QUALI-DEC Appropriate use of Caesarean section through QUALIty DECision-making by women and providers

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- World Health Organization, Switzerland
- Centro Rosarino de Estudios Perinatales Asociacion, Argentina
- Khon Kaen University, Thailand
- Fundacio Blanquerna, Spain
- Centre national de recherche scientifique et technologique - Institut de Recherche en sciences de la sante, Burkina Faso
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- WHO

Resume

Overuse of caesarean section (C-section) has adverse consequences on maternal and child health. It also deviates essential resources worldwide and hinders universal access to healthcare services. We aim to develop and evaluate a strategy to implement non-clinical interventions to reduce unnecessary C-sections in Argentina, Burkina Faso, Thailand and Vietnam.

This strategy combines four active ingredients : opinion leaders to implement evidence-based clinical guidelines, caesarean audits and feedback to help providers identify potentially avoidable C-sections, a decision-analysis tool to empower women for better decision-making on mode of delivery, and the implementation of WHO recommendations on companionship during labour to support women during vaginal birth. The project promotes the engagement of stakeholders at all levels (policy-makers, health providers and end-users i.e. women) from the very start of the project to implement intervention components, which take into account the local context and

to ensure a maximisation of the expected impacts. To improve the quality of implementation and use of evidence, knowledge transfer activities will be implemented. Qualitative and health systems research to investigate the multiple layers of power and interaction as well as decision-making processes within multi-professional teams are integrated throughout the project in order to bridge the knowledge-do gap and better understand scaling-up processes. The evaluation will examine physical and psycho-social effects of the strategy and will highlight the interdependent relationship between maternal and child outcomes related to overuse of C-section. Particular attention will be given to equity issues and gender considerations in the interpretation of results. Overall, our project will improve appropriate use of C-sections and will address several SDG targets including improving maternal and neonatal health and reducing inequalities within and between countries.

Key-words

Caesarean, non-clinical interventions, formative research, clinical guidelines, knowledge-do gap, decision-making, companionship, women, health organisations, gender, inequity, knowledge broker

Geographic areas

Argentine, Burkina Faso, Thaïlande, Vietnam

Duration

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