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Research Article

**INCIDENCE OF EMERGENCY CAESAREAN SECTIONS AT  
BAHAWL VICTORIA HOSPITAL IN PAKISTAN**<sup>1</sup>Dr. Mohsin Raza Minhas, <sup>2</sup>Dr. Nausher Tahir, <sup>3</sup>Dr. Raja Khalid Shabbir<sup>1</sup>Foundation University, Islamabad.<sup>2</sup>Foundation University, Islamabad.<sup>3</sup>Foundation University, Islamabad.**Abstract:**

**Objective:** Cesarean conveyance is an essential piece of crisis obstetric consideration and a fundamental instrument in the lessening of protective and perinatal affliction and demise. This investigation was finished to direct the rate and indications of crisis cesarean areas at Bahawl Victoria Hospital, Bahawlpur and Pakistan.

**Study Design:** Retrospective examination

**Place and Duration of Study:** This investigation was performed at the Department of Obstet and Gynae, Bahawl Victoria Hospital Bahawlpur, and Pakistan from first January 2014 to 31st December 2014.

**Materials and Methods:** A review examination of the clinical records of all patients conveyed by cesarean area was went with. There were 5409 conveyances with 630 cesarean sections amid the assessment time frame, giving a cesarean area rate (CSR) of 11.6 for every penny.

**Results:** There were 5409 conveyances with 630 cesarean sections amid the evaluation time frame, giving a cesarean area rate (CSR) of 11.6 for each penny. Crisis cesarean areas represented 533 (84.5 for every penny) cesarean conveyances. The focal hints for crisis cesarean areas were rehash cesarean segment (16.9 for every penny), fetal misery (16.9 for each penny), trailed by discouraged work (11.4 for every penny).

**Conclusion:** The recurrence of crisis cesarean area can be diminished by fitting preparing of woman wellbeing specialists, gifted birth aides, and general experts, with the goal that they can distinguish the danger factors auspicious on and sort out an early proposal of those cases that may require cesarean sections.

**Key Words:** cesarean section rate, emergency cesarean section, traditional birth assistants, fetal distress, repeat cesarean section

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**INTRODUCTION:**

Cesarean section is the shared obstetric agent process globally.1,2 Its event is on the expansion through the world.4 There is rising tension that cesarean rates have been expanding for all females on the planet all things considered of restorative condition, age, race, or gestational age.5 Increasing cesarean segment rate in developing nations is startling as it rises maternal dreariness, inferable from fever, dying, anesthesia difficulties, post agent thrombo-embolism and long haul danger of having sullenly disciple placenta prompting obstetrical hysterectomy or uterine burst with cutting edge number of scars.6 The World Health Organization has perceived a perfect cesarean segment rate for a country, of around 10-15 for each cent.7 This depends on concentrates that presentation enhancing maternal and neonatal grimness and passing as rates increments to this level, however negligible improvements or even negative wellbeing results as the rate ascends past 10 for every cent.10 Cesarean segment should be possible as an elective and a crisis procedure.

**MATERIALS AND METHODS:**

This was a review examination of progressive cesarean sections led at Obstet and Gynae., Bahawl

Victoria Hospital more than one year from first Jan 2014-31st Dec 2014. The chronicles from the work room and working performance center were recovered and checked for crisis cesarean conveyances. The conveyance chronicles of the considerable number of patients who had encountered crisis bring down portion cesarean area were found and applicable factors were evacuated. The factors incorporate age, equality, financial status, time of development, sort and indications of cesarean segment. The investigation was allowed by the clinic moral council and information examination was done on the cutting edge adaptation of SPSS.

**RESULTS:**

A sum of 5409 patients were conveyed amid the one-year think about period, out of which, 11.6 for every penny (630) patients were conveyed by cesarean area. 84.5 for every penny (533) patients had encountered crisis cesarean segment and 15.4 for each penny (117) patients were conveyed by elective cesarean segment. The statistic information is appeared in Table 1. The general rate of cesarean segment was 11.6 for every penny, with the rate of crisis cesarean area being 84.5per penny.

