



Causes of caesarian section in albatool teaching hospital/Baquba/Diyala

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Abstract:

Background: Caesarean section is a procedure performed to save the life of the fetus and sometime to save the life of the woman. Although risks are low, affected women suffer from severe complications. The first caesarean section performed has a bearing on management of subsequent pregnancies. It is crucial that the procedure is performed when necessary.

Objective: To detect the most common causes of C.S and how can the number of operations be reduced.

Patients and Method : This sectional teaching was conducted at Al-Batool Teaching Hospital from October 1st to March 15th 2023. Information was obtained through an interview with samples. One hundred and fifty-five cases were included.

Result: The total number of the sample was 155 women, the majority of whom were between the ages of 20-30 years. The main reasons for the prevalence of cesarean section in this study were the lack of progression of labor, malpresentation, and previous C.S.

Conclusion: Cesarean section is the most common surgical procedure for women of childbearing age.

Key Words: Caesarean section, abdominal surgery, mother at risk.

Introduction:

Caesarean section: also known as C-section, is the surgical procedure by which one or more babies are delivered through an incision in the mother's abdomen, often performed because vaginal delivery would put the baby or mother at risk [1].

Causes: Often performed because vaginal delivery would put the baby or mother at risk [1]. Reasons for the operation 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 [2]. 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 [3]. Most C-sections are performed without a medical reason, upon request by someone, usually the mother.

Two types of cesarean section are performed: elective and emergency cesarean section.

Historical notes, techniques and rates

Caesarean section (CS) is the most common abdominal surgery performed in women at present. The rate of caesarean deliveries varies substantially between nations and healthcare facilities but continues to rise worldwide [5,6]. Historically, CS was performed post-mortem, according to *lex regia*, a Roman law forbidding burial of an undelivered woman. Caesarean delivery as a surgical procedure is described in the 15-16th century, but some scepticism might be appropriate when successful stories of women undergoing multiple caesarean deliveries are mentioned. In the 19th century, the mortality rate after abdominal delivery was around 75 %. The introduction of closing the uterus, advocated by Max Sanger in

1882, and the use of aseptic technique around 1870, were both important factors to reduce maternal mortality [7].

Different CS techniques have been used and described over the years. In a classical CS, midline vertical incisions of the skin and the corporal part of the uterus are performed. In 1926, Munro Kerr proposed a transverse incision of the lower uterine segment, which proved to be superior to a corporal incision, with reduced maternal mortality and lower risk of uterine rupture in a subsequent pregnancy [8]. The transverse incision of the uterus did not gain acceptance until 1949 and was either combined with a midline incision of the skin or a low transverse incision- the PfannenstielKerr method. In these techniques, both visceral and parietal peritoneum layers were closed, but later clinical studies suggested that closure was not mandatory for peritoneal healing [9, 10]. In 1995, Stark and colleagues at the hospital Misgav-Ladach introduced a new CS technique, described in the paper by Holmgren et al. [11]. A transverse skin incision 5 cm above the symphysis, proposed by Joel-Cohen, was combined with blunt division of tissues, single layer closure of the uterus and non-closure of the peritoneal layers. The new CS technique, concomitantly referred to as Stark, MisgavLadach or Joel-Cohen technique, was further modified with a lower skin incision level and was introduced in Sweden from 1996-1999 [11-13].

This increase could be related to demographic changes of women giving birth (age, weight, parity), or changed obstetric practice (induction, fetal monitoring, decreased operative vaginal delivery), as well as wider indications for CS (breech, preterm, previous CS and CS on request). The wide variation in CS rate is not only

attributed to differences in demographic factors, but could also arise from different conceptions of maternal and neonatal risks and benefits of CS, among healthcare providers and women. The rate of CS based on maternal request is unknown due to imprecise definitions and conceptions of medical indications [14]; however, 38 % of the CS performed in 2011 in China was considered non-medical indicated [15].

