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Research Article

INDICATIONS AND RATE OF OCCURRENCE OF CESAREAN SECTION IN KHALIFA GUL NAWAZ TEACHING HOSPITAL BANNU TOWNSHIP BANNU

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Abstract:

Objective: The aim of this research work is to find out the rate of occurrence of Cesarean Section and to examine the indications for the introduction of the measures to control the existing rate of Cesarean Section.

Methodology: This elaborate research work carried out in department of gynecology of Khalifa Gul Nawaz Teaching Hospital Bannu. The duration of this research work was from June 2016 to May 2017. In this research work, we analyzed the medical records of all the patients who underwent Cesarean Section. It contained all the females having pregnancy booked in antenatal center & un-booked pregnant females who got admission in in early labor stage for whom the indication of Cesarean Section came later. This also included all the female with pregnancy coming in the emergency with indication of cesarean section. The patients medically diagnosed with the ruptured uterus as proven by the findings of laboratory were not the part of this research work. SPSS V.11 was in use for the analysis of the collected information. We also calculated the frequencies & percentages.

Results: In the duration of one year of this research work, we performed 300 cesarean section. The rate of Cesarean Section was 62.68%. We performed the emergency Cesarean Section in 57.18% (n: 200) patients & elective Cesarean Section in 38.68% (n: 100) patients. Among total 300 patients, 41.88% (n: 130) females were booked whereas 54% (n: 170) were un-booked. The most common indication was the repeat Cesarean Section present in 17.18% (n: 70) females followed by dystocia seen in 11.38% (n: 49) females, distress of fetal in 10.58% (n: 46) & ante-partum hemorrhage in 9.78% (n: 43) pregnant females. Miscellaneous indications were present in 2.18% (n: 14) pregnant females.

Conclusion: Most of the patients who underwent Cesarean Section were un-booked and had to get emergency Cesarean Section The most common indication was the repeat Cesarean Section.

Keywords: Cesarean Section, Dystocia, Underwent, Pregnant, Gynecology, Frequencies, Hemorrhage.

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INTRODUCTION:

The continuously increasing frequency of the Cesarean Section in the whole world is one of the most debated problem and its prevalence is increasing from past some years. It is necessary to perform Cesarean Section in the presence of strong indications but some professionals think this as very safe, secure, and effective and it has preference over other mode of deliveries. Cesarean Section is very controversial professional issue. There is available high rate of controversy on the rate of Cesarean Section with the obvious presentation of the evidences. In recent times, births with Cesarean Section are responsible for 13.0% to 23.0% among all the deliveries in modern countries with rate of maternal mortality < 1/10000. In the country of South Korea, rate of Cesarean Section reached 40.0% in the year of 2010. There is recommendation from WHO that there is no association of the additional benefits of health with the rate of Cesarean Section greater than 8.0% to 13.0%.

Leitch & Walker concluded that there should be a special focus of the research works to the indications of Cesarean Section. From last one decade, there is severe increase in the rate of the cesarean section, the most important determinants of Cesarean Section are fetal compromise, failure to go further in labor, repeat Cesarean Section, breech presentation and the request of the females to escape the pain of normal delivery through vagina or to maintain the sex. The high rate of Cesarean Section shows the trend to the delivery of the expensive medical care. The implementation of the effective methods to reduce this rate is depending upon the social & cultural milieu, linked belief & practices of communities [9]. This research work carried out to find out the rate of occurrence of

Cesarean Section and to examine the indications of this issue and to introduce the measures for the control of this high rate in recent era.

METHODOLOGY:

The duration of this research was from June 2016 to May 2017 in the gynecology department of Khalifa Gul Nawaz Teaching Hospital Bannu. This research work contained all the females admitted in antenatal center and patients got admission in initial labor stage in which there was indication of the Cesarean Section later. This research work also included the patients visiting in emergency department at any time with the indication of Cesarean Section. We excluded the patients present with the ruptured uterus. Every patient has to fill the Performa about the information regarding Cesarean Section as age of female, her parity number, past history, if booked or un-booked patients, type of Cesarean Section emergency or elective procedures of surgery, anesthesia kind, outcome of fetal & morbidity among females. We divided all the patients into three groups with upper, middle & lower social class if the income of the family was more than 15000/month, up to 15000 per month and less than five thousand per month accordingly. SPSS V.11 was in use for the statistical analysis of the collected information. Frequencies & percentages were in use for the presentation of the collected information.

RESULTS:

Among total 400 patients, total 300 faced Cesarean Section. The rate of Cesarean Section was 62.68%. The social & demographic description is present in Table-1.

