

Original article:

Study of incidence and etiological factors in cesarean section operatives at tertiary care hospital

Dr Ramchandra Gite *, Dr Vidya Gaikawad , Dr Nirav Patel , Dr Preeti Pande

Department of OBGY , Dr D Y Patil Medical College , Pimpri , Pune

Corresponding author*

Abstract:

Introduction: Large number of factors have been seen to be associated with cesarean section across the world like premature rupture of the amniotic membrane, cephalo-pelvic disproportion, fetal distress, multiple pregnancy, breech presentation, place of birth (private or public hospital), maternal preference, birth weight, parity, maternal height and antenatal care use .

Material and methods: Present study had been conducted in our Department for one year duration. Sample size was estimated with the help of expert statistician. We included subjects / patients routinely admitted to our hospital as emergency as well as planned for their delivery. We excluded such patients who has been further refered or discontinue their treatment due to any reason.

Conclusion: In our present study mean age of patients were 23.22 years. In our present study minimum age of patients was 21 years while maximum age was 32 years. In our study 25 % patients undergo cessation section. (26 patients) In our present study , 21 %patients were with previous history of cessation section, 8 % patients were with diabetes mellitus, 15 % with preeclampsia , while 7 % were with other complications.

Conclusion: From present study, we may conclude that increase in cesarean delivery rates overtime has not been associated with improvements in neonatal outcomes . Future research is needed to highlights the causes of CS like attitudes, behaviors, and skills of obstetricians as well as the social, economic etc.

Keywords: Caesarean section , preeclampsia

Introduction:

Large number of factors have been seen to be associated with cesarean section across the world like premature rupture of the amniotic membrane, cephalo-pelvic disproportion, fetal distress, multiple pregnancy, breech presentation, place of birth (private or public hospital), maternal preference, birth weight, parity, maternal height and antenatal care use . ¹The major indications for cesarean delivery are previous cesarean delivery, breech presentation, and fetal distress . ² Although CS is considered safe operation, when it is performed without medical need it puts mothers and their babies at risk of short- and long-term health problems. Most complications of the CS, however, come from the cause which leads to CS. Factors that make some women more likely to have complications include: obesity, large infant size, prolonged labor, multiple pregnancy, and premature labor. In the absence of a clear medical indication, the excess risk associated with the operation itself must be considered. Short- and long-term maternal and infant problems associated with elective caesarean section are higher than those associated with vaginal birth.³

Material and methods:

Present study had been conducted in our Department for one year duration. Sample size was estimated with the help of expert statistician. We included subjects / patients routinely admitted to our hospital as emergency as

well as planned for their delivery. We excluded such patients who has been further referred or discontinue their treatment due to any reason.

The admitted patients were undergo delivery either normal delivery or cesarean section. Patient history was recorded. Clinical examination was done and follow up was also noted by us.

All data were collected in Excel sheet and statistical analysis was carried out by us. In our present study total of 102 patients were included.

Results:

In our present study mean age of patients were 23.22 years.

In our present study minimum age of patients was 21 years while maximum age was 32 years.

In our study 25 % patients undergo cessation section. (26 patients)

Table 1) Occupation wise distribution of patients

S.NO.	Occupation	Number of patients	Percentage
1	Housewife	74	74
2	Employed women	28	28

Table 2) socioeconomic status wise distribution of patients

S.NO.	Socioeconomic status	Number of patients	Percentage
1	Lower	60	60
2	Middle	42	42
3	Higher	----	---

Table 3) Associated complications wise distribution of patients

S.NO.	Associated complications	Number of patients	Percentage
1	Diabetes mellitus	8	8
2	Hypertension	15	15
3	Preeclampsia	15	15
4	Neurological disorders	0	0
5	Other complications	7	7
6	No any complications	81	81
7	Previous history of cessation section	21	21

In our present study , 21 %patients were with previous history of cessation section, 8 % patients were with diabetes mellitus, 15 % with preeclampsia , while 7 % were with other complications.

Discussion:

There are two types of caesarean section, which differ according to the direction of the incision on the abdomen. These are the classical cut and the bikini cut. The bikini cut is more popular because it heals and looks better, and causes less pain after surgery.⁴

In our present study mean age of patients were 23.22 years. In our present study minimum age of patients was 21 years while maximum age was 32 years. In our study 25 % patients undergo cesarean section. (26 patients) In our present study , 21 %patients were with previous history of cesarean section, 8 % patients were with diabetes mellitus, 15 % with preeclampsia , while 7 % were with other complications.

Caesarean section, also known as C-section, or caesarean delivery, is the surgical procedure by which a baby is delivered through an incision in the mother's abdomen, often performed because vaginal delivery would put the baby or mother at risk.⁵ Reasons for this include obstructed labor, twin pregnancy, high blood pressure in the mother, breech birth, and problems with the placenta or umbilical cord. A caesarean delivery may be performed based upon the shape of the mother's pelvis or history of a previous C-section. A trial of vaginal birth after C-section may be possible. The World Health Organization recommends that caesarean section be performed only when medically necessary. Some C-sections are performed without a medical reason, upon request by someone, usually the mother.⁶

The increase in cesarean delivery rates overtime has not been associated with improvements in neonatal outcomes .⁷Future research is needed to highlights the causes of CS like attitudes, behaviors, and skills of obstetricians as well as the social, economic etc.

Conclusion:

From present study, we may conclude that increase in cesarean delivery rates overtime has not been associated with improvements in neonatal outcomes . Future research is needed to highlights the causes of CS like attitudes, behaviors, and skills of obstetricians as well as the social, economic etc.

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