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Research Article

**ANALYSIS OF RATE OF CHANGING TREND IN LOWER
SEGMENT CAESAREAN SECTIONS IN LOCAL HOSPITALS
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Abstract:

Introduction: The incidence of cesarean section has doubled or tripled all over the world in the last 15 years. Though modern technology and facilities have made this operation remarkably safe, but still cesarean section is associated with increased risk of maternal morbidity and mortality as compared to vaginal delivery as well as it also complicates the management of subsequent pregnancies. **Objectives of the study:** The purpose of this study is to analyze the rate of changing trend in Lower segment Caesarean sections in local hospitals of Pakistan. **Material and methods:** This was a prospective study conducted at Services Institute of medical sciences Lahore, during 2016 to 2017. This study was based on the local female population of Pakistan. Total number of selected patients was 500. All patients who delivered vaginally or abdominally during this period were considered for study. **Results:** There were total 500 deliveries during this period. On comparing the indications of cesarean section in two groups, fetal distress accounted for 112 cases in primigravida while it was an indication for 64 cases in multigravida (p value <0.001). Other indications were comparable in both the groups except for APE and APH. **Conclusion:** It is concluded that, the rate of primary caesarean section in primigravida is increasing as elsewhere and is higher than multigravida. Promotion of public health education on advantages of natural delivery and risks associated with caesarean sections in antenatal and birth preparation classes or in pre-delivery discussions can help to reduce CSR.

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INTRODUCTION:

High caesarean section rate has been recognized as a major health problem in many countries. There is a massive public interest and debate on both the cause and appropriateness of increasingly employing a surgical procedure to short circuit or entirely bypass labour and delivery [1]. Although, caesarean delivery greatly improves obstetric outcomes when clinically indicated, excessively high caesarean delivery rates have raised concern about the health and economic consequences of this practice [2]. Caesarean delivery has been shown to substantially increase the risk of maternal and perinatal morbidity. Maternal mortality among women who undergo caesarean section is 4-10 times higher than among women who deliver vaginally and uterine scarring from a caesarean can undermine reproductive health [3]. A high CSR does not confer any additional benefits but have resource implications for health services. The increased morbidity due to C-sections is 5-10 times that for a vaginal delivery. Countries with some of the lowest perinatal mortality rates in the world have CSR of under 10% [4].

At most of the multiparous women have had easy vaginal deliveries they do not pay much attention to the antenatal care they deserve. Moreover, the socio economic condition of these patients does not permit them to have adequate balanced diet, which the pregnant stage demands [4]. These patients get expert supervision only when unforeseen emergency arises during pregnancy and labour. The relative ease with which some multiparous women deliver in the presence of faulty position and presentation may account for false sense of security [5]. This invites laxity on part of patients as well as Obstetrician. Due to those factors the multiparous women pass through the stage of pregnancy and labour in a subnormal stage of health with a potential risk, when cesarean section has to be performed. Lack of scrupulous antenatal examination and intranatal care may lead difficulty in labour from an unsuspected and undetected abnormality. The hazards associated with such labour show that mothers with past history of eutocia may exhibit dystocia and one must be on guard for such dystocias [6].

BACKGROUND OF THE STUDY:

In spite of much emphasis by government of developing countries on small families, high parity still remains an obstetric problem. The incidence of high parity is declining in western countries but still remains a common obstetric problem in many developing countries. The grand multipara has almost disappeared in western countries due to advancement

of family planning. In developing country like India where poverty, illiteracy, ignorance and lack of knowledge of family planning facility available have greatly increased the incidence of grand multipara. Until the grand multipara disappears it must be regarded as high risk obstetrical situation [5-7].

Objectives of the study

The purpose of this study is to analyse the rate of changing trend in Lower segment Caesarean sections in local hospitals of Pakistan

MATERIAL AND METHODS:

This was a prospective study conducted at Services Institute of medical sciences Lahore, during 2016 to 2017. This study was based on the local female population of Pakistan. Total number of selected patients was 500. All patients who delivered vaginally or abdominally during this period were considered for study.

Collection of data

Thorough history was taken and complete examination done. Vitals were recorded and patients were closely monitored in labor room for fetal heart rate and progress of labor. Indication for cesarean section was noted before the operation was done and any intraoperative or postoperative complication were observed and noted till the discharge of the patient from the hospital.

Analysis of data

Statistical analysis was done by chi square test of significance using the SPSS package and P value < 0.01 was considered significant.

