



FREQUENCY AND INDICATION OF CESAREAN SECTIONS IN GOVERNMENT MEDICAL COLLEGE BARAMULLA

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ABSTRACT

INTRODUCTION: Cesarean section is one of the most widely performed surgical procedures in obstetrics worldwide. There is progressive increase in caesarean deliveries across the world; in developed as well developing countries.¹ This increase in C-Section Rate has become a major public health issue, because it is a burden on health system and imposes strain on families.² It had been observed that caesarean deliveries are associated with increased risk of maternal and perinatal morbidity as compared to vaginal deliveries even in low risk cases.³ **MATERIALS AND METHODS:** This retrospective observational study was carried in patients who were admitted in Lala Ded hospital, Department of Obstetrics and Gynaecology Government Medical College Srinagar during the study period from November 2020 to February 2021. All those pregnant females who delivered during this period either vaginally or through caesarean section were included in this study. **RESULTS:** In our study the total number of deliveries was 6448. Of these caesarean sections were 4140 (64.2%) and FTVD were 2308 (35.8%). Among 4140 patients, 1150 (27.8%) had primary caesarean section and 2990 (72.2%) had repeat caesarean section. **CONCLUSION:** The caesarean section rates in our study are very high as compared to the WHO standards and the most common indication being previous caesarean section. There is an urgent need for reduction in rates of primary caesarean sections, formulation of guidelines for the absolute indications of caesarean sections and strong commitment at higher level of government.

KEYWORDS : Cesarean section, Indications of caesarean section, FTVD**INTRODUCTION:**

Cesarean Section is one of the most widely performed surgical procedures in obstetrics worldwide. There is progressive increase in caesarean deliveries across the world; in developed as well developing countries.¹ This increase in C-Section Rate has become a major public health issue, because it is a burden on health system and imposes strain on families.² It had been observed that caesarean deliveries are associated with increased risk of maternal and perinatal morbidity as compared to vaginal deliveries even in low risk cases.³ The indications of caesarean sections vary among institutions as there is no standard classification system exists for indications of C-Section.^{4,5} A major challenge is that definitions are not standardized and indications can be multiple or related.⁶ Broadly it can be classified into medical and non-medical indications.^{7,8} The most common indications for primary caesarean delivery include, in order of frequency, labor dystocia, abnormal or indeterminate foetal heart rate tracing, foetal malpresentation, multiple gestation, and suspected foetal macrosomia.⁹ However, maternal requests for elective caesarean delivery are becoming the leading cause for this choice, which now accounts for between 0.3 and 14 % of all caesarean deliveries worldwide.¹⁰ Some possible reasons that are cause of rising trend of caesarean sections are fear of pain, long hospital admissions, misconceptions of CS being safer than VD, lower tolerance to any complications.¹¹⁻¹⁶ Effective implementation of the strategies to reduce caesarean section rates may depend on the social and cultural milieu, associated belief and practices of the society.¹⁷

AIMS AND OBJECTIVES:

To determine the rate and pattern of indications of caesarean sections in Government Medical college Baramulla.

MATERIALS AND METHODS:

This retrospective observational study was carried in patients who were admitted in Government Medical college Baramulla, Department of Obstetrics and Gynaecology during the study period from October 2023 to September 2024. All those pregnant females who delivered during this period either vaginally or through caesarean section were included in this study.

Patient's individual data which included their complete obstetric history, mode of delivery, indications for caesarean if so were noted from the medical records section.

RESULTS:

In our study the total number of admission was 11,115. Total number of deliveries was 7232. Of these caesarean sections were 4686 (64.79%) and FTVD were 2546 (35.204%). Among 4686 patients, 1500 (32.01%) had primary caesarean section and 3186 (67.99%) had repeat caesarean

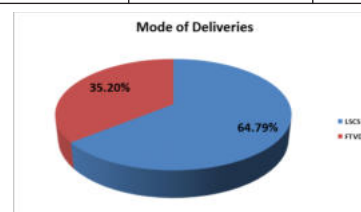
section. The number of patients who underwent emergency caesarean section was 3558 (75.92%) and elective caesarean section was done in 1128 (24.22%) patients.

Table 01 : Mode of delivery

Mode of Delivery	Number of patients	Percentage
LSCS	4686	64.79
Primary/Repeat		
Primary	1500	32.01
Repeat	3186	67.99
Emergency/Elective		
Emergency	3558	75.92
Elective	1128	24.22
FTVD	2546	35.204
TOTAL	7232	100

Table 02 : Indication for LSCS

Indication	Number	Percentage
Previous LSCS	1951	41
AFD	1052	22.4
CPD	434	9.26
APH	401	8.5
Malpresentation	350	7.46
FOI	298	6.35
Multiple Pregnancies	47	21
CD Change	53	1.1
Eclampsia	32	0.68
FOI	30	0.72
Obstructed Labor	8	0.17
Refusal for NVD	8	0.17
Cord Prolapse	10	0.021
Others	42	0.89
Total	4140	100

**Fig:**

DISCUSSION:

During our study period, the total number of deliveries was 7232 of whom 4686 underwent caesarean section and 2546 had normal vaginal deliveries. Hence the caesarean section rate was 64.79% which is almost three times the accepted upper norm of WHO²⁰. There has been a steady increase in the rates of CS in both developed and developing countries. The reasons for the increased caesarean are multifaceted. Commonly cited causes are:

- Increased institutional deliveries.
- Fear of the patient for labour pain.
- Avoiding difficult manipulative or instrumental vaginal deliveries.
- Foetal distress detected especially with the use of continuous electronic foetal monitoring.
- Liberal use of caesarean in high risk cases like Breech presentation, previous caesarean delivery, growth retarded foetus, multiple pregnancy, preterm baby.

The present study was conducted at newly upgraded district hospital to Government Medical college Baramulla where most of the patients attending OPD and getting admitted are being referred from all the sub district hospitals and primary health centres of north Kashmir. Many other studies conducted so far in Kashmir have shown similar caesarean section rates.²¹

In our study, the maximum number of cesarean sections were done for those with previous history of caesarean sections counting to 41% of cases. In our study the next common indication was acute foetal distress (22.4%). Next common indication was cephalo pelvic disproportion followed by APH, Malpresentations, Multiple pregnancies, Color Doppler changes and other less common indications as shown in table. The indications in present study were comparable with the study done by Nikhil et al in 2015²² and Osman BALCI et al in 2007.²³ WHO Global Survey conducted in nine countries in Asia revealed that most common indication for CS are previous CS (24.2%), CPD (22.6%), fetal distress (20.5%), breech and other abnormal presentation (12.5%).²⁴

CONCLUSION:

The caesarean section rates in our study are very high as compared to the WHO standards and the most common indication being previous caesarean section. There is an urgent need for reduction in rates of primary caesarean sections, formulation of guidelines for the absolute indications of caesarean sections and strong commitment at higher level of government and private sector to create circumstances so as to educate women, improve socioeconomic status, and improve antenatal surveillances and an effective referral chain so as to decrease the current high caesarean section rate. Careful evaluation of patients, practice of evidence based obstetrics and audits in the hospitals can help in limiting caesarean sections.

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