

WHO
recommendations
**non-clinical
interventions
to reduce
unnecessary
caesarean
sections**



World Health
Organization



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Acronyms and abbreviations

CERQual

Confidence in the Evidence from Reviews of Qualitative research

CI

Confidence Interval

CRT

Cluster-Randomized Trial

DECIDE

Developing and Evaluating Communication strategies to support Informed Decisions and practice based on Evidence

DOI

Declaration Of Interest

EPOC

Effective Practice and Organisation of Care group (a Cochrane Review Group)

ERG

External Review Group

FIGO

International Federation of Gynecology and Obstetrics

GDG

Guideline Development Group

GRADE

Grading of Recommendations Assessment, Development and Evaluation

GREAT

Guideline-driven, Research priorities, Evidence synthesis, Application of evidence and Transfer of knowledge

nRCT

non-Randomized Controlled Trial

OL

Opinion Leader education

PICO

Population, Intervention, Comparator, Outcome

PFMT

Pelvic Floor Muscle Training

RCT

Randomized Controlled Trial

RD

Risk Difference

RR

Risk Ratio

TWG

Technical Working Group

UNFPA

United Nations Population Fund

UNICEF

United Nations Children's Fund

USAID

United States Agency for International Development

VBAC

Vaginal Birth After Caesarean

WHO

World Health Organization

Executive summary

Introduction

Caesarean section is a surgical procedure that can effectively prevent maternal and newborn mortality when used for medically indicated reasons. Caesarean section rates have increased steadily worldwide over the last decades. This trend has not been accompanied by significant maternal or perinatal benefits. On the contrary, there is evidence that, beyond a certain threshold, increasing caesarean section rates may be associated with increased maternal and perinatal morbidity. Caesarean birth is associated with short- and long-term risks that can extend many years beyond the current delivery and affect the health of the woman, the child and future pregnancies. High rates of caesarean section are associated with substantial health-care costs.

The factors contributing to the rise in caesarean section rates are complex, and identifying interventions to address them is challenging. Factors associated with caesarean births include changes in the characteristics of the population such as increase in the prevalence of obesity and of multiple pregnancies, and increase in the proportion of nulliparous women or of older women. These changes are unlikely, however, to explain the large increases and wide variations in caesarean section rates across countries. Other non-clinical factors such as women increasingly wanting to determine how and when their child is born, generational shifts in work and family responsibilities, physician factors, increasing fear of medical litigation, as well as organizational, economic and

section rates. (Interventions not specifically designed to reduce caesarean section rates are not included, even if they may incidentally reduce caesarean section rates.)

Target audience

The primary audience for this guideline includes health-care professionals responsible for developing regional, national and local health protocols and policies, as well as obstetricians, midwives, nurses, general medical practitioners, managers of maternal and child health programmes and public health policy-makers in all settings and countries.

Guideline development methods

This guideline was developed in accordance with standard procedures set out in the *WHO handbook for guideline development*.

Evidence on the effectiveness of interventions was derived from an updated Cochrane review of 29 studies. Judgements about values, acceptability, equity, resource implications and feasibility of interventions were informed by three systematic reviews of 49 qualitative studies. The certainty of evidence on safety and effectiveness outcomes was assessed using Grading of Recommendations Assessment, Development and Evaluation (GRADE). Confidence in the qualitative

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