Table-I: Socio Demographic Data

Indication		No. of Patient	Percent
Age	< 20	40.0	11.38
	21-30	180.0	53.00
	31-40	60.0	19.28
	>41	20.0	8.18
Parity	Primi	60.0	18.76
	Multi	170.0	51.46
	Grand Multi	70.0	19.48
Socioeconomic condition	Poor	180.0	55.78
	Middle	80.0	21.38
	Upper	40.0	16.58
Education	Educated	120.0	36.13
Education	Uneducated	180.0	59.78

Total 55.28% patients were from non-urban areas whereas 40.58% patients came from city areas. Among total 300 patients who underwent cesarean section, 52% females were un-booked whereas 41.88% females were booked patients who got the antenatal care. Total 57.18% (n: 200) females underwent emergency cesarean section whereas in 38.68% (n: 100) females elective cesarean section. Table-2 displays the indications for the cesarean

section. Repeat cesarean section was the most common indication as present in 17.18% (n: 70) patients. Other frequent indication was dystocia, prolong labor available in 11.38% (n: 49) patients & distress of fetal in 10.58% (n: 46) patients. Some other indications are ante-partum hemorrhage present in 9.78% (n: 43) patients. We applied general anesthesia to perform cesarean section.

Table-II: Indication of Caesarean Section

Indication	No. of Patient	Percent
Fetal distress	43.0	10.58
Dystocio	46.0	11.38
Repeat C/S	68.0	17.18
АРН	40.0	9.78
Breech	11.0	2.18
Obstructed labour	20.0	4.48
Failed indication	13.0	2.68
Mal presentation	12.0	2.38
ВОН	19.0	4.28
Cord Prolapse	4.0	1.00
Eclampsia	30.0	7.18
Twin pregnancy	8.0	2.8
Miscellaneous	11.0	2.18
a). cervical fibroid	2.0	10.48
b). cord prolapse	3.0	16.68
c.) Hydrops fetalis	3.0	16.68
d.) post maturity	3.0	16.68
e.) Maternal wish	2.0	10.48
f.) cord presentation	1.0	4.18
g.) Compound presentation	2.0	10.48

DISCUSSION:

Most of the patients of this research work were from low social & economic class living their life in poverty. Most of the families were very large. Most of the families bring their females in seriously ill condition and they put pressure to perform deliveries through vagina. cesarean section is life-saving surgery for both mother & child. The rate of maternal mortality following cesarean section is seven to ten times greater than for delivery through vagina and cesarean section is very costly as compared to vaginal delivery. In accordance to World Health Organization, there is no justification for any area with having rate of cesarean section higher than 8.0% to 13.0%.

In United States of America & Europe, the rate of cesarean section is increasing with the passage of time.

In the country of Brazil, greater than 68.0% deliveries performed in private clinic Cesarean Section are through cesarean section. Various research works from the developed areas have showed 3.0% to 8.0% high rate of cesarean section in the population of upper economic class & 18.0% increased birth through cesarean section in educated females. Most of the patients did not get proper prenatal care. This is because of the paucity of the awareness about the health care awareness in our population in adverse social and economic state. Some research showed that some factors associated with the occupation can be the cause of cesarean section. In current research work. 57.0% surgeries performed in emergency. These findings are same with the results of Rakshanda Najmi, Nasreen Ruby & Fauquia Bano.

In current research work, the rate of cesarean section was much high in multi-gravida females as 53.48%. Our results are much different than that stated by Amtula Zareen & Fabio Parazzim. Recently, repeat cesarean section is very important reason of escalating section, so trial of implementation of delivery through vagina after the cesarean section of past is mandatory to regulate the high rate of cesarean section. Dystocia can be the result of the contraction of pelvic or fetal macrosomia. There is preference of cesarean section mode of delivery for all transverse lie & it is very secure delivery mode when the child is not alive. Breech presentation has association with the high rate of maternal morbidity as well as mortality. It has also association with the abnormalities of fetal & deliveries before maturities. We found 2.18% patients of this research work with breech presentation. There is recommendation of a policy for planned delivery through vagina in the research work of Danielian in which he was not able to discover the danger for morbidity of the infant for long duration.

CONCLUSION:

The findings of this research work showed that most of the patients who underwent cesarean section were not booked and they had to face emergency cesarean section. The most common indication for the cesarean section was the repeat cesarean section. The high occurrence of poorness, lack of education, multi-parity & operative deliveries in the past were the main reasons behind the high rate of cesarean section. The management of these issues can be helpful for the resolution of this serious issue.

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