

**Bangladesh National Guidelines and  
Technical Standards and Operating Procedures for  
Promotion of Normal Vaginal Delivery, Prevention of Unnecessary Cesarean  
Section, Creating Awareness about Necessity and Justification of Cesarean Section**

Corresponding with the increase in the proportion of deliveries taking place in health care facilities, Bangladesh has been observing a rise in delivery by cesarean section. The level currently stands at 31 percent, way beyond the World Health Organization recommended range of 10-15%. Data shows that 84% of deliveries taking place in private sector facilities are by C-section. While the level of maternal mortality is not declining at an expected pace and quite a sizeable proportion of mothers are still not accessing emergency obstetric care (EmOC) that includes life-saving C-section, the high C-section rate, with all its negative consequences at individual, system and societal level, poses two pronged broad national challenges – (i) shifting the remaining half of the births to high quality facility delivery with access to EmOC and, (ii) reducing the unnecessary C-sections and promoting normal vaginal delivery.

The current document provides a comprehensive national strategic guideline to address the challenges mentioned above and, attached are several key technical standards and operating procedures which have been referred to, in the guideline. Led by the Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare (MOH&FW) these guidelines, technical standards and operating procedures have been developed through extensive stakeholder consultations including relevant technical experts.

**Priority actions**

**1. Strengthen regulatory framework:**

**Medium Term (1-3 Years):**

Review existing law, rules and procedures to identify weaknesses and propose modifications to ensure rights of patients, care seekers and of health care providers. Specifically,

- Ensure safety-security and legal protection of health care providers (in case of unwanted occurrence or internationally acceptable complications that may occur during the course of normal vaginal delivery (NVD), cesarean section (CS) and instrumental delivery).
- Develop legal safeguarding (prevention and management) against unethical practices (unqualified practitioners).
- Develop a plan to ensure stringent enforcement of relevant existing and new laws, rules and procedures related to licensing and renewal of health care practice for both individual and institutional levels.

Incorporate safe delivery standards in cases of accreditation, licensing and renewal of licensing. This should be aligned with Standard Operating Procedures (SOP) approved by the MOH&FW.

- Posting of certified midwives and maintaining a functional standard labor room should be made mandatory for private hospitals/clinics intending to provide delivery care.



- All facilities providing delivery care should strictly adhere to the standard labor room management protocol. This should be a pre-requisite for allowing C-section and periodically monitor to ensure its compliance.

Review and expand mandate and capacity of Bangladesh Medical and Dental Council (BMDC) and Bangladesh Nursing Council (BNC) to ensure,

- Wider and easier access to patients and families to be able to lodge grievances,
- Proper and faster identification and resolution of grievances,
- Formation of a medical defense unit (MDU) which will urgently look into matters and will report & provide protection to health care providers to prevent unwanted harassment.

Develop stern legal provision to ban brokering practice in private sector.

## 2. Health systems strengthening:

### Medium Term (1-2 Years):

- Develop standard record keeping and reporting system and make it mandatory to record and report standard set of information of every birth taking place in any health care facility.
- All relevant health care providers and administrators of both public & private hospitals should be oriented on the use of Robson classification to monitor and rationalize C-sections performed in their respective facilities.
- Develop training facilities in designated model hospitals to train doctors/midwives/certified midwives to practice standard vaginal delivery, instrumental delivery and C-section.
- Develop/make arrangement with a specialized 24/7 call center to provide women and families instant information and advice on delivery and complications and, to provide labor practitioners with expert opinion support.

### Short Term (6 Months to 1 Year):

- Develop, maintain and update database of qualified obstetricians and make it accessible to public.
- Conduct routine medical audits (both internal and external) to justify C-sections, to provide systematic feed-back to the providers, to improve training curriculums and to strengthen related systems.

## 3. Awareness building on promotion of NVDs, necessity of medically indicated cesarean sections and harmful effects of unnecessary cesarean section:

### Medium Term (1-3 Years):

- Develop and launch a national campaign to raise awareness on harmful effects of unnecessary CS and importance of necessary CS. Engage multiple and appropriate channels of communication (print, electronic, social-media) and all sectors of civil society in the campaign.
- Develop and disseminate communication materials such as videos, leaflets, brochures etc. targeted towards different sets of priority audience.

### Short Term (6 Months to 1 Year):

- Continuous counseling and motivation of medical practitioners to practice standard procedures of NVD.



