



Obstetrics & Gynaecology

A STUDY AND COMPARISON OF CAESAREAN SECTION RATES AND INDICATIONS IN PRIVATE AND PUBLIC SECTORS AND THEIR OUTCOME IN FUTURE PREGNANCIES.

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ABSTRACT **AIM & OBJECTIVES:** To study and to assess the maternal, fetal outcome and mode of delivery in post caesarean pregnancies and their indication, place of prior delivery whether private or public sector, hitherto the cause of increasing repeat section rates are analyzed.

Methods: This was a prospective observational study carried out in department of obstetrics & gynecology at government general hospital, Kurnool from June 2019 to November 2019.

Results: During this period, a total of 200 cases with previous caesarean section were studied out of which in 96 cases primary caesarean was done in public sector hospitals & in 104 cases primary caesarean was done in private sector hospitals. Cases in which primary section done in public sector is considered as group A and cases in which primary section was done in private sector is considered as group B. In primary C section of group A, 70 (73%) cases were done through emergency & 26 (27%) cases were done through elective procedure. In group B, primary C section in 50 cases (48%) were done through emergency and 54 cases (52%) were done through elective procedure. Outcome of second pregnancy - 170 cases (85%) were delivered through C section and 30 cases (15%) went for vaginal birth after caesarean section (VBAC).

Conclusion: Substantial reduction in the repeat caesarean section rates can be achieved when the primary C section rates are controlled. Reducing the rate of elective primary sections in private sector reduces the repeat C section rates.

KEYWORDS : C section, elective caesarean section, emergency caesarean section, VBAC.

INTRODUCTION

Incidence of CS has been rising all over the world. Over the last 20 years, there has been a disturbing trend of increased CS rates in India. In a population based cross-sectional study of an urban area of India done in 2013, the total CS rates even in public and charitable sectors were 20 and 38% respectively, while in private sectors the rate was unbelievably 47%. According to WHO in 1985 in Fortaleza, Brazil "there is no justification for any region to have CS rate higher than 10-15%". This was revised in 1994 and 1997 by UNICEF, WHO and UNFPA stating that proportion of CS births should range between 5-15%. The CS rate below 5% seems to be associated with gaps in obstetric care leading to poor health outcomes, whereas, rates over 15% do not seem to improve either maternal or infant health. Cost is also a major factor in improving equitable access to maternal and newborn care as CS represents a significant expense for over loaded and often weakened health systems.

A rise in primary C section rate will always result in repeat C section rates and overall total C section rates. Primary C section rates have increased greatly in private sector and there is a change in trends of indications for C section.

AIMS AND OBJECTIVES:

- To study the outcome of pregnancy in mothers having history of one previous caesarean section in terms of mode of delivery i.e.,
 1. Vaginal birth after caesarean section (VBAC).
 2. Elective caesarean section.
 3. Emergency caesarean section.
- To compare the indications of primary section in private and public sectors.
- To analyze the changing trends of indications of primary section in public and private sector.

MATERIALS AND METHODS:

This prospective observational study was carried out in the department of obstetrics and gynecology at government general hospital, Kurnool from June 2019 to November 2019. Antenatal mothers with term gestation with one previous C section were included in the study.

Inclusion Criteria:

- Obstetric cases of second gravida having history of previous one caesarean section scheduled for delivery during study period.
1. Obstetric cases without any complications in present pregnancy.
 2. Obstetric cases with term gestation.

Exclusion Criteria:

1. Obstetric cases with history of more than one caesarean section

Antenatal mothers with history of previous one caesarean section admitted to antenatal wards and labour room were observed. All relevant obstetric information like parity, mode of previous delivery CS, indication, gestational age, onset of labour (spontaneous or induced) were taken. Demographic characteristics such as name, age, address, educational and socioeconomic status, and inpatient registration number were noted. A suitable predesigned pretested proforma for data collection was prepared.

Maternal outcome in the present pregnancy in the form of mode of delivery whether emergency C section or elective or VBAC is noted. Outcome of present pregnancy in the case of which primary section done in private sector and public sector were analyzed separately. Maternal and neonatal outcome of present pregnancy is noted.

RESULTS:

The total number of women delivered during the study period was 200. Out of which Group A includes 96 cases and Group B includes 104 cases. The results of the study were analysed as follows,

Mode of delivery	number	percentage
Elective repeat section	60	30%
Emergency repeat section	110	55%
VBAC	30	15%

Mode of delivery	Number
primary section in public hospital (Group A)	96
Primary section in private hospital (Group B)	104

Comparison Of Outcome In Present Pregnancy In GROUP A And Group B :

Mode of delivery	GROUP A Number & percentage	GROUP B Number & percentage
Elective section	40(42%)	20(19%)
Emergency section	50(52%)	60(58%)
VBAC	6(6.25%)	24(23%)

Mode of delivery of primary section	emergency	elective
In private	50(48%)	54(52%)
In public	70(73%)	26(27%)

In group A, CPD is the indication of primary section in 39 cases (28 were emergency & 11 were elective).

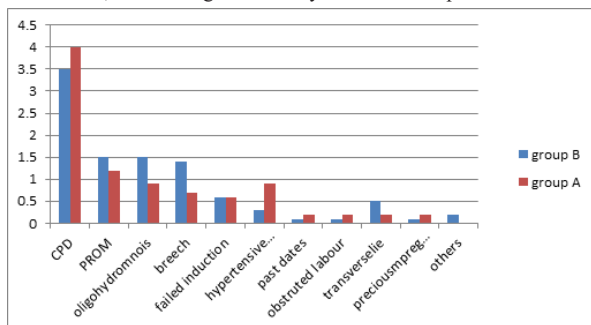
In group B, CPD is the indication of primary section in 38 cases (7 were emergency & 31 were elective).

DISCUSSION:

- The excessive use of C section is a serious problem worldwide. The increased number of C section realized is a multifactorial

problem concerning the institutional practices, the treating doctor, social women characteristics and their environment. In the last 15 years several studies indicated that the surgical intervention has been increased practically in private sector.

- The results of this analysis shows that the rate of primary section was higher in GROUP B than GROUP A, because most of the times indication for C section in private sector is not justified. The principle indication for C section in article analyzed was CPD.
- Most of the primary sections done in private sector are elective.
- But this percentage is very less in GROUP A showing that the indications in government sector was necessary and judicious and private sectors might have not assessed properly or not given proper trial for vaginal delivery.
- VBAC rate is high in GROUP B than GROUP A.
- Pregnant women going for repeat section is high in GROUP A.
- The overall section rate is 85% in next pregnancy of prior caesarean section and the overall VBAC rate is 15% out of total C section rate, of which more cases went for emergency section.
- There is no maternal and fetal morbidity or mortality in 200 cases studied, this shows genuine analysis and work in public sector.



Indications of primary C section:

CONCLUSION:

substantial reduction in the repeat caesarean section rates can be achieved when the primary CS rates are controlled. Reducing the rate of elective primary sections in private sector reduces the repeat CS rates.