

HIGH CESAREAN SECTION RATE: CAN WE REDUCE IT?

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Increasing cesarean section rate (CSR) is an issue of public health concern for the last 30 years. This problem is a global phenomenon.^{1,2,3} The rates increased from 5-7% in 1970 to 25-30% in 2003.⁴

Increased CSR in developed world is mainly due to the fear of litigation, health insurance system, cesarean section (c-section) by choice, increased use of electronic monitoring and increased proportion of breach deliveries by c-section.

In developing countries the reasons for increasing c-section are different. Poor socio-economic conditions, low literacy level, lack of primary health care and low threshold of some doctors for the procedure, are on the top.

Recently this concern is re-appraised in the electronic and print media. In the current issue of the journal an original article from Abbottabad highlights the importance of this issue and has tried to explore the factors responsible in our community.

C-section is a life saving procedure both for the mother and the baby. Delay in deciding for it may be detrimental for both.

On the other hand premature and wrong decision may increase the maternal and fetal morbidity and mortality.

We can simply say, it is a double-edged sword. It saves the lives on one hand and endangers on the other. We can't simply ask the obstetricians to hold their hands off the procedure.

Of course more research will explore the factors responsible for increasing CSR all over the world. We can rectify these factors and thus achieve the goal.

Repeated c-sections can be avoided if trial of normal vaginal delivery is given.⁵ Similarly, c-section for breech presentation has become a feature of modern obstetrics and a cause for increased rate of elective c-sections. In some countries CSR for breech is upto order of 80%. This trend has implications not only for the index pregnancy but also increases the chances of repeat c-section in subsequent pregnancies and needs to be discouraged.⁶

In developing countries like Pakistan, it may be difficult if not impossible to achieve the goal of reducing CSR due to many factors including low literacy rate, poor socio-economic status and non-existing or poor primary health care facilities.

Experts should come forwards with the development of protocols ensuring that c-sections are only performed when needed.

Strengthening of primary health care system will still remain a major problem in developing countries because the root cause is corruption, both at low and high levels. We need to strengthen our values to combat corruption. And until it is attained we will continue receiving ladies compelling gynecologists in our hospitals to do c-sections in emergency and our CSR will even exceed 45% as reported by Shamshad in this issue of the journal.

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