RESULTS:

There were total 500 deliveries during this. On comparing the indications of cesarean section in two groups (table 1), fetal distress accounted for 112 cases in primigravida while it was an indication for 64 cases in multigravida (p value <0.001). Other indications were comparable in both the groups except for APE and APH. In primigravida, APE was responsible for 4.42% cesarean sections as compared to 0.73% cases in multigravida (p value <0.01). With respect to APH, abruption placenta was an indication in only 1.89% of cases in primigravida whereas in multigravida it lead to cesarean section in 12.73% cases (p value <0.001). Also Obstructed labor was an indication in 8.73% cases in multigravida while there was no cesarean section in primigravida for this indication (p value <0.001). Thus wherein fetal distress and APE requires due concerns in primigravida, APH

Table 1: Comparison of indication of primary caesarean section in primigravida and multigravida

Indication	Percentage of cases in Primigravida	Percentage of cases in Multigravida	Significant P values
Fetal distress	112	64	<0.001
Eclampsia	18	12	
APH	24	28	
Breech	39	4	
PROM/Oligo	18	24	<0.01
Med presentation	34	11	
FOI	16	11	
Obstructed labor	18	9	
FOP	9	14	<0.001
Precious pregnancy	12	3	
CPD	12	-	<0.01

DISCUSSION:

In the present study, fetal distress and CPD were the most common indications of primary caesarean section in both the groups. Study of Himabindu et al (2015) on primary caesarean section on multipara had fetal distress as an indication in 24.7% cases and APH as an indication in 11.2% cases. Present study also compares the various indications of caesarean section in either group and reveals that where other indications have comparable incidences in either group, fetal distress and APE significantly increase the operation rate in primigravida whereas in multigravida, the same credit goes to APH [8] i.e., abruptio placenta and placenta previa. Sibai et al states that the presence of eclampsia is not an indication of caesarean delivery. Study by Gaddi Suman reveals that the incidence of eclampsia is more in population with no prenatal care. From this we can conclude that in primigravida [9], a good antenatal checkup must be stressed on to prevent incidence of APE and thus lesser women will have to face the operative morbidities [10]. In multigravida, an optimal health status, early diagnosis, timely referral and proper birth spacing by effective implementation of family planning services are the key points to reduce associated maternal morbidities like PPH [11], disseminated intravascular coagulation and blood transfusions and fetal morbidity and mortality [12].

CONCLUSION:

Thus, to conclude, the rate of primary caesarean section in primigravida is increasing as elsewhere and is higher than multigravida. Promotion of public health education on advantages of natural delivery and risks associated with caesarean sections in antenatal and birth preparation classes or in pre-delivery discussions can help to reduce CSR.

REFERENCES:

- O'Driscoll K, Foley M. Correlation of decrease in Perinatal mortality and increase in caesarean section rates. *Am J Obstet Gynecol* 1983; 61 (1): 1-5.
- Jyothi H Rao, Nirmala Rampure. "Study of Caesarean Section in Multiparous Women". *Journal of Evolution of Medical and Dental Sciences* 2013; Vol2, 24, 17; 4414-18.
- Susan F, Claudia A, Zhang J, Lawrence W. A national estimate of elective caesarean delivery rate. *J Obstet Gynecol.* 2005; 105 (9):751-56.
- Omar, Adnan A. Abu, and Suleiman H. Abu Anza. "Frequency Rate and Indications of Caesarean Sections at Prince Zaid Bin Al Hussein Hospital Jordan." *JRMS.* 2012; 19(1): 82-86.
- Desai E, Leuva H, Leuva B, Kanani M. A study of primary caesarean section in multipara. *Int J Reprod Contracept Obstet Gynecol.* 2013;5(2):320-24.
- Rupal Samal, Pallavee Palai, Seetesh Ghose; Clinical study of Caesarean section in multiparous women in a tertiary care hospital. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology.* Samal R et al. *Int J Reprod Contracept Obstet Gynecol.* 2016 May;5(5):1506-09.
- Dr. Shruthee Birla, Dr Vishnu Kumar Gupta; Comparison of Various Factors Affecting Incidence of Blood Transfusion During Cesarean Section in Primigravida and Multigravida. *Indian Journal of Research,* 2016: Volume 5, Issue 8, August
- Dr.P.Himabindu, Dr.M.Tripura Sundari, Dr.K.V.Sireesha, M.V.Sairam, Caesarian Section in Multipara. *IOSR Journal of Dental and Medical Sciences (IOSR-JDMS),*

- (May. 2015), Volume 14, Issue 5 PP 22-25.
9. G Sharmila, Ch.Nishitha; Study of Caesarean section in multigravida. Asian Pac. J. Health Sci., 2016; 3 (4):89-94.
 10. Meha Agrawal, Supriya Waydande, V Jadhav, S Bhave. Frequency and indications of Caesarean section in multipara in tertiary care hospital. International Journal of Recent Trends in Science And Technology, 2016: Volume 18, Issue 3, pp 430-32.
 11. Desai E, Leuva H, Leuva B, Kanani M. A study of primary caesarean section in multipara. Int J Reprod Contracept Obstet Gynecol 2013; 2 (3): 320-324. doi: 10.5455/2320-11770. ijrcog 20130912.
 12. Himabindu P, Tripura Sundari M, Sireesha K V, Sairan M V. Primary caesarean section in multipara. IOSR-JDMS may 2015; 14 (5) ver VI: 22-25, eISSN: 2279-0853, pISSN: 2279-0861.