

## TEN YEARS PROFILE OF CAESAREAN SECTION

(Report Of 2665 Cases)

by

SULEKHA PANDEY

MADHU JAIN

and

L. K. PANDEY

### SUMMARY

Changing trend of caesarean section was studied over a ten year period in institute of medical sciences. There is a definite rise in the rate of caesarean section. The various aspects like indications, type, age, parity, maternal and perinatal mortality and morbidity were studied and analysed in two thousand six hundred and sixtyfive cases.

The incidence of caesarean section in Indian hospitals varies widely and shows a gradual but steady rise. It has become safer now a days due to liberal use of blood transfusion, safer anaesthetic technique and introduction of antibiotics. Obstetricians of today prefer abdominal deliveries to difficult obstetric manoeuvres. The incidence of elective section has increased. Further, hospitals are getting more cases of post-caesarean pregnancies. Some of which are subjected to elective caesarean sections.

The present study consists of 2665 cases of caesarean sections done at the Institute of Medical Sciences hospital, B.H.U., Varanasi. The period of study extended from January 1974 to December 1984, during which the total number of deliveries were 18703.

From: Institute of Medical Sciences, Banaras Hindu University, Varanasi-221 005.

Accepted for publication on 5-2-85.

### *Incidence*

In our hospital from 1-1-74 to 31-12 84, 2665 caesarean sections were performed in a total 18703 confinements. The rate of caesarean section being 14.25%. Sikdar and Mitra (1979) reported the caesarean section rate of 11.22% and Menon (1969) found the rate of caesarean section as 9.27%.

In our series elective caesarean section was done in 375, 14.07% cases and in remaining 85.92% cases emergency caesarean section was done out of which 794, 29.79% were done in early labour and remaining 1496, 56.13% cases section was done late in labour (Table III). Chakrabarty (1971) in his series reported incidence of elective caesarean section as 17.3%. There was high incidence of unbooked cases in our series i.e. 64.87% and only 35.12% cases were booked. Most of our cases are brought to hospital late in labour.

TABLE I  
Age, Parity and Case Distribution

Parameters	No. of cases	Percentage
<b>Age in years:</b>		
<20	392	14.70
20 - 25	1402	52.60
26 - 30	504	18.91
31 - 35	327	12.27
36	40	1.50
<b>Parity:</b>		
Primipara	916	34.37
Multi	1374	51.55
Grand multi	375	14.07
<b>Cases:</b>		
Booked cases	936	35.12
Emergency cases	1729	64.87
<b>Total</b>	<b>2665</b>	

## Age and Parity :

The distribution according to age and parity are shown in Table I. 34.37% cases were primigravidae as compared with 44.6% reported by Chakrabarty (1971) and 34.2% reported by D'Souza (1967). In the present series 14.07% cases were grand multi.

## Indications :

The indication for caesarean section is listed in Table II. Some of the cases had more than one indication. The most important indication was recorded where multiple factors were responsible.

In present series the incidence of repeat section was 17.18% as compared to the incidence of 14.9% reported by Chaubal *et al* (1978). Menon (1961) reported the incidence of repeat caesarean section as

TABLE II  
Indications

Indication	No. of cases	Percentage
A. Previous C.S.	458	17.18
B. C.P.D.	405	15.19
C. Abnormal presentation	392	14.70
i. Breech	187	7.01
ii. Transverse	140	5.25
iii. Face	37	1.38
iv. Brow	28	1.05
D. A.P.H.	231	8.66
i. Placenta praevia	213	7.99
ii. Accidental haemorrhage	18	0.67
E. Foetal distress	261	9.79
F. Failed progress of labour	250	9.38
G. Cord prolapse	14	0.52
H. Toxaemia of pregnancy	139	5.21
I. Failed induction	46	1.72
J. Diabetes mellitus	20	0.75
K. Previous V.V.F. repair	30	1.12
L. Previous repair of rupture ut.	9	0.33
M. Obstructed labour	205	7.69
N. B.O.H.	168	6.30
O. Others	37	1.38
<b>Total</b>	<b>2665</b>	



