surgery communities must be involved in this process, yet these two communities often develop strategies, priorities, and targets in parallel rather than in collaboration.

### Meeting Objective:

Convene key technical experts in the maternal/newborn health and global safe surgery communities to:

- Understand the profile of Cesarean section procedures in LMIC settings (facility setting, provider cadre, indication, outcomes, etc.)
- Describe important contributors to an unsafe surgical ecosystem for Cesarean section
- Identify knowledge gaps related to Cesarean section safety and quality that require further data or evidence
- Identify key areas of action to ensure safety and quality of Cesarean sections in LMIC.
- Develop the vision and scope for a global meeting to raise the profile of Cesarean section safety and quality concerns and build commitment to enact a plan of action on this issue.

## References:

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