



How does hospital organisation influence the use of cesarean sections?

Results of the international survey conducted as part of the [QUALI-DEC](#) project

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For the QUALI-DEC project, a cross-sectional survey was carried out in hospitals in 4 low- and middle-income countries (Argentina, Burkina Faso, Thailand and Vietnam) to examine the influence of organizational factors on the use of Caesarean sections.

Through a large-scale study of over 2,000 women at low risk of having a caesarean section, the [QUALI-DEC](#) project demonstrated that the use of caesarean sections depends, in addition to medical indications, on certain aspects of the organization of maternity services in participating hospitals.

Indeed, it seems that the lack of privacy in hospitals, which only offer the possibility of giving birth in shared rooms, encourages pregnant women to prefer a caesarean section and medical staff to perform it for the convenience of these women. Furthermore, the results suggest that the greater the workload on the care teams, the greater the number of Caesarean sections in these hospitals. What's more, when medical and material resources are favourable in certain establishments, medical teams are encouraged to use them and decide to perform unwarranted caesarean sections, in order to facilitate their work within overloaded departments. For example, the 24-hour availability of a dedicated anaesthetist in the maternity ward contributed to an increase in the number of caesarean sections performed, all other things being equal.

These results show that it is crucial, on the one hand, to strengthen human and physical resources in delivery rooms and, on the other, to optimize the organization of care provided to pregnant women. As well as helping to reduce the number of caesarean sections for low-risk women, this would improve both the birthing experience for women and the working environment for care staff.

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