FREQUENCY OF CAESAREAN SECTION AMONG PREGNANT FEMALES

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ABSTRACT:
Caesarean section, also known as C-section, or caesarean delivery, is the surgical procedure by which a baby is delivered through an incision in the mother's abdomen, often performed because vaginal delivery would put the baby or mother at risk. Reasons for this include obstructed labor, twin pregnancy, high blood pressure in the mother, breech birth, and problems with the placenta or umbilical cord. This cross-sectional study was conducted among the pregnant females presenting in obstetrical clinics. The maternal age, gestational age, gravidity, parity, previous history of section was noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. There were 90 patients that were included in this study. The mean age of the patients was 28.34±2.45 years. All the patients underwent trial of labor. Out of 90 patients, 21 patients were shifted to theatre for C-section due to different complications. Rest of the patients delivered normally.

KEYWORDS: CAESAREAN SECTION
INTRODUCTION:
Caesarean section, also known as C-section, or caesarean delivery, is the surgical procedure by which a baby is delivered through an incision in the mother's abdomen, often performed because vaginal delivery would put the baby or mother at risk. Reasons for this include obstructed labor, twin pregnancy, high blood pressure in the mother, breech birth, and problems with the placenta or umbilical cord. A caesarean delivery may be performed based upon the shape of the mother's pelvis or history of a previous C-section. A trial of vaginal birth after C-section may be possible. The World Health Organization recommends that caesarean section be performed only when medically necessary. Some C-sections are performed without a medical reason, upon request by someone, usually the mother.

A C-section typically takes 45 minutes to an hour. It may be done with a spinal block, where the woman is awake, or under general anesthesia. A urinary catheter is used to drain the bladder, and the skin of the abdomen is then cleaned with an antiseptic. An incision of about 15 cm (6 inches) is then typically made through the mother's lower abdomen. The uterus is then opened with a second incision and the baby delivered. The incisions are then stitched closed. A woman can typically begin breastfeeding as soon as she is out of the operating room and awake. Often, several days are required in the hospital to recover sufficiently to return home.

C-sections result in a small overall increase in poor outcomes in low-risk pregnancies. They also typically take longer to heal from, about six weeks, than vaginal birth. The increased risks include breathing problems in the baby and amniotic fluid embolism and postpartum bleeding in the mother. Established guidelines recommend that caesarean sections not be used before 39 weeks of pregnancy without a medical reason. The method of delivery does not
appear to have an effect on subsequent sexual function.

In 2012, about 23 million C-sections were done globally. The international healthcare community has previously considered the rate of 10% and 15% to be ideal for caesarean sections. Some evidence finds a higher rate of 19% may result in better outcomes. More than 45 countries globally have C-section rates less than 7.5%, while more than 50 have rates greater than 27%. Efforts are being made to both improve access to and reduce the use of C-section. In the United States as of 2017, about 32% of deliveries are by C-section. The surgery has been performed at least as far back as 715 BC following the death of the mother, with the baby occasionally surviving. Descriptions of mothers surviving date back to 1500, with earlier attests to Ancient times (including the apocryphal account of Julius Caesar being born by Caesarian section, a commonly stated origin of the term). With the introduction of antiseptics and anesthetics in the 19th century, survival of both the mother and baby and thus the procedure became significantly more common (1-3). The objective of this study is to see the frequency of c-section among pregnant females.

MATERIAL OF METHODS:
This cross-sectional study was conducted among the pregnant females presenting in obstetrical clinics. The maternal age, gestational age, gravidity, parity, previous history of section was noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:
There were 90 patients that were included in this study. The mean age of the patients was 28.34±2.45 years. All the patients underwent trial of labor. Out of 90 patients, 21 patients
were shifted to theatre for C-section due to different complications. Rest of the patients delivered normally.

**DISCUSSION:**

Global rates of caesarean section are increasing. It doubled from 2003 to 2018 to reach 21%, and is increasing annually by 4%. In southern Africa it is less than 5%; while the rate is almost 60% in some parts of Latin America. The Canadian rate was 26% in 2005–2006. Australia has a high caesarean section rate, at 31% in 2007. At one time a rate of 10% to 15% was thought to be ideal; a rate of 19% may result in better outcomes. The World Health Organization officially withdrew its previous recommendation of a 15% C-section rate in June 2010. Their official statement read, "There is no empirical evidence for an optimum percentage. What matters most is that all women who need caesarean sections receive them." More than 50 nations have rates greater than 27%. Another 45 countries have rates less than 7.5%. There are efforts to both improve access to and reduce the use of C-section. Globally, 1% of all caesarean deliveries are carried out without medical need. Overall, the caesarean section rate was 25.7% for 2004–2008. There is no significant difference in Caesarean rates when comparing midwife continuity care to conventional fragmented care. More emergency caesareans—about 66%—are performed during the day rather than the night. The rate has risen to 46% in China and to levels of 25% and above in many Asian, European and Latin American countries. In Brazil and Iran the caesarean section rate is greater than 40%. Brazil has one of the highest caesarean section rates in the world, with rates in the public sector of 35–45%, and 80–90% in the private sector. Across Europe, there are differences between countries: in Italy the caesarean section rate is 40%, while in the Nordic countries it is 14%. In the United Kingdom, in 2008, the
rate was 24%. In Ireland the rate was 26.1% in 2009. In Italy, the incidence of caesarean sections is particularly high, although it varies from region to region. In Campania, 60% of 2008 births reportedly occurred via caesarean sections. In the Rome region, the mean incidence is around 44%, but can reach as high as 85% in some private clinics (4-6).

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