



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكروفيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



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التوثيق الإلكتروني والميكرو فيلم



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرو فيلم



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التوثيق الإلكتروني والميكروفيلم

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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MONA MAGHRABY



Trends of Cesarean Sections done at Ain Shams University Maternity Hospital from 2012 to 2018

Thesis

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INTRODUCTION

Nowadays, cesarean section is the commonest surgical operation performed. It is also a common procedure in many countries worldwide, and the rate is generally rising (*Boerma et al., 2018*).

Concerns about the rising rate has prompted medical organizations to suggest potential interventions to reduce the rate of unnecessary procedures, such as better childbirth preparation, second opinion before/peer review after a cesarean, broader midwifery-led care, more trials of labor after a cesarean, continuous labor support, and changes in current financial incentives/disincentives (*WHO, 2018*).

Cesarean delivery is performed when the clinician and/or patient believe that abdominal delivery is likely to provide a better maternal and/or fetal outcome than vaginal delivery. Thus, indications for cesarean delivery fall into two general categories: medically/obstetrically indicated, or on maternal request (*WHO, 2018*).

Approximately 70 percent of cesarean deliveries are primary (first) cesareans (*Boyle et al., 2013*).

Although infrequent, cesarean delivery is also indicated in women who are at increased risk for complications/injury from cervical dilation, descent and expulsion of the fetus, or episiotomy. Some examples include women with invasive

cervical cancer, active perianal inflammatory bowel disease, or history of repair of a rectovaginal fistula or pelvic organ prolapse. Cesarean delivery on maternal request is uncommon. Cesarean delivery is not routinely indicated for low birth and most congenital anomalies (**Boyle et al., 2013**).

There are no absolute contraindications to cesarean delivery. In contrast to other types of surgery, the risks and benefits of the procedure are considered as they apply to two patients (mother and fetus). However, many pregnant women have a low tolerance for accepting any fetal risk from vaginal birth, irrespective of the maternal risks associated with cesarean delivery (**Lyerly et al., 2007**).

There are several types of cesarean section (CS): classical cesarean section, lower uterine segment section, unplanned cesarean section, emergency cesarean section and cesarean hysterectomy (**Dodd et al., 2014**).

Post-operative adhesions, incision hernias and wound infections are the most common maternal complications. If a Cesarean is performed under emergency situations, the risk of the surgery may be increased due to a number of factors. The patient's stomach may not be empty, increasing the anesthesia risk. Other risks include severe blood loss (which may require a blood transfusion) (**Loue et al., 2016**).

Fetal wet lung which is retention of fluid in the lungs can occur if not expelled by the pressure of contractions during labour. Pre-term delivery is possible if due date calculation is inaccurate. Higher infant mortality risk in c-sections which are performed with no indicated risk, the risk of death in the first 28 days of life (*Andrea et al., 2014*).

AIM OF THE WORK

This study will review all cases delivered by cesarean section from 2012 to 2018 at Ain Shams Maternity Hospital.

Research question:

What is the rate of complications of Cesarean sections at Ain Shams University Maternity Hospital and what are the causes of these complications?

Research hypothesis:

C.S is associated with higher maternal and neonatal morbidity rates compared to vaginal delivery.

REVIEW OF LITERATURE

History of Cesarean Section

Cesarean section has been part of human culture since ancient times and there are tales in both Western and non-Western cultures of this procedure resulting in live mothers and offspring. According to Greek mythology Apollo removed Asclepius, founder of the famous cult of religious medicine, from his mother's abdomen. Numerous references to cesarean section appear in ancient Hindu, Egyptian, Grecian, Roman, and other European folklore. Ancient Chinese etchings depict the procedure on apparently living women. The Mischnagoth and Talmud prohibited primogeniture when twins were born by cesarean section and waived the purification rituals for women delivered by surgery (*Ackerknecht and Erwin, 1982*).



Figure 1: The extraction of Asclepius from the abdomen of his mother Coronis by his father Apollo. Woodcut from the 1549 edition of Alessandro Beneditti's *De Re Medica*

The history of cesarean section can be understood best in the broader context of the history of childbirth and general medicine histories that also have been characterized by dramatic changes. Many of the earliest successful cesarean sections took place in remote rural areas lacking in medical staff and facilities. In the absence of strong medical communities, operations could be carried out without professional consultation. This meant that cesareans could be undertaken at an earlier stage in failing labor when the mother was not near death and the fetus was less distressed (*Gabert and Harvey, 1988*).

By the century's close, a wide range of technological innovations had enabled surgeons to revolutionize their practice and to professionalize their position. Anesthetics permitted surgeons to take the time to operate with precision, to cleanse the peritoneal cavity, to record the details of their procedures, and to learn from their experiences. Women were spared the agony of operations and were less susceptible to shock, which had been a leading cause of post-operative mortality and morbidity (*Pernick and Martin, 1985*).

While the operation historically has been performed largely to protect the health of the mother, more recently the health of the fetus has played a larger role in decisions to go to surgery. Hormonal pregnancy tests -- tests that confirm fetal existence have been available since the 1940's. The fetal skeleton could be seen using X-rays, but, the long-term hazards