



Frequency Of Unnecessary Caesarean Section In Tertiary Care Teaching Hospital

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Abstract: *The unnecessary caesarean section is common now a day. It is done due to many reasons with absolute indication, relative indication and no indication. It is possible to predict that the Sustainable Development Goals may be hampered by the overuse, unsafe provision, and unmet need of CS. All health systems must ensure that all women have timely access to caesarean sections when necessary because they are absolutely necessary to save lives in cases where vaginal deliveries would be dangerous. The study's design was cross-sectional descriptive. From October 2020 until January 2021, it was carried out. In all, 376 questionnaires were completed using secondary data from patient records in the gynecology record room of the Tertiary Care Teaching Hospital (TCTH) Lahore. The research is based on data on the most recent birth of ever-married women between the ages of 15 and 45 who have since given birth. study findings have revealed the absolute indications, relative indications and no indication. 48.2% women had absolute indications of cesarean section, 23.3% had relative indication and 28.4% cesarean section done without indications. Moreover, it also shed light on the pros and cons of unnecessary cesarean.*

Key Words: Cesarean, Frequency, Gynecology, Hazards, Unnecessary

Background of the study

Vaginal birth is a healthy and natural procedure. However, occasionally a caesarean section (CS) may be required to protect the mother's and the unborn child's health. Under these circumstances, CS use is insufficient, which increases maternal and neonatal mortality and morbidity. However, excessive usage, or the use of CS without a medical justification, has not shown any benefits and may even be hazardous and a waste of time and money. (J. Sandall et al., 2018).

Given the likelihood of large population expansion in nations impacted by the double and triple global warming scenarios, it might be projected that the misuse of CS, hazardous provision of CS, and unmet demand of CS may emerge as a barrier to meeting the Sustainable Development Goals (SDGs) in 2030. Additionally, in many low- and middle-

income countries, there are noticeable differences in the CS rates between births in the poorest and richest wealth quintiles. (Biccard BM et al., 2018).

Reduce the number of first-time caesarean deliveries for low-risk women to 24.7% or less, according to "Healthy People 2020," the federal prevention agenda for the United States. 2020 (OoDPaHPHP)

We advise taking the following actions to reduce caesarean deliveries and achieve the best results: Using fetal monitoring, standardised criteria for diagnosing dystocia, oxytocin for labour induction and stimulation of arrested labour in a defined protocol, and extensive training, including simulation in operative vaginal delivery of vertex presentations (Sentilhes L et al., 2019) are all examples of uniform

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criteria. Extensive training, including simulations of vaginal deliveries of breech babies, the development of ultrasound pelvimetry as a complement to clinical pelvic examinations prior to surgical vaginal deliveries, and new ideas based on the now-outdated use of X-ray pelvimetry, the involvement of midwives, continuous labour support, and counselling patients who request primary or repeat CS about risks and suggesting a three-strike limit, acknowledging progressively increasing risks (Forde B et al, 2020).

Using appropriate surgical techniques to lessen difficulties with subsequent pregnancies, as well as changing the legislation around malpractice. (D. Korb et al., 2020). The World Health Organisation (WHO) has published fresh information demonstrating that the percentage of births that are caesarean sections (21%) now account for has climbed globally. This proportion is anticipated to increase over the following 10 years, with nearly a third (29%) of all newborns predicted to be delivered via caesarean section by 2030, according to the report. (WHO, 2021). "All "All health systems must make sure that every woman has timely access to caesarean sections when necessary because they are absolutely necessary to save lives in circumstances where vaginal deliveries would be dangerous." Not all of the caesarean sections done today, though, are necessary for health-related reasons. A lady and her unborn child may suffer negative effects from unnecessary surgery. Dr. Ian Askew, the program's director for the joint UN/WHO programme on sexual and reproductive health and research, stated thus (HRP, 2020).

Significance of the study

The study clarified the cause of the frequent need for unnecessary caesarean sections. All women should have access to healthcare professionals, be able to participate in birth decisions, and receive adequate information, including risks and benefits. During pregnancy and childbirth, emotional support is a crucial component of high-quality care, according to Dr. Ana Pilar Betran, Medical Officer at (WHO and HRP, 2021). The study also outlined absolute and

relative indications as well as caesarean sections performed without prior medical justification.

Questionnaire and measurement

The study's design was cross-sectional descriptive. From October 2020 to January 2021, it was carried out. In total, 376 questionnaires were completed using secondary data from patient records in the gynaecology record room of the Tertiary Care Teaching Hospital (TCTH) Lahore. The analysis is based on data on the most recent birth of ever-married women between the ages of 15 and 45 who have since given birth. The three sections of the questionnaire were absolute indication, relative indication, and no indication.

