

To Study Indication of LSCS in New Civil Hospital, Surat Using Modified Robson's Criteria

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Abstract

Objectives: to study indication of LSCS in our setting using modified Robson's criteria. *Materials and Methods:* The study was carried out at Dept of Obstetrics and Gynecology, in our institute, for 1000 consecutive caesarean deliveries. Data was compiled from departmental records. *Conclusion:* History of previous LSCS is most common indication for LSCS. Refusal for VBAC has lead to higher LSCS rate. Counseling for VBAC during antenatal period and during labour may help to reduce LSCS rate in these patients. Induction of labour is the major associating factor for high LSCS rate. Allowing spontaneous labour and judical selection of patients for induction may help to reduce LSCS rate. *Result:* The largest contribution to total CS rate was by group 5(34%) (All single cephalic pregnancy, >37 wks gestation, previous scar) followed by group 2 (20.4%) (Nullipara, single cephalic, >37 weeks, induced or CS before labour).

Keywords: LSCS, Robson's Criteria.

Introduction

Caesarean section rate is one of the most frequently used indicators of health care quality at the national and international level for clinical governance and outcome research. The caesarean section rate has been increasing in the last 50 years [1].

In the last decade there has been dramatic increase in the caesarean section rate worldwide, which now exceeds to 30% in some regions [1].

Caesarean section rates were high for women aged 35 yrs or more and for preterm births [2]. 60% of the increase in the caesarean section rates from 1996 to 2004 was the result of increase in primary caesarean rate [3].

In 2001, a new classification for caesarean section known as the "TEN GROUP" (TGCS) or Robsons classification was proposed. This classification system categorizes women into 10 mutually exclusive groups, considering the following priority criteria: parity, the previous

Obstetric record of the women, the course of labour, including pre-labour CS, and gestational age.

Materials and Method

This study was carried out at the Department of Obstetrics and Gynaecology, Government Medical College, Surat for 1000 consecutive caesarean section deliveries. Data was compiled from departmental records.

All relevant obstetric information and the gestational age were entered in the questionnaire and then into Microsoft excel sheet and analysis was carried out on the data obtained. The following outcomes were studied:

- Changing trend in overall CS
- CS rate by indication
- To ascertain which clinically relevant group is contributing to the rising trend.

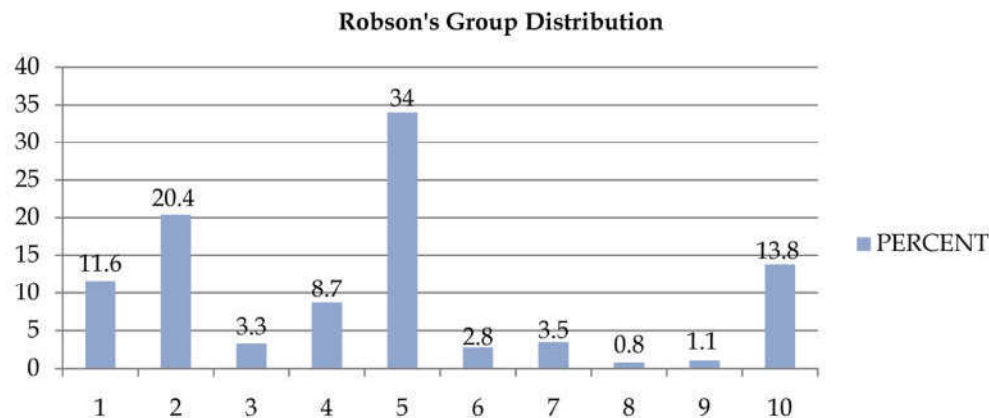
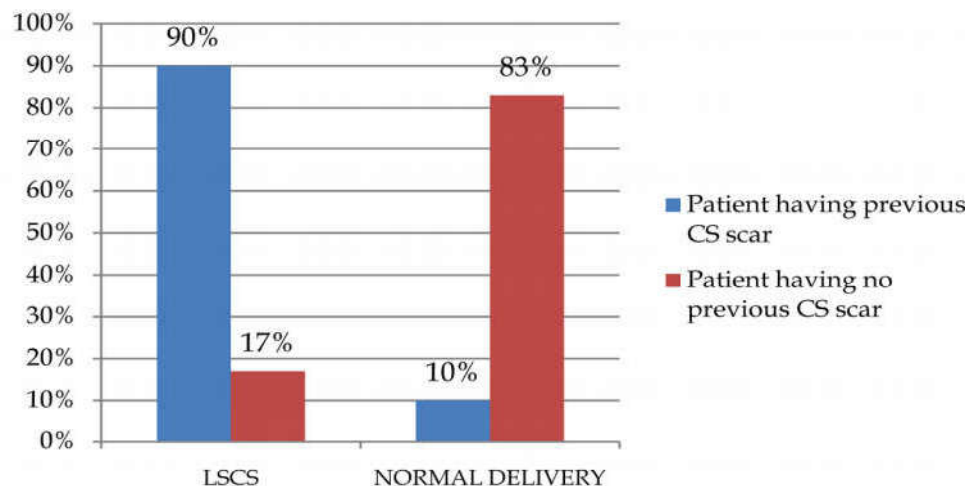
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Table 1: Distribution according to robson's classification

Robson's Class	Total	Percent
1	116	11.6
2	204	20.4
3	33	3.3
4	87	8.7
5	340	34
6	28	2.8
7	35	3.5
8	8	0.8
9	11	1.1
10	138	13.8
	1000	100

**Fig. 1:** Robson's group distribution**Fig. 2:** Comparison of LSCS rate among people having LSCS scar VS unscarred uterus

Discussion

This was a prospective case record analysis of 1000 sequential subjects done as undergoing LSCS per the enclosed Performa. During this 1000 sequential LSCS there were total 4000 patients came to labour room out of which 3000 pt delivered vaginally and when 1000 patients went for LSCS.

- According to WHO guidelines optimal cesarean section rate should be less than 15% of total delivery, but in our setup it seems to be 25% which is higher than WHO guideline.
- Ten Classifications and the contribution to the overall CS rates by each class.
- The largest contribution to total CS rate was by group 5(34%) (All single cephalic pregnancy, >37

wks gestation, previous scar) followed by group 2(20.4%) (Nullipara, single cephalic, >37 weeks, induced or CS before labour).

- Group 10 (all singleton cephalic < 36wks including previous caesarean scar, spontaneous labour, induced, caesarean section before labour) comprise 3rd largest group (13.8%).
- Group 1 (nullipara, single, cephalic, >37 weeks, in spontaneous labour) comprise 4th largest group (11.6%).
- Non vertex presentation (Group 6, 7 and 9) accounted for 7.4% CS.
- Out of total 4000 patients 443 (11%) were patients having previous LSCS and 3557 (89%) were patients having unscarred uterus. 90% of patients has previous LSCS had repeat LSCS and 10% only 10% delivered vaginally, while in unscarred patients 83% delivered vaginally and 17% had LSCS.

Conclusion of the Study

- The classification has helped us to know most common and commoner indication of LSCS.

- History of previous LSCS is most common indication for LSCS. Refusal for VBAC has lead To higher LSCS rate. Counseling for VBAC during antenatal period and during labour may Help to reduce LSCS rate in these patients.

- Induction of labour is the major associating factor for high LSCS rate. Allowing Spontaneous labour and judical selection of patients for induction may help to reduce LSCS Rate.

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