TABLE III  
Maternal and Foetal Mortality

Mortality	No. of cases	Percentage
I. Maternal mortality	56	2.10
Haemorrhage	30	53.57
Sepsis	15	26.78
Toxaemia	5	8.92
Anaesthetic complication	5	8.92
Amniotic fluid embolism	1	1.78
II. Foetal mortality	243	9.11
Birth anoxia	102	41.97
Prematurity	69	28.39
Septicaemia	32	13.16
Hypothermia	8	3.29
Hypoglycaemia	6	2.46
Congenital anomaly	7	2.88
Respiratory distress syndrome	9	3.70
Unexplained	10	4.10

20.2%. Cephalopelvic disproportion, abnormal presentation and previous caesarean section constitute the largest group in present series (Table II). A.P.H. was responsible in 8.66% cases. Foetal distress was the sole indication in 9.79% cases and one fourth of these babies required intratracheal intubation.

#### Type of Anaesthesia :

General anaesthesia was given in 2010, 75.42% cases and spinal anaesthesia 645, in 24.21% cases. Ten cases 0.37% of caesarean section were done under local anaesthesia due to poor general condition.

#### Type of Caesarean Section :

In majority of the cases lower segment caesarean sections were done. Inverted T was given in 5 cases due to difficulties in extraction of the body. Upper segment caesarean section was done in 10 cases due to marked adhesions, kyphosis, pregnancy with cancer cervix and in one case of placenta praevia.

#### Caesarean Hysterectomy :

Caesarean hysterectomy was done in 11 cases. In 5 cases bleeding could not be con-

trolled following caesarean section and hysterectomy was necessitated. In 4 cases there were morbid adhesions of placenta. In one case, uterus was badly infected and sloughed. In 1 case hysterectomy was done due to uterine atony following accidental haemorrhage.

#### Maternal Mortality and Morbidity :

Maternal mortality in our series was 2.1%. Menon (1969) found that the maternal mortality rate of caesarean section in India varies from 1.2-3.4%. The higher mortality in our series is due to the fact that most of our cases were unbooked and brought late in labour. These patients were infected, dehydrated with varying degree of anaemia. The causes of maternal mortality are shown in Table III. Maternal morbidity rate was 10.17%. The important causes were haemorrhage, shock, peritonitis, paralytic ileus, D.I.C. and post-operative intestinal obstruction.

#### Foetal Mortality :

Foetal mortality was 9.12%. The causes of death were asphyxia, prematurity, septicaemia, and congenital abnormalities.

Conclusion

Current literature shows there is a steady rise in the incidence of planned as well as emergency caesarean sections. There is also an increased incidence of post-caesarean pregnancies which are subjected to repeat section. Timely resort to this safer mode of delivery than difficult vaginal manipulation has contributed a lot towards reduction in maternal and foetal mortality and morbidity.

Acknowledgement

We are thankful to the Medical Superintendent, S. S. Hospital, B.H.U.; Prof. P. Tewari and Prof. D. Sharma, Heads, Obs-

etrics and Gynaecology Department and the Director, Institute of Medical Sciences, B.H.U., Varanasi for permitting us to study the records.

References

1. Chakrabarty, R. K.: J. Obstet. Gynec. India. 21: 16, 1971.
2. Chaubal, S. D., Thakur, V. R., Vinekar, S. L. and Shah, S. H.: J. Obstet. Gynec. India. 28: 962, 1978.
3. D'Souza, S. and Rebello, F. M.: J. Obstet. Gynec. India. 17: 518, 1967.
4. Menon, M. K. K.: 'Modern Trends in Obstetrics', ed. Kellar, R. J., Butterworths, London, 1969.
5. Sikdar, K. and Mitra, S. R.: J. Obstet. Gynec. India. 28: 1183, 1979.