Nonmedical indicated CS rates may be driven by economic reasons and convenience of scheduled birth, and for profit hospitals usually report higher rates of CS compared with non profit [16].

Patients and method: _

This a cross sectional teaching done in albatol teaching hospital from 1 October to 15 march 2023 especial questionnaire was done including Age, gestational age , causes of C.S ,numbers of previous C.S and medical diseases .All reasons for caesarean sections were taken into account in the study. Information was obtain by interview with samples .one hundred twenty cases was included.

Statistical analysis:

The data was analysed by computer and was analysis by number , percent and aprrrption.

Result:

The total number of the sample was 155 women, the majority of whom were between the ages of 20-30 years. The main reasons for the prevalence of cesarean section in this study were the lack of progression oflabur ,malpresentation , and previous C.S. A study of the results of Table No. (1), showed an increase in the percentage of cesarean sections due to the obstructed labour , due to not giving enough time to the woman to advance her birth and the occurrence of full

dilatation, as well as due to the large number of women in the hospital, and therefore the doctor resorts to cesarean section, and these results are almost identical to a study conducted in north of Jordan in 2012 (16) .

As for the other reason, it is the large number of previous cesarean sections, and this is due to the mother's lack of sufficient awareness of the seriousness of cesarean sections and the large number of children on her health , and these results are almost identical to a study conducted in Egypt in 2019 (17) .The last reason is malpresentation, due to the lack of appropriate exercises to modify compliance before performing the cesarean section, The results were almost identical for a study conducted at West Visayas State University from January 2005 to December 2007 (18).

As for Table No. (2), it was found that the age group over the age of 30 years are the most vulnerable to caesarean section due malpresentation, because the older the woman is, the greater the likelihood of malpresentation and because of the increase in previous deliveries and thus the increase in resorting to caesarean section. Followed by the age group between 20-30 years, which is the most suitable age for pregnancy and childbearing, and the lowest percentage in the age group less than 20 years, due to the natural activity of the uterus and the lack of births.

We also studied in Table No. (3), previous multiple complications by age, as it was found that most of the ages in which there are multiple previous copies are women over thirty years of age (25, or 49.02%).). Then women between the ages of 20-30 years (number 19 or 37.25%). Followed by women under 20 years (number 7, at a rate of 13.73%).

As for table No. (4), it was found that the age group above 20-30 years is the most vulnerable to cesarean section due to the Obstructed labour due to not giving them enough time for vaginal delivery due to the large number of women who give birth daily, and thus resorting to cesarean section to use the time.

Followed by the age group under twenty years of age, due to their intolerance to pain and the woman's lack of full awareness due to her young age, and the lowest percentage is in the age group over 30 years, due to her maturity and full awareness of vaginal delivery. We also studied in Table 3 previous multiple complications by age, as it was found that most of the ages in which there are multiple previous copies are women over thirty years of age (25, or 49.02%).). Then women between the ages of 20-30 years (number 19 or 37.25%). Followed by women under 20 years (number 7, at a rate of 13.73%).

Table (1):- causes of Caesarian Section according to perversion
Caesarian Section

Causes	Number	Percentage
Malpresentation.	37	23.87
Previous C.S	51	32.90
Obstructive labour	67	43.23
Total	155	100

