



THE CURIOUS CASE OF THE C-SECTIONS

NAIMUL KARIM

It was Shazneen Begum's second pregnancy. Like the birth of her first child, she was hoping for a normal delivery this time as well. In the 38th week, her water broke and she was taken to a well-known private hospital of the city.

Over there, the doctor at the emergency room—much to her surprise—told her that she would have to undergo a caesarean section, since the baby's stool (meconium) had gotten mixed with the amniotic fluid in which the baby floats inside the mother's womb.

A caesarean section or a c-section is the delivery of a baby through a surgical incision in the mother's abdomen and uterus. Typically, it's a cut of around six inches made in the mother's lower abdomen after which the uterus is opened and the baby is delivered.

The incision is later stitched closed. Ideally, it's a process that should be used only when there's an emergency and when the life of either the baby or the mother is in danger. However, in Bangladesh, experts say that more than 80 percent of the deliveries in private hospitals are caesarean.

Upon hearing the doctor's opinion, Shazneen asked if she could wait for labour to start, since she really wanted a normal delivery. However, the doctor replied: "You could, but the responsibility of any negative outcome

will not be mine."

It was a statement, Shazneen recalls, which compelled her to undergo the surgery. "Looking back, I feel that the manner in which the doctor communicated with me was not supportive and it was also a bit threatening. I was just told that it was going to be complicated. I was never

taking the patient under the knife, the medical staff is expected to wait and monitor the baby's heart rate.

Eventually, Shazneen gave birth to a healthy baby who weighed 3.8 kgs and she recovered quickly as well. However, the ethical practice of the doctor in this particular case remains a question.

The rate of c-section births has

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explained the risks associated with stool (meconium) mixed in the amniotic fluid properly," she says.

After getting discharged from the hospital, Shazneen, who works as a public health specialist, learned that the standard procedure for cases like hers is to wait for labour to begin. Instead of

witnessed an alarming increase in the last decade in Bangladesh. In fact, in urban areas, surgical deliveries in private hospitals—especially in the capital—have become so common that normal births are almost unheard of these days.

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Health Survey of 2014, 80 percent of the births that take place in private hospitals and around 40 percent of births in government-based hospitals are surgical. On the whole, 23 percent of all births in Bangladesh, in between 2011 to 2014, were delivered by c-section.

This statistic, which is expected to cross the 30 percent mark in September according to experts, when an updated survey is set to be released, has already surpassed the World Health Organisation's (WHO) recommendation.

According to WHO, the ideal range of c-section births in a country should be around 10 to 15 percent. In 2004, the number of c-section births in Bangladesh was just 4 percent. In a span of ten years, Bangladesh has witnessed a five-fold increase in the number of c-section deliveries.

Risks and needs of caesarean births

So why is this a worrying indicator? That's because births through c-section tend to be riskier and have more disadvantages when compared to normal deliveries.

Women who undergo caesarean surgeries are more likely to have an infection, excessive bleeding, blood clots, more postpartum pain, a longer hospital stay, and a significantly longer recovery. Injuries to the bladder or bowel, although very rare, can also take place.

Studies have also found that babies