Original Article

Implications of Private Practice in Public Hospitals on the Cesarean Section Rate in Thailand

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Abstract

Cesarean section rate in developed countries increased significantly during 1971-1990. In Thailand the rate increased steadily from 15.2% in 1990 to 22.4% in 1996. Cesarean section rate increases with the decline of vaginal delivery, as opera-tive delivery (vacuum and forceps) remained unchanged. There is limited evidence on Thai Cesarean procedures.

Anecdotal evidence on high cesarean procedures among private patients leads to a census of all delivery in June 1998 in 29 provincial hospitals, using an interview questionnaire by obstetric nurses with permission of the obstetric department head.

An obvious magnitude, 37.2% of patients pay unofficial gratitude money for obstetrician personal delivery services. The average cesarean section rate in the sample hospitals was 27.2%. Private patients risked undergoing cesarean section 2.92 times of non-private cases. Logistic regression showed a steeper gradient: private cases have a 5.83 higher chance of primary cesarean section than non-private cases ($p<0.001$) and delivery during in office hours had a 2.45 higher chance of cesarean than out of office hours ($p<0.001$). Financial implications of US$ 2.5 million was estimated for each one percent of cesarean procedures. Private practice could lead to deterioration of public confidence on obstetric services in public hospitals. Consequently it encourages a move to private practice and finally unnecessary cesarean procedures. This vicious cycle could not be easily broken unless more multi-disciplinary understanding of this complex issue and multiple measures are introduced.

We conclude that private practice, whereby physicians feel obliged to provide personal delivery services, when triggered by leisure and time conflict, leads to higher and possibly unnecessary cesarean procedures.

Key words: cesarean section, private practices, Thailand.

Introduction

Birth, a normal human physiological process was once a high mortality event causing both serious maternal and newborn losses. Medical technology and public health measures were introduced to prevent childbirth complications including cesarean section (CS). CS was at first a major operation for high-risk pregnancy; there were major operative complications from CS. When surgical and anesthetic techniques and blood transfusion are well developed, CS safety has been increasing, leading to a rapid increasing of cesarean section rate. USA is an extreme example where the CS rate climbed from 4.5% in 1965 to 22.7% in 1985[1]. Many developed countries have a similar situation though to a lesser degree[2] (Figure 1).

The constant growth of cesarean sections draws concern among social scientists and policy makers to understand its determinants. Studies indicated dystocia, fetal distress, breech presentation, and repeated cesarean section were four main indications[3-7]. Other factors involved in an increasing cesarean section rate[8], for example, maternal age, multiparity, previous cesarean section, incidental sterilization, private insurance coverage and malpractice concerns[4,8,9]. Electronic fetal monitoring[4,8] with high false