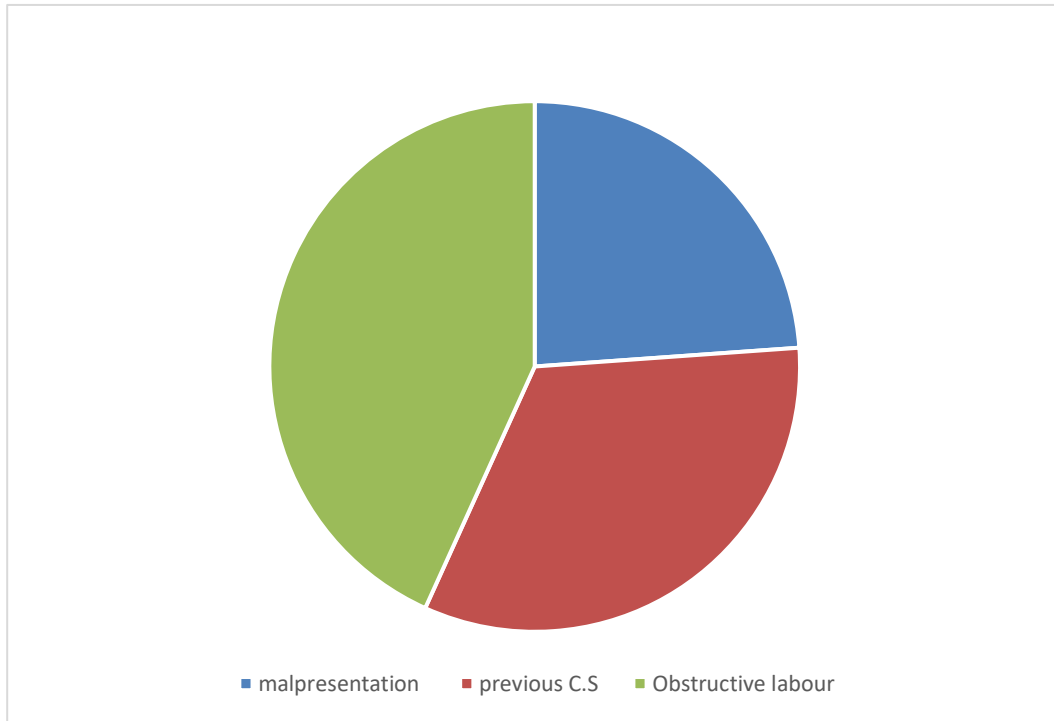


Figure (1) Causes of Caesarian Section according to perversion
Caesarian Section

Table (2):Causes of Caesarian Section due to malpresentation according
to age

Age	Number	Percentage
<20y	9	24.32
20_30y	11	29.73
>30y	17	45.95
Total	37	100

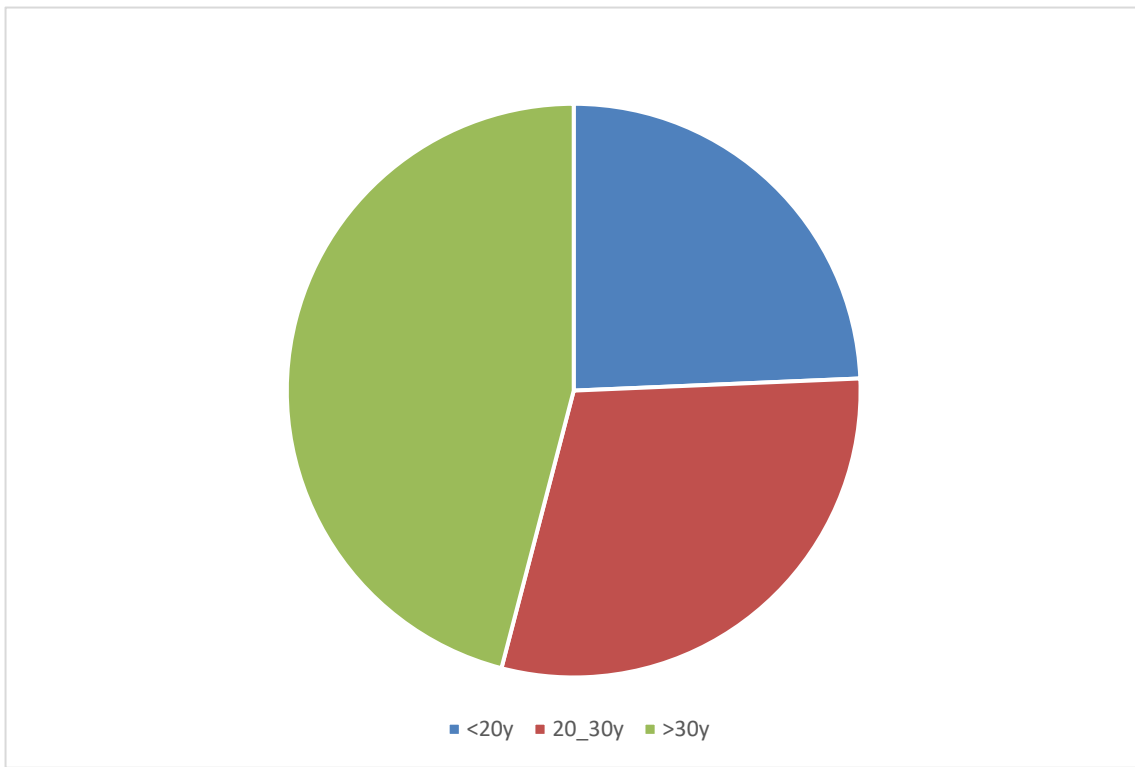


