

Good Time to Adopt Ten-Group Robson Classification to Report LSCS Rates in India?

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To The Editor,

This is in reference to the article titled “Trends in Cesarean delivery: Rates and Indications” published in your esteemed journal in the July–August 2014 edition. The understanding of rates of cesarean section has progressed from what the “correct rate” should be, to whether they are appropriate or not, after taking into consideration all the relevant information. The “10 group classification system” provides a statutory, standardized collection of this information. This system proposed by Robson et al., classification is based on four areas: the woman’s previous obstetric record (primigravida or previous vaginal delivery or previous cesarean section), gestation of the pregnancy (<37 or >37 weeks), presentation (cephalic or non-cephalic) and the type of labor (spontaneous or induced) which leads to the outcome—the mode of delivery (vaginal delivery or cesarean section) [1].

The multiple combinations of these variables give rise to the ten groups, which can be subdivided. This grouping system has the ease of derivation from current obstetric database, having mutually exclusive criteria preventing

duplication, ease of analysis without excessive complexity and applicability for local, and regional and international comparisons [2].

Health authorities and teaching hospitals, in many countries, have reported their positive experience with this classification and have recommended that this standardized classification can be used more extensively [3, 4].

An article published in your esteemed journal, in 2006, highlights the feasibility of use of this classification in India [5]. However, a PubMed search with keywords—“Robson” and “Cesarean,” and “India” yielded no further results. With improved maternity care and improved women empowerment in India [6], the need for a standardized analysis of obstetric practices is critical. Considering that this classification has been proven and has made its way into a standard obstetric textbook at the post-graduate level in India [7], it is humbly suggested that all maternity centers and teaching hospitals in India inculcate this standardized “Ten Group classification” regularly into their confinement data and for reporting of Cesarean Delivery trends henceforth.

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