

**To assess common Indication of LSCS in tertiary care hospital**

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**Introduction**

Cesarean section is a surgical procedure performed to deliver fetus through abdominal route when a vaginal delivery can’t be done safely. It can be planned or performed in emergency conditions. It carries more risk than vaginal delivery, with long recovery period. Indication of LSCS is CPD, meconium-stained liquor, preterm labor, abruptio placenta, on request of patient, labor dystocia, fetal malpresentation, twin pregnancy, pre-eclampsia, previous LSCS, fetal distress, breech presentation, etc.

Increasing rate of cesarean section worldwide is an alarming concern for public health and obstetricians due to increase in financial burden and risk to health of the mother in comparison to vaginal delivery. The most common Indication of cesarean section is our fetal distress and previous cesarean section.

**Aim and objectives**

To study the prevalence of cesarean section and its most common indication in a tertiary care hospital.

**Objective**

To study the common indication of LSCS in tertiary care hospital.

**Methods**

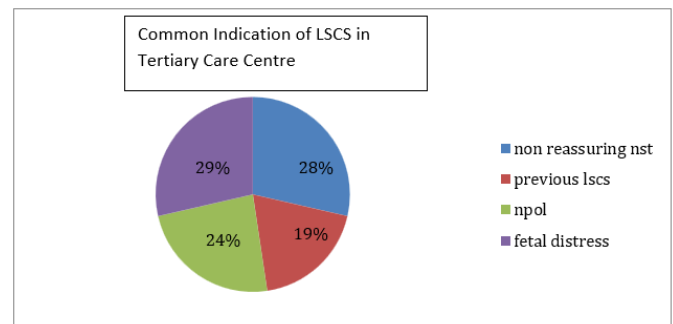
This descriptive cross-sectional study was done in a tertiary care hospital CAMA hospital Mumbai from month of September of 2023 of 100 patients after taking ethical clearance from institutional review board. Data was collected and entry was done in Microsoft excel.

Gravida score	LSCS	FTND	PTVGD
Primigravida	17	26	
G2	5	30	1
G3	1	8	3
G4	1	6	
G5	1	1	
Total	25	71	4

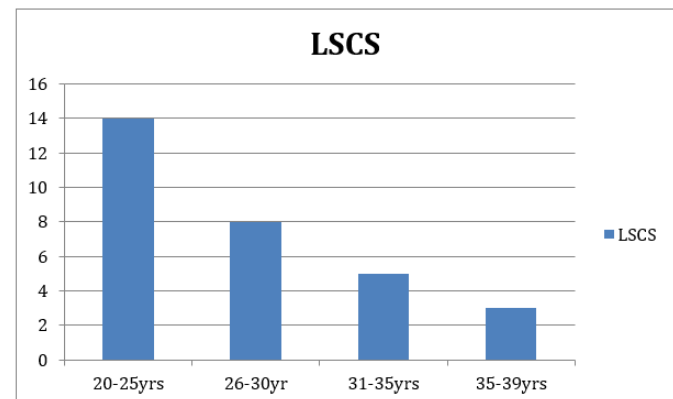
Age group	Indication	Number
20-25 yrs	Cephalopelvic disproportion	Nil
	Non reassuring NST	3
	Fetal distress	1
	Non progression of labour	3
	Previous LSCS	3
	Thick meconium-stained amniotic fluid	1
	Transverse lie	1
	Post datism	1
	Prom >24 hrs	1
	26-30	CPD
Non reassuring NST		1
Fetal distress		2
Non progression of labour		3
Previous LSCS		1
31-35	CPD	1
	Non reassuring NST	2
	Fetal distress	2
35-39	Cephalopelvic disproportion	1
	Previous LSCS	1
	Fetal distress	1

In age group of 20-25 yrs. it is found that previous lscs is more followed common by non-progression of labor followed by non-reassuring nst, fetal distress. In 26-30 yrs. of age common indication is non progression of labour.in 31-35 yrs. fetal distress is common.

Those females who had presented with fetal distress had 1.5 times more chances of elective cesarean section, but this was not statistically significant. female with failed induction had 3.2 times more chances of elective caesarean section, but this was statically insignificant.



Graph 1



Graph 2

E: Out of total deliveries conducted, were CS deliveries, were vaginal deliveries. Prevalence of CS is Mean age ± S.D of delivering mother was found to be 26.1±0.25 years. Primi cesarean section was more than repeat cesarean section. Most common indication of cesarean section was NPOL.

In tertiary care hospital as per study the common Indication of LSCS is mostly Prev LSCS and non-progression of labor after that other indications follow by. The percentage of LSCS in primigravida is more due to non-reassuring NST and NPOL.

### **Discussion**

Prevalence of cesarean section in a tertiary care hospital is high compared to WHO data. The most common indication of cesarean section is non-progression of labor 8% and previous cesarean section 3% Take home message is that there is no optimal cesarean. section rates in any setting due to wide variations in health status of patients. Reducing the rates of primary cesarean sections is the most crucial step in controlling overall cesarean section rates. Fetal distress, NPOL and failed induction are the main contributors to primary CS which needs to be introspected at institutional levels to curb this rising trend of CS due to these factors. Individualize labor on case-to-case basis and give adequate trials without setting time limits till maternal and fetal parameters do not warrant urgent interventions.

VBACS need to be offered to patients with previous cesareans after proper patient selection and after proper counseling of the patients regarding risks and benefits. High risk categories like elderly primigravida's and patients conceived through IVF should be encouraged and motivated for vaginal deliveries. CDMR should be discouraged to reduce primary CS rates. Labor room protocols need to be introspected and we need to have better understanding of fetal monitoring parameters so as to curb this rising trend of cesarean sections. Robson ten group classification system is just a starting point but it's better to have a common starting point so as to formulate better guidelines based on experience of various institutions to reduce this rising rate of cesarean sections

which is going to be a big nuisance in future.

### **Conclusion**

Cesarean section is the most commonly performed surgery in the department of gynecology. However, it has its own merits and demerits which affect the mother and the baby in the present as well as subsequent pregnancies. There is a rising trend of cesarean deliveries not only in India but worldwide. So, there is a dire need to audit these cesarean sections.

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