

Statistical Analysis of Cesarean Deliveries in Women Hospital Kasr El-Eini

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The Master Degree in Obstetrics and Gynecology

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Abstract

The aim of our study is to study data of 1000 females delivered by C. Section at department of Obstetrics and Gynecology Cairo University Kasr El-Einy Hospital. From our study we concluded that cesarean section occurred for women of different ages commonly between 20 – 35 years. Most of the studied group were full term & completed 39 wks at the time of delivery. The most common indication of cesarean section in kasr el-eini hospital was previous cesarean section .The main antibiotic used during & after C.S. was cefoperazone . Post operative stay was mainly between one to three days .the residents were the main surgical staff who undergone cesarean section & spinal anesthesia was the most common method of anesthesia used.

Keywords:

Statistical Analysis

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List of Abbreviations

<i>Abbreviation</i>	<i>Meaning</i>
<i>AF</i>	<i>Amniotic fluid</i>
<i>ART</i>	Assisted reproductive technology
<i>APH</i>	Ante partum hemorrhage
<i>CPD</i>	Cephalopelvic disproportion
CS	caesarean section
DM	Diabetes mellitus
FTND	Full term normal delivery
<i>ICU</i>	<i>Intensive care unit</i>
<i>IUGR</i>	<i>Intrauterine growth retardation</i>
IUFD	<i>Intrauterine fetal death</i>
NICU	Neonatal <i>Intensive care unit</i>
PROM	Premature rupture of membranes
VBAC	vaginal birth after cesarean
WHO	World health organization

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Introduction

Introduction

During the past few decades, the caesarean section (CS) delivery rate has been increasing almost every where, and the Arab region is no exception. Although the actual risk of death from CS is decreasing in the western world, data extrapolated from confidential enquiries in the United Kingdom estimated the risk of maternal death from CS is still 3 times greater than that with vaginal delivery **(Hall and Bewley, 1999)**.

The countries of the Arab world show a large discrepancy in their population-based CS rates, with some countries having exceptionally high CS rates and others very low rates. Such differences can be accounted for largely by each country's level of development. Although rates exceeding 15% are unnecessarily high, very low rates are also problematic as they may reflect lack of access to needed obstetric care in some low-income countries. Thus, policies to reduce or increase CS deliveries have been suggested, depending on the context in question. Information on rates of CS is not easily obtained for most Arab countries because of the lack of good national registration systems. Prevalence estimates of hospital based CS in 18 Arab countries are available from reports based on nationally representative surveys and small-scale facility-based studies **(Jurdi and Khawaja, 2004)**.

The appropriate use of caesarean delivery has been a public health concern for decades. However, determining what is appropriate in a specific context is a complex question, while research in many settings is focusing on the controversy of maternal request for a caesarean section (CS) operation **(Wax et al., 2004)**.

Many studies have demonstrated that rates of primary cesarean delivery have risen throughout the developed world in recent years (**Guihard and Blondel, 2001; Lee et al., 2005**), and the reasons for this are unclear. Some of the increase can be explained by changes in obstetric practice, such as the trend toward elective cesarean delivery when the infant presents by the breech (**Rietberg et al., 2005**). However, the rise in primary cesarean rates has coincided with a trend of increasing average maternal age at the time of first birth. Previous studies have demonstrated that the risk of cesarean delivery increases with advancing maternal age. However, it is currently unclear whether the association reflects a biological effect of advanced age or is a consequence of physician and maternal preference (**Main et al., 2000; Gareen et al., 2003; Bell et al., 2001**). The contribution of delaying childbirth to recent rises in cesarean delivery rates is also unclear (**O’Leary et al., 2007; Declercq et al., 2006; Joseph et al., 2003**).

The relationship between delivery by cesarean and maternal and perinatal health outcomes is unclear, and the optimal rate of delivery in any region by cesarean remains controversial (**Betran et al., 2007**). A recent survey of 80 000 deliveries from 8 Latin American countries suggested that increased rates of cesarean delivery do not necessarily indicate improved quality of maternal health services. The survey showed that increased cesarean section rates in these countries were associated with higher maternal morbidity and mortality, and independently associated with increased stillbirth rates. These findings suggest that rigorous evaluation of surgical practices and quality of care currently active in facilities performing cesarean deliveries is warranted to ensure that they positively impact maternal and perinatal health (**Villar et al., 2006**)

Aim of the work

The aim of this study was to collect and statistically analyze available data of one thousand caesarian sections done at Kasr El-Eini Hospital during the period from October 2008 to March 2009.

Also, we aimed to detect the main causes of maternal, fetal and neonatal morbidities & mortalities in order to set guidelines for their prevention.

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Historical Background