



**OPERATIONAL
RESEARCH
SNAPSHOT**

Performing Safe Cesarean Sections in Conflict Settings

War and conflict are known to impair the quality of health care services in humanitarian settings, where access to medical assistance is already limited and maternal and neonatal mortality rates are often high.

Performing emergency procedures like cesarean sections however remains imperative to save mothers' and newborns' lives – despite the adverse circumstances of active conflict. Yet in some of the countries with higher neonatal mortality rates, women do not always receive C-sections when the emergency treatment would be necessary.

Médecins Sans Frontières has been supporting C-sections in hospitals worldwide for several years, often operating in humanitarian emergencies with and without ongoing conflicts. This operational research study explored whether performing C-sections in active conflict settings puts mothers and neonates at a higher risk of death.





From 2008 to 2015, 30,921 C-sections were conducted in 17 MSF-supported hospitals worldwide such as in Afghanistan, Central African Republic, Burundi, Haiti, or Syria. 56% of C-sections were performed in settings with active conflict or war, 44% in other humanitarian contexts.



In conflict settings, the proportion of neonatal deaths during a C-section ranged from 3.9% in Syria to 31.1% in Afghanistan. There was however no significant difference to non-conflict settings: neonatal mortality rates in all hospitals were 11.7% with ongoing conflicts, and 11.8% in other settings.



For mothers, the risk of death associated with C-sections is similarly not higher in conflict settings. The study additionally showed a small overall decrease of yearly maternal deaths from 2008 to 2015.



IMPLEMENTATION

It is feasible to provide obstetric emergency interventions to save the lives of mothers and neonates even in challenging conflict scenarios. Moreover, 14 of the 17 health facilities included in the study were the only ones providing free care in the respective town or region.

Ensuring minimal surgical standards is key to providing quality care in these settings and remain a priority for each MSF-supported hospital. They ensure sufficient staff and equipment, approved medical procedures, and regular outcome monitoring.

Timely access to medical care remains a challenge, particularly in conflict settings. In Afghanistan, the timely referral of women presenting complicated labour has been identified as an operational priority to decrease the number of necessary emergency C-sections.

Original Study: Gil Cuesta, J; Trelles, M; Momin, A ; Naseer, A ; Ngabo Mulamira, N ; Caluwaerts S. et al (2017) Does the presence of conflict affect neonatal and maternal mortality during Cesarean sections? A retrospective study in 17 hospitals in 12 countries, 2008-2015
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