Table No.1: Demographic information

<b>Emergency caesarean section</b>	
Age (in years)	16-45
Gestational age (in weeks)	25-42
Socioeconomic status	
Lower middle-class	32%
Poor	68%
Parity	
Primigravida	203 (38%)
Multigravida	330 (62%)

Table No.2: Mode of delive

Mode of Delivery	Number of Patients (630)	Percentage (100%)
Elective caesarean section	117	15.4
Emergency caesarean section	533	84.5

Table No.3: Indications of crisis cesarean sections

Indication	Number of Patients	Percentage (%)
Repeat caesarean section	90	16.9
Fetal distress	90	16.9
Obstructed labour	61	11.4
APH	56	10.5
Breech presentation	44	8.3
CPD	39	7.3
PROM	32	6.0
Neglected transverse lie	27	5.0
Eclampsia/Pre-Eclampsia	20	3.7
Non-progress of labour	8	1.5
Miscellaneous	66	12.4%

Table No.4: Details of repeat caesarean sections

Previous Caesarean	No. of patients	Percentage (%)
Previous one C/S	70	77.8
Previous two C/S	16	17.8
Previous three C/S	4	4.4

Table 2 The three most regular signs of crisis cesarean sections were rehash cesarean segment at 16.9% (90), fetal misery at 16.9% (90), pursued by impeded work at 11.4% (61). Signs for crisis cesarean segment are appeared in Table 3. Subtle elements of rehash cesarean sections are given in Table 4.

### DISCUSSION:

Cesarean sections have for some time been rehearsed as an obstetrical surgery that adds to decreasing fetal difficulties and in spite of the fact that it is delegated a noteworthy method, the frequency of cesarean area has impressively expanded throughout the years everywhere throughout the world.<sup>11</sup> But its points of interest don't legitimize its constant increment since it conveys extensive inconveniences when contrasted and typical vaginal delivery.<sup>12</sup> During the examination time frame, 84.6% cesarean sections were done as crisis techniques. The rate of crisis cesarean areas was relatively tantamount to before concentrates done by Onankpa et al (80.6%)<sup>13</sup> in Nigeria in 2009 and Sultana An et al (82.4%)<sup>14</sup> in Pakistan in 2003. The investigations led by Ugwu EO et al in 2011<sup>15</sup> demonstrated a higher rate of crisis cesarean area than our own, being 93.7%. The rates given by Daniel CN et al (57.5%)<sup>16</sup>, Ehtisham (58.5%)<sup>6</sup>, Aminu M et al (68%)<sup>17</sup>, and Shamshad (68.9%)<sup>2</sup>, and are lower than our estimation of 84.6%. In our investigation the high rate of crisis cesarean areas indicates last-minute referrals by customary birth specialists, wellbeing laborers and general professionals from the fringe to this doctor's facility. They don't allude the patient in time and can't

perceive the hazard factors which may prompt requiring a cesarean segment. The three most regular signs were rehash cesarean segment (16.9%), fetal misery (16.9%), trailed by discouraged work (11.4%). These signs are as per thinks about led by Mdegela MH et al, Shamshad and Ehtisham S.2,6,18 Repeat cesarean area was a standout amongst the most well-known signs for crisis cesarean areas in our investigation. The choice of essential cesarean area is important.<sup>19,20</sup> If we avoid essential cesarean areas, more can be counteracted. Except if there is an obvious and very much upheld support for cesarean area, a preliminary of vaginal conveyance is vital. Fetal misery was the other driving sign for crisis cesarean sections in our investigation and it represented 16.9% of crisis cesarean areas. This high esteem might be identified with the utilization of discontinuous auscultation and to survey the idea of amniotic liquid as a method for fetal observing amid work in our clinic. There were no offices for constant electronic fetal pulse observing or encourage corrosive base investigations of fetal scalp blood inspecting. The conclusion of fetal trouble generally relied upon clinical signs (fetal pulse variations from the norm and meconium recoloring of the alcohol which might be a consequence of off base and

overdiagnosis in some cases. Hindered work was another normal sign for crisis cesarean sections. All of these were alluded cases which were misused by customary birth specialists (TBAs) and woman wellbeing laborers from the fringe. Their unwise utilization of oxytocin, and acceptance with prostaglandins without legitimate evaluation of patients were the most reasonable justification of pregnancies finishing off with blocked work. Ebb and flow inquire about recommends that work enlistment makes a cesarean segment more probable among first time moms when the cervix is unfavourable.<sup>21,22</sup> Other principle signs were APH, malpresentation, CPD, and non-advancement of work. Other than this, different various signs for cesarean areas were insecure lie, scar delicacy, terrible obstetrical history, postdates or delayed pregnancy and two instances of maternal demand.

### CONCLUSION:

The rate of crisis cesarean areas can be diminished by legitimate preparing of woman wellbeing laborers, talented birth specialists and general professionals, so they can perceive the hazard factors at an opportune time, and organize convenient referrals of cases who may require cesarean sections. This training may diminish the occurrence of crisis cesarean sections and its related maternal and fetal bleakness and mortality.

**Conflict of interest:** The investigation has no irreconcilable circumstance to announce by any creator.

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