

# INDICATION OF CAESAREAN SECTION

(A Retrospective Study of 5298 Cases)

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## Introduction

Literatures published about caesarean section as early as 1610 indicates that the main or only indication for C.S. was obstructed labour. In Eden Hospital first LSCS was done in 1925 for potential infection. In modern obstetric practice there is virtually no contraindication to C.S. and most of the indications are multifactorial. In Eden Hospital, Medical College, Calcutta incidence of C.S. has gone up from 2.3 per cent in 1945 to 13.6 per cent in 1980 i.e. nearly sixfold increase, presumably for the interest of the mother and the baby. A retrospective analysis of the records of 5298 caesarean section done between 1975 to 1980 was made to find out the justification of those caesarean section.

## Incidence of Maternal and Perinatal Mortality

TABLE I  
Incidence of Maternal and Perinatal Mortality Rate

Year	C.S. %	M.M.	P.M.
1975	9.50	9.97	81.30
1976	12.90	10.47	67.80
1977	11.27	6.77	81.44
1978	13.12	11.57	88.92
1979	11.56	16.08	79.00
1980	13.62	10.9	105.00

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In Table I it is apparent, that even by increasing the rate of caesarean section there is no overall improvement in maternal and perinatal loss.

## Indications

Table II shows that indications for C.S. during last thirty years in this hospital has dramatically changed. Caesarean section for C.P.D. was five times and malpresentations and PET/Eclampsia twice more as compared to present studies, while thirty years back there was not a single C.S. for foetal distress and abnormal uterine action.

## Analysis of Indications

(A) *Previous Caesarean Section*: 83% of cases with history of previous caesarean sections in Eden Hospital were delivered by caesarean section and previous caesarean section constitute 26.2 per cent of all indications of C.S. It is a common teaching—"previous C.S. for C.P.D. should be delivered by C.S. subsequently". Table II shows incidence of C.P.D. in the ethnic group catered in this institution was only 8.2 per cent. Repeating the operation in all subsequent pregnancies will no doubt avoid 0.5-0.8 per cent scar rupture, but will carry a slightly higher perinatal loss due to unexpected and undiagnosed prematurity, which was 11 per cent in this series. Partograms as advocated by Sarogi (1979) could

TABLE II  
Indication of Caesarean Section in Percentage

Indication	1945-51	1975-80
1. Previous C.S.	21	26.2
2. Foetal distress	—	24.3
3. C.P.D.	41	8.2
4. A.P.H.	12.69	10.2
5. P.E.T./Eclampsia	2.3	4.5
6. Abnormal uterine action	—	5
7. Malpresentations	14.9	6.4
8. Others (Postmaturity elderly primi, B.O.H. Rh; Cord complication etc.)	9.7	15.2

reduce incidence of C.S. under above heading, thus perinatal loss.

(B) *Foetal distress*: There is no consensus regarding the precise definition of foetal distress. In this series, alteration of F.H.R. with or without passage of meconium in liquor amnii was considered to be an indication of foetal distress and 24.3 per cent cases, foetal distress was indication for C.S. Sharma *et al* (1980) did C.S. for foetal distress in 23.7%; Gupta *et al* (1981) 23.3%; but Gun *et al* (1981) as low as 4.4 per cent. In this series 57 per cent cases, one minute Apgar Score was 6 or more. So it may strike one's mind as to what constitute the diagnosis of foetal distress. Basak *et al* (1981) from this centre showed that when caesarean section was done for foetal distress, perinatal mortality was 4.2% and mortality 11%.

(C) *Cephalopelvic disproportion and abnormal uterine action*: The above two indications are analysed together as in our opinion, in busy maternity unit many cases of abnormal uterine action are labelled as C.P.D. and vice versa. On scrutiny it has been found that when C.S. was done for so called C.P.D., nearly 21.4% babies weighed less than 2.4 kg and in one case weight was only 1.5 kg. Average weight of babies in this institution is approximately 2.75 kg.

(D) *Malpresentation*: was the indication of C.S. in 6.4% cases (Table II). Commonest malpresentation in this series was Breech (80.3%); transverse (12.5%); face (4.6%); compound (1.9%) and brow (0.5%). There is a dispute between old and modern obstetricians as regards mode of delivery of breech babies. In this centre from records, it appears that in 62% cases, when C.S. was done only for breech itself, perinatal loss was 2.3% and 9.6% following vaginal delivery. Similar was the opinion of Mishra *et al* (1979).

(E) *Eclampsia*: In this centre upto 1976 incidence of C.S. for eclampsia alone was 5.7% with 12.5% maternal and 26.8% perinatal loss (Konar and Das 1975). Since then C.S. was liberally used in the obstetrical management of eclampsia with drop of maternal and perinatal loss of 4.3% and 16.6% respectively. Lean *et al* (1968) reduced maternal mortality to 3.3% and perinatal mortality to 11.1% by performing C.S. in 63% cases of eclampsia. So it is justified to perform more C.S. in eclampsia.

(F) *Caesarean Section for other reasons*: Postmaturity was one of the common indication for C.S. in miscellaneous group in this series, with delivery of 16.3% premature babies and consequent high perinatal loss. Ultrasound assessment of matu-

rity will reduce the incidences of prematurity in C.S.

Conclusion

By liberalising indications of caesarean section we failed to reduce maternal and perinatal loss in general. So, one must be very critical in selecting cases for primary as well as repeat caesarean section.

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