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AUDIT: ROBSON CLASSIFICATION TO ASSESS CESAREAN SECTION TRENDS

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INTRODUCTION

Caesarean section rates above 15% are not associated with the additional benefit in maternal & neonatal outcome, but c-section rates are increasing during the past few decades may be due to perceived myth on its safety. World Health organization recommends the use of Robson classification to audit c-section rates as an objective, replicable, comparative analytic system. C-section is indicated when vaginal delivery would put maternal or fetal life in danger. The safety of c-section has improved with time, but the morbidity rates are still.

OBJECTIVE

To assess the c-section trends in ward 3, Castle street hospital for women, Colombo.

METHOD

Retrospective audit was carried out in the respective unit using the BED head tickets. Seventy-four mothers who delivered from 15th June to 31st of July 2020 were classified into 10 Robson classification groups. Percentages in each group were calculated.

RESULTS

The majority was in group 5 (35%) followed by group 2 (20.3%) Patient refusal for Vaginal Birth After C-section (VBAC) contributed to the majority in group 5 (35%) followed by previous two c-sections (30.7%). Medical conditions like preeclampsia, placenta previa contribute to 19.2%. The rest is due to failed VBAC.

In group 2, the majority (40%) is due to maternal request with a history of subfertility, advanced age, bad obstetric history. Elective c-section due to multiple medical and social reasons with unfavourable cervix contributed 7%. The other reasons in group 2 were, intrauterine growth restriction (13%), pre-eclampsia (13%), lack of progression (13%) and CTG abnormalities (13%). Group 10 and 1 accounts for 17.6% and 12.2% respectively. In group 1, 55% c-sections were due to lack of progression, and rest (44.5%) due to fetal distress. Groups 4, 6, 8 and 9 contributed 2.9% equally and no c-sections were carried out under group 3 & 7

CONCLUSION AND DISCUSSION

The c-section rate is significantly high at 37.6% in this unit. It is important to make an effort to reduce primary c-section rate (group 1&2) that eventually affect group 5 in the future. Maternal attitude regarding the balance of benefit versus harm between mode of delivery is crucial to overcome this challenge. Make awareness about evidence based fetal monitoring, judiciously make use of VBAC, managing pregnancy complications as a continuous medical education among health staff can change this practice. Critically evaluate the indications for c-section and inductions, adequate counseling and encouraging for VBAC, improving patient's positive attitude towards vaginal delivery can facilitate this change.

Key words: Robson Classification, Cesarean section, Surgeries