Figure (2) Causes of Caesarian Section due to malpresentation according to age

Table (3):- Causes of Caeserian section due to Previous Caeserian section according to age

Age	Number	Percentage
<20y	7	13.73
20_30y	19	37.25
>30y	25	49.02
Total	51	100

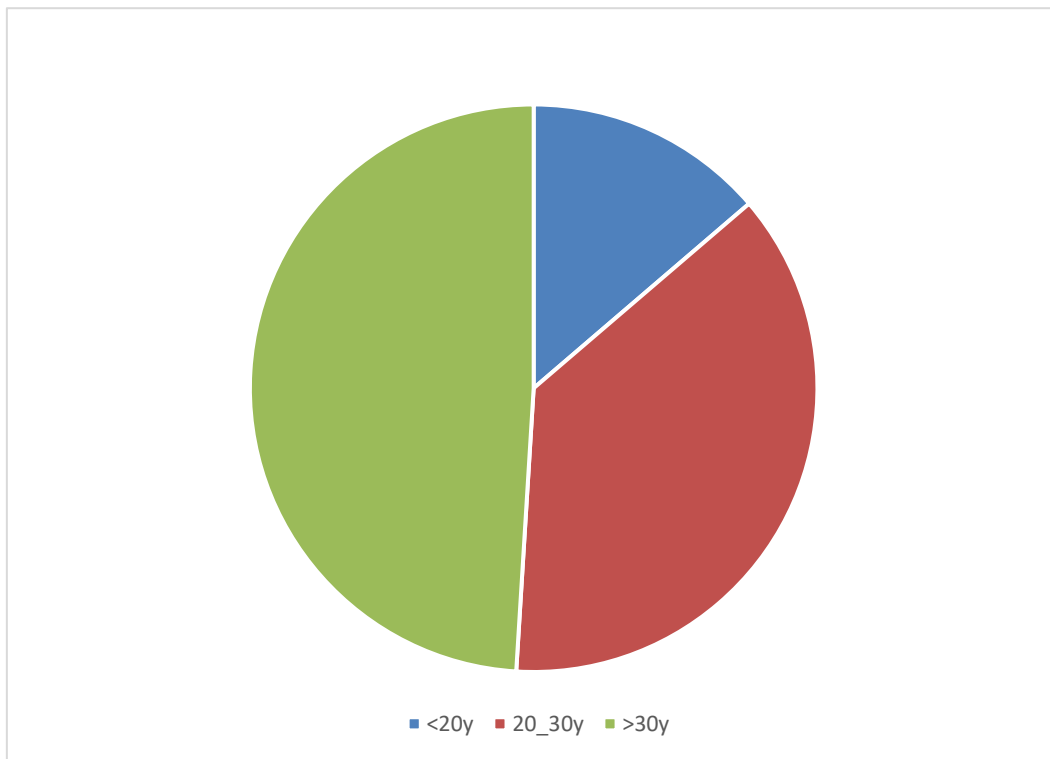


Figure (3) Causes of Caeserian section due to previous Caeserian section according to age

