

CESAREAN SECTION;

Frequency and fetomaternal morbidity

Dr. Qamarunissa, Dr. Fkharunissa.

ABSTRACT... Study Design: Descriptive observational. **Setting:** The study was conducted in Gynaecological/Obstetrics department of Isra University Hospital Hyderabad. **Duration of study:** One year from from 1st April 2010 to 1st March 2011. **Results:** The total numbers of deliveries were 1522 out of them 551 (36.20%) were cesarean section while 971 (63.79%) were normal vaginal deliveries. Regarding the age group majority of cases were 241(43.73%) belongs to 31 to 40 years. In our study majority of cases i.e. 328(59.52%) were multigravida while 389(70.59%) cases belongs to low socioeconomic and 422(79.88%) were unbooked. Regarding indications most of the cesarean section were performed due to obstructed labour and main complication was found after cesarean section was PPH while fetal complication was early neonatal death. **Conclusions:** The rate of cesarean section in our study was high. The commonest indication of cesarean section was obstructed labour and majority of the patients belongs to low socioeconomic and were unbooked. Common complication was PPH, fever from maternal side while fetal complication was early neonatal death.

Key words: Cesarean section, frequency, fetometernal morbidity.

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INTRODUCTION

The steadily raising global rate of cesarean section has become one of the most debating topic obstetrics as its prevalence has increased in last few years^{1,2}. This is due to cesarean section being performed for breech presentation and fetal distress³. Repeat cesarean section contribute to 30% of all cesarean section⁴. Vaginal birth after one cesarean section is one solution to decrease the rising cesarean section rate. Several suggest that vaginal delivery after one cesarean section is safe⁴.

WHO indicated that a cesarean section rate greater than 10-15% is not justified in any region of the world⁵. In the recent years the rate has increased to a record level of 46% in china, and 25% and above in many Asian countries, Latin American, USA⁶, considering the indication of the repeat cesarean section, dystocia, fetal distress, APH etc are commonly reported in Pakistan studies⁷.

Cesarean section considered a major surgery and have increase short and long term adverse effect for mother and baby. Major countries of world have

recognized high cesarean section rate and they are introducing measures to reduce this rising rate. Laith stated that focus of the study should be indication of cesarean section⁸.

The aim of this study was to know the frequency of cesarean section and fetometernal morbidity.

PATIENTS METHODS

The descriptive observational study was conducted from 1st April 2010 to 1st March 2011 in Department Gynaecology and Obstetrics at Isra University Hospital Hyderabad.

All women who under went cesarean section were included in study while cases of rupture uterus were excluded from this study. All the information was collected from the clinical record of patient on pre-designed proforma. Information regarding the age, socioeconomic, indication of cesarean section and maternal and perinatal morbidity was recorded. Results were analyzed on SPSS version 12. Frequency and percentage were calculated to desirable the results.

RESULTS

This descriptive observational study was conducted in the department of obstetrics and gynaecology, Isra University, to know the rate of cesarean section and fetometernal morbidity.

Total 1522 deliveries were conducted in a year from 1st April 2010 to 1st March 2011, out of them 551(36.20%) were cesarean section while 971(63.79%) were normal vaginal deliveries.

Cesarean section were further divided into emergency and elective, elective cases were 122(22.1%) while emergency cases were 429(77.8%). In our study 241(43.73%) patients were belonged to age between 31 to 40 years and 112(20.32%) patients were less than 20 years age. Regarding the parity 328(59.52%) patient were multigravida while 142(25.77%) were primigravida. In our study majority of cases were unbooked and belonged to low socioeconomic. (Table-I)

Age	Number	Percentage
<20	112	20.32%
21 to 30	128	23.23%
31 to 40	241	43.73%
>40	70	12.7%
Parity		
Primigravida	142	25.77%
Multigravida	328	59.52%
Grandmulti	81	14.70%
Socioeconomic		
Low	389	70.59%
Middle	122	22.14%
Upper	40	7.25%
Booking status		
Booked	129	23.41%
Unbooked	422	76.88%

Table-I. Sociodemographic data

Regarding indication of cesarean section majority of cases were operated due to obstructed labour i.e 154(27.94%), 35 (6.35%) cesarean section were performed due to labour dystocia /non progress of labour, mal-position ,61(11.0%) were due to fetal distress while 79(14.33%) were performed due to previous one cesarean section ,59(10.7%) due to antepartum haemorrhage ,other indication were intrauterine growth restriction ,uncontrolled pregnancy induced hypertension, chorioamnitis in 15(2.72%), maternal wish was also seen in 18(3.26%)cases .(Table-II)

