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Mother should take a call on childbirth: Dr Evita Fernandez

DECCAN CHRONICLE. | KANIZA GARARI (/byline/kaniza-garari-1)

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Women are not empowered with the right knowledge and therefore are coerced into accepting treatment options some are not comfortable with



In the face of devastating times, city-based Fernandez Hospitals was on the frontline, treating and helping pregnant women deliver without any hassle, and its chairperson, Dr. Evita Fernandez, a doctor par excellence, stood with the midwives, in managing the deliveries of women, amid fears of virus infection. (DC Image)



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routine, treating and helping pregnant women deliver without any hassle. Its chairperson, Dr Evita Fernandez, a doctor par excellence, stood with the midwives, in managing the deliveries of women, amid fears of virus infection.

Process (Corporate-insolvency-resolution-process)

Dr Evita passionately talked to *Deccan Chronicle* about midwives who play a major role in delivery of low-risk pregnant women.

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Q. In 2020, after the onset of Covid-19, small and medium hospitals could not take women for childbirth and your hospital came to the rescue of many. How was that carried out?

During the early stages of pandemic, the medical fraternity did not have evidence or data of the nature of the infectious disease. Our team created an imaginary situation and identified protocols of care and treatment of those who came with respiratory symptoms. The guidelines from Indian Council of Medical Research, ministry of health and family welfare, kept changing rapidly as the pandemic emerged. There was a lot of fear and for that reason in the initial stages C-section rates in early months were much higher. At our hospital, we created a Rapid Action Group in anticipation of the situation. All outpatient services were stopped and emergency services were taken up. We created smaller teams to look into the safety protocols and separate pathways for those who came with respiratory problems and had a tele health network in place to assist pregnant women at home.

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age, hypertensive, diabetic and other comorbid conditions were at high risk. For that reason, we wanted pregnant women to be vaccinated first. There are many pregnant women opting for vaccination now and it will help us tide through the pandemic.

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Q. C-sections are 15 percent of the cases in both Telugu states and have now become the face of the birthing process. You are a strong advocate of normal birthing and how do you advocate that with your patients?

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Childbirth today is facing a crisis. There are three areas of concern:

- 1) A high C-section rate.
- 2) Unnecessary medical interventions during labour and birth. Childbirth is a normal physiological event in a woman's life. Like doctor releasing the water from the bag is not required, use of IV infusions when there is no medical indication are unnecessary.
- 3) Women are not empowered with the right knowledge and therefore are coerced into accepting treatment options some are not comfortable undergoing.

There is a steep rise in private hospitals doing C-sections in rural and urban settings which is highly unacceptable. Many hospitals do not attempt a vaginal birth which they must ideally do during the delivery of the second child.

Q. Are the young mothers not willing to undergo labour pains? Or is there a section who are preparing well for childbirth?

I believe there is a growing lobby of women who are aware of what to expect during labour and birth – thanks to childbirth preparation classes which are freely available online. There is easy access to knowledge through many discussion groups and social media





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handles. This information is sought after by both urban and rural women. Childbirth preparation classes conducted by midwives in district hospitals across Telangana have shown a good impact.

Midwives counsel women in small groups during their waiting time in antenatal check-ups on nutrition, exercise, and how to cope with labour pain. They are very clearly explained what to expect during labour and birth.

This has reduced C-section in government hospitals and increased normal birthing. Our experience with childbirth classes, whether they are available online or conducted in public hospitals in the districts of Telangana proved beyond doubt that women, regardless of socio-economic status, are certainly empowered with the right information and more confident of enjoying a normal birth.

Q. You have been strongly advocating for midwifery practice and how much has it shaped up in the private and government sector? How will it ease the burden from the gynaecology centres?



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infant mortality ratios. The philosophy of midwifery is to support women and to promote normal, physiological birth. This, in simple terms, would translate into supporting a woman to birth naturally without any intervention - be it medical or surgical. As it is a low-risk pregnancy, 75 percent of birthing can be easily carried out by them.

Process (Corporate-insolvency-resolution-process)

Q. How do you cope with family interference in deliveries?

In India we tend to let the parents of the couple interfere in decision making concerning birth. Some young couples find it very hard to say that they are comfortable making birth-related decisions on their own. Certainly, a majority of couples that we see are still under the influence of parents.

It is very important that decisions are made by the couple. Particularly the woman! The woman should be involved in the decision-making process. The woman is the key decision-maker. She is primarily responsible for her childbirth. She has the right to knowledge that gives her the confidence to make decisions. This sadly does not happen in many cases because there are strong family influences and the woman may not even be aware of her rights. She is totally dependent on what the doctor says and may not have the courage to ask the doctor any questions. So, it is very important to create an environment for couples to ask questions and feel free. We have tried to do that among those who came forward but the numbers are very few.



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