Results

Demographic Profile of the Respondents

The study sample comprised of 376 respondents in gynecology record room. Majority of the sample of the study belonged to the age group of 26-35 years (61.5%). Whereas, 34% belongs to 15-25 age group and only 16% respondents belonged to the 36-45 years respectively. Moreover, 98.9% and 1.1% of the respondents belonged to Muslim and non-Muslim religion. Regarding the height majority of respondents 52.8% had 156cm-165cm height, 34.5% had 146cm-155cm, 9.3% had 166cm-175cm and 3.4% had 135cm-145cm. Most of the respondents 52.4% were qualified from intermediate to graduate, 24.1% were post graduate, 15.6% were matric, 4.8% were under matric and 4.8% were illiterate. Most of the respondents 86.2% had 1-10 family members and 13.5% had 11- 20 family members. 87.3% of the respondents were housewife and 12.7 were job holders. BMI 43.2% of women were 15-25 and 56.8% of women had 26-35. The socio economic status of 41.6% women were middle class, 32.4% of high class and 26% belongs to low class. 96.3% respondents had gravida of 1-5 and 3.7% had 6-10 gravida.

Table 1

Profile of Respondents

Demographic Variables	Categories	Frequency	Percentage
Age	15-25	128	34.0
	26-35	232	61.5
	36-45	16	4.2
Height	135cm-145cm	13	3.4

	146cm-155cm	130	34.5
	156cm-165cm	199	52.8
	166cm-175cm	35	9.3
Religion	Muslim	373	98.9
	Non Muslim	3	1.1
Education	illetterate	10	2.7
	under matric	18	4.8
	Matric	59	15.6
	intermediate-Graguation	198	52.5
	post Graduation	91	24.1
Occupation	Job	47	12.7
	House wife	329	87.3
Family size	1-10	325	86.2
	11-20	51	13.5
Gravida	1-5	362	96.3
	6-10	14	3.7
Parity	0-5	375	99.5
	6-10	2	.5
Gestational week	25wks-35wks	34	9.0
	36wks-morethan42wks	342	90.7
Type of section	Emergency	208	55.2
	Elective	164	43.5
	Both	4	1.1
BMI	15-25	163	43.2
	26-35	210	56.8
ScioeconomicStatus	Low	98	26.0
	Middle	157	41.6
	High	121	32.4

Descriptive Statistics

The following table 2 shows the descriptive statistics. As per the findings reported in table 2 frequency and percentage of absolute indications, relative

indications and no indication. 48.2% women had absolute indications of cesarean section, 23.3% had relative indication and 28.4% cesarean section done without indications.

Table 2

Descriptive Statistics

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Absolute indications	182	48.2	48.0	48.0
	Relative indications	88	23.3	23.5	71.5
	No indication	107	28.4	28.5	100.0
	Total	375	99.5	100.0	
Total		377	100.0		

Ethical Consideration

Everyone who took part in the study was made aware that there would be no compensation or gifts for their voluntary involvement. Additionally, they were not coerced into taking part in the study. The surveys were all created such that neither the researcher nor anyone else could determine the participant's identity

(A complete secrecy of the data collected). The collected data was guaranteed to be utilised strictly for research purposes. Additionally, the Superior College of Nursing granted all relevant permissions.

Discussion

This part highlights the discussion about the findings of the present study. It shed lights on several points. It discussed the reasons behind unnecessary cesarean section that done with absolute indication, relative indication and without indication. The study found that previous C.S., failure of progress, and foetal distress were the most frequent indications of C.S. in the study region and that the rate was more than twice as high as WHO recommendation. Similar results were found in the most recent three studies conducted in Iraq, which reported the rates of CS in Erbil, Sulaimani, and Karbala, respectively, as 35.77%, 31.4%, and 31.5 (Al-Barzanji et al., 2020). Comparatively, a review of the women's retrospective case notes was carried out, accounting for all admissions made (Mustafa & Mahmood, 2019). The ability of women to select their preferred delivery method, which is one of the factors contributing to the higher rate of CS was first put into practise in Brazil. Deng and colleagues 2021). 41.3% of the women with CS live in suburban and rural areas, while 58.7% reside in Sulaimani city. This finding was in line with a study done in Egypt, which found that

women living in cities were more likely than those living in rural areas to have had a CS, with the highest rate being found in urban Lower Egypt (59%) (Elnakib et al., 2019).

Conclusion

The study findings have revealed the absolute indications, relative indications and no indication. 48.2% women had absolute indications of cesarean section, 23.3% had relative indication and 28.4% cesarean section done without indications. Moreover it also shed light on the pros and cons of unnecessary cesarean. The purpose of the study revealed that 51.8% of the cesarean section done due to relative indication and without indication.

Limitations and future directions

There are some limitation in the present study the study is restricted to one hospital due to time limitation and study is cross sectional so data was collected at once the longitudinal study gave multidimensional aspect which the present study lacks.

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