Indication	Number	Percentage
Obstructed labour	154	27.94%
BOH	67	12.15%
Dystocia / non progress of labour, malposition	35	6.35%
Fetal distress	61	11.0%
APH	59	10.7%
Malpresentation (Breech / Transverse lie)	26	4.71%
Eclampsia	37	6.71%
Previous 1 cesarean section	79	14.33%
Other (IUGR, uncontrolled PIH, Chorioamnitis)	15	2.72%
Maternal wish	18	3.26%

Table-II. Indication of cesarean section

Most common complication after cesarean section was postpartum hemorrhage i.e 38(6.89%), second one was fever while other complication were wound infection, urinary tract infection and anesthesia complication. Regarding fetal complication early neonatal death were 103(18.69%), Fresh still birth were 15(2.72%),Macerated intrauterine death were 12(2.17%) while alive born were 421(76.40%). (Table-III)

Maternal complication	Number	Percentage
Fever	32	5.80%
Wound Infection	15	2.72%
PPH	38	6.89%
Anesthesia complication	4	0.72%
UTI	12	2.17%
Fetal complication		
Born alive	421	76.40%
Fresh still birth	15	2.72%
Macerated IUD	12	2.17%
Earl neonatal death	103	18.695%

Table-III. Maternal and fetal complication

DISCUSSION

This study was conducted to assess the indication of cesarean section in our setup. Cesarean section rate in our study was 36.20% which was quiet high in comparison with other studies. Cesarean section rate were 18-23% in USA and UK⁸. Main reason of this increased cesarean section rate is because it is tertiary care hospital and majority of complicated patients are referred here, after receiving full trial of labour in local maternity clinics. So obviously the cesarean section rate will be increased. Also majority of patient in this study were unbooked i.e. 76.58% this is due to lack of awareness about antenatal care in low socio-economic⁹.

Major indication of cesarean section in our study was obstructed labour 27.94%. Majority of the population situated in the vicinity of Isra are uneducated and have lack of awareness, they think that delivery is natural process and they prefer for vaginal delivery.

Another common indication of cesarean section seen in our study was previous cesarean section which was 14.33%. Previous cesarean section is one of the most common indication for performing repeat cesarean section which is also seen in other studies¹⁰. A study conducted queta¹¹ reported in the results the frequency

of repeat cesarean section is 15.57% which is comparable with our result s. Primary cesarean section should be avoided if possible because it affect the future mode of delivery. Trial of scar should be given if not contraindicated.

Fetal distress was seen 11% of patient in our study. Other common reason of cesarean section APH, Dystocia, non progress of labour. Result of there were similar to other study conducted by Lin Hc¹².

Cesarean section is considered as last resort for delivery. In this study all cesarean section were done with specific indication where vaginal delivery is not possible.

Despite remarkable improvement in safety of anesthesia and surgical techniques. Cesarean section increases the risk of maternal morbidity and mortality as compare to vaginal delivery¹³. The common cause of morbidity after cesarean section in our study was postpartum haemorrhage and wound infection.

Perinatal mortality depend upon the age of gestational age and indication of cesarean section. Regarding fetal outcome following cesarean section 76.58% were born alive. While 23.58% babies were lost, perinatal mortality which is high when compared with other study^{14,15}.

Main reason of this increase cesarean section rate in our setup is lack of awareness about health care system and late referral to tertiary care hospital.

CONCLUSIONS

The rate of cesarean section in our study was high. The commonest indication of cesarean section was obstructed labor and majority of the patients belongs to low socioeconomic and were unbooked. Common complication was PPH, fever from maternal side while fetal complication was early neonatal death.

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AUTHOR(S):

1. **DR. QAMARUNISSA**
MBBS, FCPS
Department of Obstetrics & Gynaecology,
Aga Khan Maternity & Child Care Hospital Sindh, Pakista.
2. **DR. FK HARUNISSA**
MBBS, FCPS
Instructor
Department of Obstetrics & Gynaecology,
Aga Khan Maternity & Child Care Hospital
Hyderabad-Sindh, Pakistan.

Correspondence Address:

Dr. Qamarunissa
Department of Obstetrics & Gynaecology,
Aga Khan Maternity & Child Care Hospital Hyderabad
Sindh, Pakistan.
qamarunissanoonari@yahoo.com

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astonish the rest.*

Mark Twain (1835-1910)