Reducing Cesarean Section Rates in Brazil: Contributions from a Deliberative Dialogue

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The Deliberative Dialogue (DD) is a tool used to foster the sharing of knowledge among researchers, policymakers and other stakeholders in order to better understand the interventions to approach one specific problem. Our research topic was the high rates of cesarean sections (CS) in Brazil, which have increased from 15% in 1970 to 56% in 2016. The project received funding through term of technical cooperation between the Ministry of Health and the PAHO.

Our aim was to synthesize the main contributions from the DD about an Evidence Brief for Policy (EBP) on interventions to reduce CS in Brazil.

Methods
Following the methodological guidelines proposed by the SUPPORT collaboration group, five interventions were identified, which are related to the structuring of different birthplaces, antenatal care education and the offer of continuous support during childbirth. The EBP document was sent to them one month before the DD. The DD:

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13 participants
managers of the women’s health area, researchers, health professionals (doulas, midwives, nurse midwives, and obstetricians), representatives from health associations and civil society

Results
Participants made suggestions about different parts of the document. They emphasized the importance of discussing the high rates of CS at the public and private sector separately since the latter is responsible for higher rates.

The main barriers to the reduction of this surgical procedure are related to the model of maternal care in Brazil, lack of professional training, management of services and also difficulties in the health communication area.

Asymmetrical power relationships between health professionals and pregnant women is also a great challenge to be overcome. The biomedical model of care, opposed to a woman-centered philosophy, makes the insertion of other professions in the birth assistance a huge challenge. Brazil’s current political and economic scenario also contributes to a workforce shortage and lack of appropriate settings to antenatal care and childbirth.

Conclusions
Participants were made aware of the usage of SUPPORT tools and EBP to support decision making. In addition, the DD provided a meeting between stakeholders where important information regarding the options, equity, and implementation was discussed.

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