Table (4):- Causes of Caesarian Section due to Obstructed labour according to age

Age	Number	Percentage
<20y	19	28.36
20_30y	37	55.22
>30y	11	16.42
Total	67	100

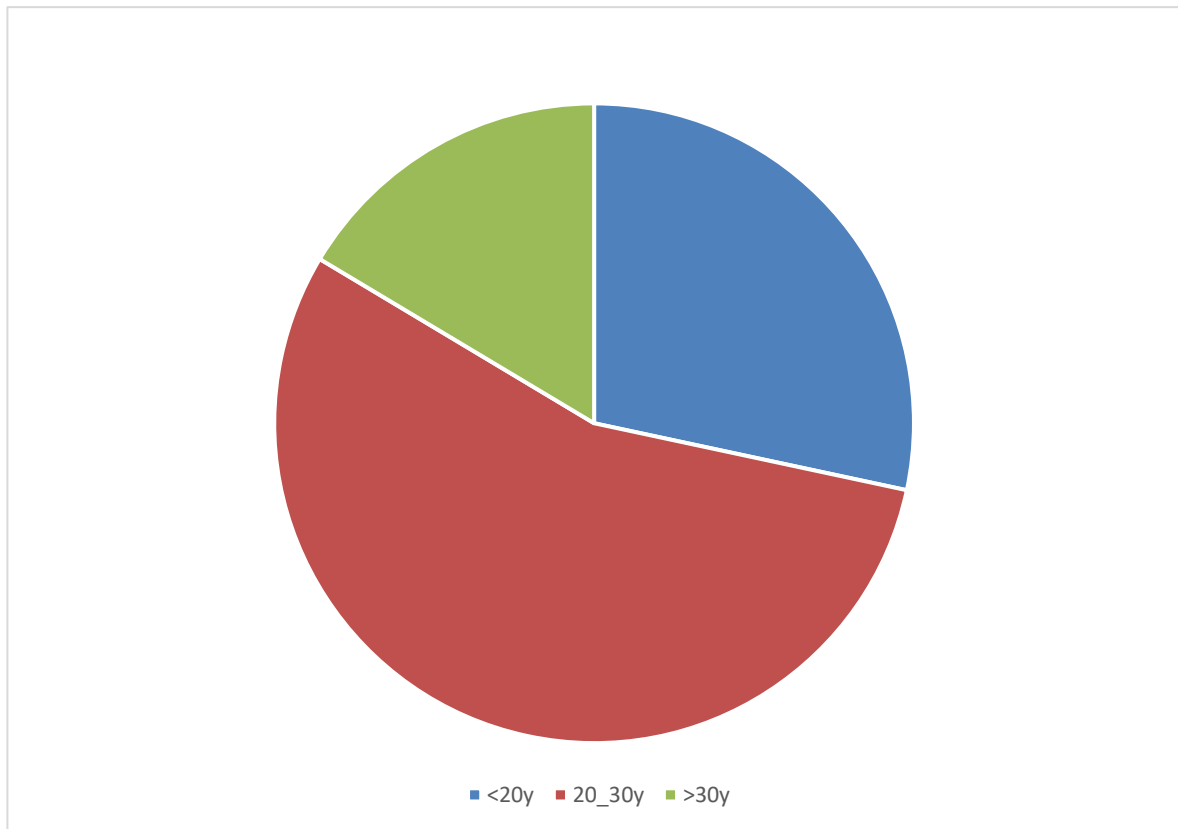


Figure (4) Causes of Caesarian Section due to Obstructive labour according to age

Discussion

A study of the results of Table (1) showed an increase in the percentage of cesarean sections due to the obstructed labour , due to not giving enough time to the woman to advance her birth and the occurrence of full dilatation, as well as due to the large number of women in the hospital, and therefore the doctor resorts to cesarean section, and these results are almost identical to a study conducted in north of Jordan in 2012 (16) .

