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Research Article

**CAESAREAN SECTIONS: ASSESSING THE CAUSES, OUT
COMES AND COMPLICATIONS AT LUMHS HOSPITAL,
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Liaquat University of Medical and Health Sciences Hospital, Hyderabad, Pakistan**Article Received:** February 2020**Accepted:** March 2020**Published:** April 2020**Abstract:**

Caesarean sections deliveries are increasing around the globe due to a long list of medical and non-medical factors but no doubt the technique is great and old with a history of more than a century. This procedure has reduced the child and mother mortality from multiple fetomaternal pathologies however certain risks also increase if the procedure gets frequently performed. This piece of research work was executed at Gynecology and Obstetrics department at LUMHS hospital, in Hyderabad Sindh, Pakistan from 5th April 2019 to 5th July 2019 on those females which underwent C-section. Various parameters assessed in these patients and various causes of C-sections were also evaluated. We estimated the frequencies and percentages and found that 98% (326) of the procedures were without any complications while only 2%(6) got complicated even those were not due to the procedure but were actually due to the severity of the disease and late arrival of patients, 93.67% (311) outcome was live births while 6.32% (21) cases were found to have Intra Uterine Deaths of fetuses. The most common cause of Caesarean sections was found to be previous C- Sections 39.76% (132) followed by abnormal fetal presentation, eclampsia and placental abnormalities

Conclusion: *Previous caesarean sections are the most common cause of subsequent Caesarean surgeries, followed by fetal presentations and eclampsia and the gynecology and Obstetrics unit of this hospital has great success rates.*

Key Words: *C-Section, IUD, IUGR, Eclampsia*

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INTRODUCTION:

Ferdinand Adolf Kehler, a Gynecologist from Germany is believed to conduct the 1st lower segment cesarean section delivery in September 1881[1]. C-section rates in Pakistan range from 5.5% in the poorest women to 35.3% in the richest women. Only 11.5% of the rural women had a C-section compared to 25.6% of the urban women. The World Health Organization (WHO) declared that cesarean section rate should not be higher than 10%–15% [2]. A very much high swing of cesarean section delivery has been noted in the United States of America as well since 1960s. The American Congress of Obstetricians and Gynecologists and the Society for Maternal–Fetal Medicine released the Obstetric Care Consensus on Levels of Maternal Care In 2015, which delineates criteria for identifying women at considerable health risk (such as those with placenta previa, placenta accreta, or preeclampsia with severe features) who should be cared for at a hospital with appropriate staffing and resources to avert obstetrical complications and related deaths[3]. Data from developed countries as well as from the developing nations in the year 2013 showed the average rate of C-section as 27% [4]. There is a reported increase in rates of C-section in Bangladesh from 4% to 23% over a period of 10 years from 2004 to 2014 [5]. an objective evidence to support the widely held view that multiple cesarean sections predispose to an increased risk of uterine rupture, severe intra-peritoneal adhesions, significant hemorrhage, placenta Previa, placenta accreta, bladder injury, hysterectomy, etc[6]. The frequency of placenta Previa in non-scarred uterus was reported 32.45% and frequency in previously scarred uterus was 67.54%[7]. Placental abnormalities like Previa and accreta may cause serious morbidity and mortality in the mother[8]. Most placenta accretas occur in women with risk factors and can be antenatally diagnosed. By far, the strongest risk factor is placenta previa, especially when associated with multiple prior cesarean deliveries[9]. The current

study was executed to point out various outcomes and conditions that are seen in our gyne and obs practice at public sector teaching hospital.

METHADODOLOGY:

This study was planned and executed at the department of gynecology and obstetrics of Liaquat University of Medical and Health Sciences Hospital, Hyderabad, in Sindh Province of Pakistan. Inclusion was done without any age limitation for all Singleton or Twin pregnancies which delivered through c. section excluding women which were delivered through normal vaginal delivery or episiotomy. There total C/Sections 332 conducted at Gyne and Obs department of LUMHS hospital from 05/04/2019 to 05/07/2019 Frequency and percentage was calculated for various parameters and various common conditions which required the cesarean delivery and presented in tables and charts.

RESULTS:

The success rate was 98%(326) while Maternal deaths occurred only in 2%(06)cases where the presentation was very late in obstructed labor and severe antepartum hemorrhage. There were 93.67% (311) live births while Intra Uterine Deaths were observed in 6.32% (21) cases. Single births were 96.79% (321) and 3.21% 11 were Twins deliveries outcome was boys in 50.62% (164) cases and girls were delivered in 49.38%(160) cases. Tubal Ligation was opted by 6.93% (23) women as a contraceptive measure [Table-1]. The indication for surgery was Previous C. Sections in 132(39.76%) women, Breech Presentation in 27(8.13%) women, Transverse Lie in 17(5.12%), Oblique Lie in 14(4.22%) cases, Eclampsia in 17(5.12%), Fetal Distress in 14(4.22%), Placenta Previa in 16(4.82%), IUGR in 10(3.01%), PROM in 7(2.11%), Obstructed Labor in 10(3.01%), APH in 9(2.71%), Tubal Ligation in 23(6.93%), IUD in 21(6.33%), Twin Pregnancy in 11(3.31%), Induction Failure in 5(1.5%)[Table-2, Fig-1].