- Develop a full antenatal communication package (printed, audio-visual, multi-dialect and interactive) for every pregnant woman, adolescents, parents, in-laws and husbands explaining the dos and don'ts of pregnancy and labor, possible harmful effects of unnecessary CS & importance of necessary CS.
- Women must give informed consent for elective C-section. Standard consent forms will be developed by the MOH&FW for universal use.
- Through school health program, ministries of Education, Social Welfare, Women and Children Affairs, an awareness building campaign program should be developed and launched targeting adolescents.

**4. Enhance normal vaginal delivery (NVD) skills and competencies of delivery care practitioners:**

**Medium Term (1-3 Years):**

- Strengthen and implement basic competency based training plan and ensure mandatory exposure on NVD at undergraduate and graduate levels.

**Long Term (3-5 Years):**

- Strengthen NVD in the curriculum to make it mandatory in undergraduate examinations (pre-service and in-service).
- Develop and introduce refresher training/attachment at regular interval for doctors & obstetricians who are involved with delivery care that should include - NVD, assisted vaginal delivery, external cephalic version, vaginal breech delivery and practice for vaginal birth after C-section (VBAC).

**5. Enhance and expedite introduction of midwife led delivery care:**

**Long Term (3-5 Years):**

- Establish more midwifery training centers and expedite production of midwives considering the total need of the country and rate of production.
- Create positions and deploy midwives at all primary care centers (e.g. UH&FWC and UHCs) to conduct 24/7 NVDs and to ensure practice of evidence based maternity care.

**Short Term (6 Months to 1 Year):**

- Identify and take specific measures to create enabling environment for midwives at health facilities in order to ensure effective and optimum including effective referral system and network with CEmOC centers to ensure prompt management of complications.
- Develop mechanisms to ensure prompt availability of expert opinion and support from qualified obstetricians, in case of severe complications.

**6. Strengthen program strategies:**

**Medium Term (1-3 Years):**

- Introduce equal incentive policy for NVD and CS at Demand Side Financing (DSF) facilities.
- Establish functional referral system between NVD centers (e.g. UH&FWCs and UHCs) and CEmOC centers.

**Short Term (6 Months to 1 Year):**

- Ensure universal coverage of at least four antenatal checkup by medically trained providers.



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- Expedite strengthening of UH&FWC in every union to provide 24/7 NVD. Deploy midwives/certified Nurse/CSBAs immediately.
- Establish functional 24/7 CEmOC centers at every district hospital and selected UHCs (identify strategically located facilities based on the principle of availability within 2 hours of travel time from any location). Ensure 4 pairs of surgeon-anesthetist in these CEmOC centers. Create a special monitoring cell at the DGHS to ensure 24/7 CEmOC services.

#### **7. Ensure facility readiness and promote standard practice:**

##### **Medium Term (1-3 Years):**

- Establish the practice and system of seeking second opinion before elective CS in doubtful cases or where it is necessary.
- Ensure readiness for all types of deliveries as per Standard Operating Procedure (SOP) in all facilities providing delivery care and B/CEmOC services.
- Trial of vaginal delivery after C-section (VBAC) should be done after proper assessment by trained obstetricians only in well-equipped hospital.

##### **Short Term (6 Months to 1 Year):**

- Ensure real time plotting of partograph and use for decision making for all deliveries.
- Ensure strict adherence to standard labor room protocol and SOP for all maternity centers.

##### **Operationalization of the National Guideline:**

##### **Immediate Effect:**

- The National Plan of Action needs to be operationalized by developing (i) a detailed costed implementation plan, (ii) a monitoring plan and (iii) adopting/approving all necessary technical standards and procedures.
- In this respect, the National Task Force (at MOH&FW level), Technical Working Group (at DGHS level) and the Secretariat (at DGHS level) will be responsible according to respective terms of references.

##### **Annexures: Technical standards and operating procedures**

1. Bangladesh Maternal Health Standard Operating Procedures (SOP) (selected sections), MOH&FW.
2. Standard clinical management protocols and flowcharts on emergency obstetric and neonatal care 2019, MOH&FW, OGSB, UNFPA, WHO, UNICEF.
3. Standard labor room management protocol for all health facilities. OGSB 2016-18. (Submitted to DGHS)
4. Eclampsia and PPH action plan in Bangladesh, 2017-2022. MOH&FW, OGSB, UNFPA.