

IND-023 PHYSICIANS' PERCEPTIONS ON QUALITY INDICATORS OF CESAREAN SECTION RATES – THE CASE OF TAIWAN

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Objective:

The objective of this study is to understand the perceptions, attitudes and behaviour of physicians on various issues of cesarean section rates, namely, total cesarean rate, primary cesarean rate, repeat cesarean rate, rate for vaginal births after cesarean sections (VBACs), and success rate of trial of labour after cesarean delivery (trial of labour success rate).

Methods:

A self-administered questionnaire survey was conducted from February to April in 2002 on all the obstetricians and pediatricians in Taiwan. The questionnaire contains 24 questions on various cesarean section issues and 7 questions on physician's personal attributes. The questionnaire is in Chinese and has been tested and modified based on content validation by experts and reliability verification by a pilot survey before conducting the official survey.

Results:

The response rate for obstetricians is 28%(552/1943), for pediatricians is 16%(333/2098), and the overall response rate is 23%. The goodness-of-fit test shows that there is no significant difference between the sample and the population on available personal characteristics, such as gender and whether practice in the hospital or clinic. In general, the responses of obstetricians and pediatricians are very different on various cesarean section issues. For example, when asking whether the five cesarean section rates are appropriate medical quality indicators, obstetricians considered the primary cesarean rate is appropriate (46% agree vs 39% disagree) and the other four rates are inappropriate, especially the repeat cesarean rate (20% agree vs 64% disagree). While pediatricians answered trial of labour success rate and VBACs are the most appropriate quality indicators, primary and total cesarean rates are also appropriate, only the repeat cesarean rate is inappropriate (30% agree vs 43% disagree). When asking whether vaginal birth or cesarean section is better for the health of the mother, 59% of the obstetricians and 82% of pediatricians said vaginal birth is better. When asking which method is better for the health of the infant, 41% of the obstetricians and 75% of the pediatricians expressed vaginal birth is better. When asking what is the normal cesarean rate for Taiwan, obstetricians answered 28% and pediatricians responded 25% is normal. The difference is statistically significant. The OLS regression results show that the most important factor for explaining the difference in the perceptions, attitudes and behaviour of physicians toward caesarean rates is the variable age.

Conclusions:

This study has successfully explored the questions that the author had intended to investigate and has generated valuable information from the related clinicians. Three major conclusions can be drawn. First, the difference between obstetricians and pediatricians may reflect the fact that the obstetricians are the very person who has to face the adverse consequences of the birth. As a result, obstetricians have more complicated thoughts when interpreting the indicators of cesarean rates than pediatricians. Pediatricians tend to be more objective and see the indicators from a pure angle of medical quality. However, the primary cesarean rate is an appropriate quality indicator acceptable to both obstetricians and pediatricians. Second, the current cesarean rate in Taiwan is 33%. This rate is apparently too high even when comparing to the perception of the obstetricians (28%). There is a room for at least 5% unnecessary cesarean should be avoided in the future. Third, the younger the physician, the less agree toward cesarean rates as appropriate quality indicators, and the higher the cesarean rates considered as normal. There are at least three implications of this study: first, in order to lower unnecessary cesarean sections, to aim at the primary cesarean is more effective. Therefore, in addition to the total cesarean rate, Taiwan should also collect information on the primary cesarean rate; second, how to remove threats of the adverse consequences faced by obstetricians is very important in lowering unnecessary cesarean sections, third, it is important to provide better quality education on the young medical students to build up a healthy notion on cesarean section and other issues of quality of health care.