Table-1: Frequency and percentage of various parameters

S. No.	Parameters	Frequency/Percentage
1.	C/Sections	332(100%)
2.	No Complications	326(98%)
3.	Complications (Maternal deaths)	06(2%)
4.	Live Births	311(93.67%)
5.	IUDs	21(6.32%)
6.	Boys	164(50.62%)
7.	Girls	160(49.38%)
8.	Single births	321(96.79%)
9.	Twins	11(3.21%)
10.	Tubal Ligation	23(6.93%)

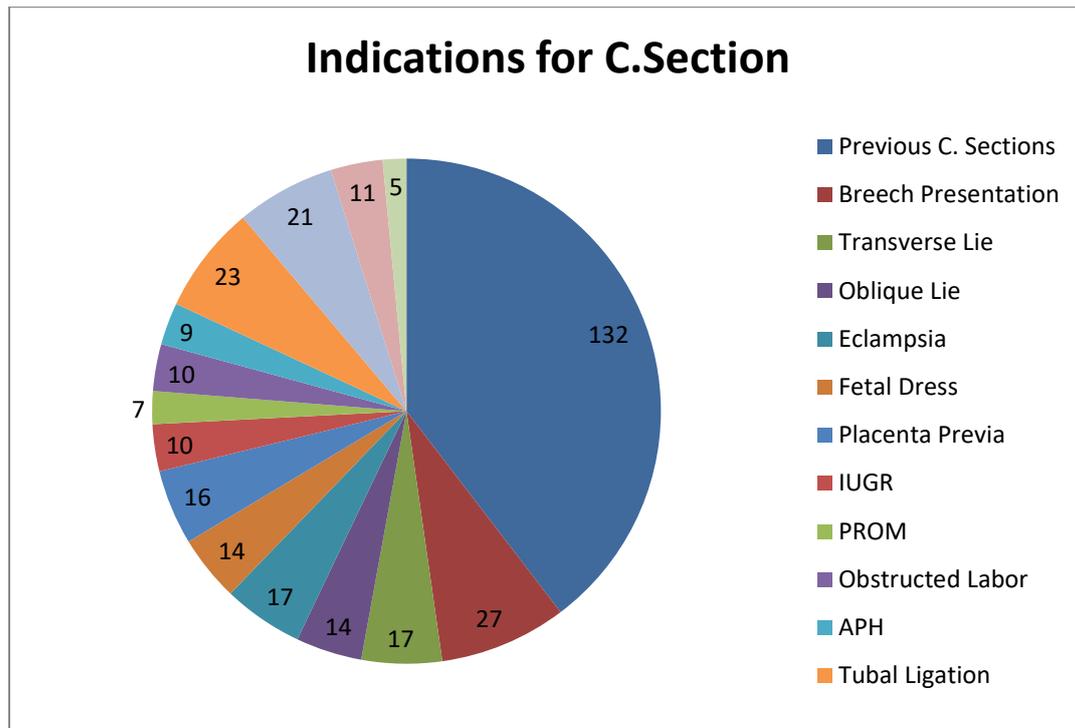


Figure-1: Pie chart representation of various causes of C. section

Table-2: Various causes of C. Sections with frequency and percentage

S.NO.	Indication of C/Sections	Frequency/Percentage
1.	Previous C. Sections	132(39.76%)
2.	Breech Presentation	27(8.13%)
3.	Transverse Lie	17(5.12%)
4.	Oblique Lie	14(4.22%)
5.	Eclampsia	17(5.12%)
6.	Fetal Dress	14(4.22%)
7.	Placenta Previa	16(4.82%)
8.	IUGR	10(3.01%)
9.	PROM	7(2.11%)
10.	Obstructed Labor	10(3.01%)
11.	APH	9(2.71%)
12.	Tubal Ligation	23(6.93%)
13.	IUD	21(6.33%)
14.	Twin Pregnancy	11(3.31%)
15.	Induction Failure	5(1.5%)

DISCUSSION:

Placenta Previa is reported 0.3-0.5% in USA for all pregnancies that may rise by 1.5-5 folds in caesarean deliveries up to 10% if number of C-sections increases but the incidence is between 3- 9 in 1000 pregnancies that is consistent with the present study [10].The early diagnosis of placenta

Previa before delivery allows the multidisciplinary planning to minimize potential maternal or neonatal morbidity and mortality that is seen in our study where we managed the pregnancies with praevia very well reducing he morbidity and mortality as well[11]. Placenta accreta is another type of abnormal placenta may cause life-

threatening intrapartum and postpartum hemorrhage. It has become the leading cause of emergency hysterectomy. Maternal morbidity had been reported to occur in up to 60% and mortality in up to 7% of women with placenta accreta. Its reported incidence is 0.04-0.9% and associated previous 2 or more C-sections (39-60%) but we did not come across this very limited period study and probably due the small study population [12]. Begum T et al (2017) in their study reported the major cause of C-sections as repeat C-section (24%) that is consistent with our findings but they reported fetal distress as 21% that was inconsistent with our results as well as prolonged labour and oligohydramnios[13]. Roberts CL et al(2012) reported the fetal distress to be prevalent as 30% but our study come across only 4.22% cases of this condition.[14]. Rebelo F et al(2010) reported more C-sections to be associated with advanced maternal age but the average age of our study population was not in advance age category[15]. There were certain study limitations associated with our study like assessing the educational status, socio-economic status, religious and tribal or ethnic backgrounds, rural and urban factors and life styles with estimations of BMI and comorbidities but hope the weaknesses left over will be addressed by us in near future as the process is an ongoing one not stopped..

CONCLUSION:

Previous caesarean sections are the most common cause of subsequent Caesarean surgeries; our gynecology and Obstetrics unit is very successful and efficient in dealing these cases with very lesser complications.

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