As for the other reason, it is the large number of previous cesarean sections, and this is due to the mother's lack of sufficient awareness of the seriousness of cesarean sections and the large number of children on her health , and these results are almost identical to a study conducted in Egypt in 2019 (17) .

The last reason is malpresentation, due to the lack of appropriate exercises to modify compliance before performing the cesarean section, The results were almost identical for a study conducted at West Visayas State University from January 2005 to December 2007 (18).

As for Table (2), it was found that the age group over the age of 30 years are the most vulnerable to caesarean section due to malpresentation , because the older the woman is, the greater the likelihood of malpresentation and because of the increase in previous deliveries and thus the increase in resorting to caesarean section. Followed by the age group between 20-30 years, which is the most suitable age for pregnancy and childbearing, and the lowest percentage in the age group less than 20 years, due to the natural activity of the uterus and the lack of births.

As for Table (3), it was found that age group over of 30 years are the most vulnerable to caesarian section due to previous C.S , because they are older and given birth to many children, and then women between the age 20_30 years Which is the average age of the most active childbearing, and so , as a small percentage of woman have been subjected to cesarean section more than once due to their young age and short marriage period.

As for table No. (4), it was found that the age group above 20-30 years is the most vulnerable to cesarean section due to the failure of childbirth due to not giving them enough time for vaginal delivery due to the large number of women who give birth daily, and thus resorting to cesarean section to use the time. Followed by the age group under twenty years of age, due to their intolerance to pain and the woman's lack of full awareness due to her young age, and the lowest percentage is in the age group over 30 years, due to her maturity and full awareness of vaginal delivery.

Conclusion:

Caesarean section is the most common surgical procedure due to Obstructive labour the largest percentage followed by previous Caesarian section and the malpresentation is the lowest percentage cause of Caesarian Section in women of reproductive age.

Recommendation:

The prevalence of C-section in Iraq is much higher than what WHO recommends. It is essential, to decrease such a phenomenon, making the mothers aware of the risks of cesarean delivery, and establishing counselling sessions as well to eliminate the mothers' fear of vaginal delivery.

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أسباب العمليات القيصرية في مستشفى البتول التعليمي /بعقوبة / ديالى.

بواسطة

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2023م.

اسباب العمليات القيصرية في مستشفى البتول التعليمي /بعقوبة/ديالى

الخلاصة:

الخلفية : العملية القيصرية هي إجراء يتم إجراؤه لإنقاذ حياة الجنين وفي بعض الأحيان لإنقاذ حياة المرأة. على الرغم من انخفاض المخاطر ، تعاني النساء المصابات من مضاعفات خطيرة. العملية القيصرية الأولى التي يتم إجراؤها لها تأثير على إدارة حالات الحمل اللاحقة. من الأهمية بمكان أن يتم تنفيذ العملية عند الضرورة.

الهدف: الكشف عن الأسباب الأكثر شيوعًا لـ C.S وكيف يمكن تقليل عدد العمليات.

المرضى وطرقهم: تم إجراء هذا التدريس المقطعي في مستشفى البتول التعليمي في الفترة من 1 أكتوبر إلى 15 مارس. تم الحصول على المعلومات من خلال مقابلة مع العينات. تم تضمين مائة وخمسة وخمسين حالة.

النتيجة: بلغ العدد الإجمالي للعينة 155 سيدة تتراوح أعمار معظمهن بين 20 - 30 سنة. كانت الأسباب الرئيسية لانتشار العملية القيصرية في هذه الدراسة هي عدم تطور المخاض ، وسوء التمثيل ، و C.S.

الاستنتاج : العملية القيصرية هي الإجراء الجراحي الأكثر شيوعًا للنساء في سن الإنجاب.

الكلمات المفتاحية : الولادة القيصرية ، جراحة البطن ، الأم في خطر.