

ARE CAESAREAN SECTIONS BREAD AND BUTTER FOR OBG SPECIALISTS IN PRIVATE SECTOR???

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INTRODUCTION: Access to comprehensive emergency obstetric care including caesarean sections is a key to preventing the estimated 287,000 maternal and neonatal deaths that occur worldwide every year. How to quantify the need for life-saving obstetric surgery? A 1985 WHO report suggested that the optimal population range for caesarean sections rate 5 to 15%, this endures as a reference. Recent analysis of Demographic health system survey tells us that the frequency of caesarean sections is highest among urban rich and lowest among rural poor in all countries. But in many countries there has been sharp increase in caesarean sections rate in last decade and a half, especially in rural areas. For example the rate and relative risk of caesarean sections increased by a factor of 15 among women living in rural areas, while among urban they more than tripled over 20 year span, A 2008 WHO survey of 373 facilities across 24 countries found that unnecessary caesarean sections were associated with an increased risk of maternal mortality and serious outcomes for mother and new born infants compared with spontaneous vaginal delivery. Increasing caesarean deliveries lead to considerable cost for poor families in the rural area { nearly Rs.15,000 to 20,000} .With this background, an effort was made to study the frequency and the reasons for increasing caesarean sections in rural fisherman

community.**OBJECTIVES:**1)To assess the frequency of deliveries by caesarean sections in rural community.2)To assess the reasons for caesarean section in rural community.3)To assess the number of patients requiring blood transfusions in private sector.**MATERIAL AND METHODS:**A community based cross sectional study was done in a rural area .All the deliveries that took place between January and June 2015 in 9 sub-centres of 2 adjacent PHCs in

U.Kothapalli mandal which is nearly 23kms from the district headquarters. Total number of deliveries conducted during the study period was 412. Of them, 151 were caesarean section, out of which 103 could be covered for the study. The information was documented by interviewing the mothers, using pretested semi structured questionnaire. Data analysis was done by using a software excel.

RESULTS: Of total deliveries, 36.65% were by caesarean sections, 11% were conducted in government facilities, remaining 89% were in private facilities. Major indications for caesarean sections were observed to be post caesarean pregnancies 32.03%, oligohydromnios 16.5%, premature rupture of membranes 11.3%. The remaining 1/3rd are accounted for with obstetric complications like cord round the neck, transverse lie, eclampsia etc. **CONCLUSION:** The rates of caesarean section are much higher than the WHO estimates OF 5%-15%. There is a possibility that such high rates are driven by the private sector which requires constant monitoring . 43% of the mothers had elective caesarean sections, 57% had emergency caesarean section for reasons like oligohydromnios and premature rupture of membranes (PROM) are responsible for almost 1/3rd of caesarean sections, Surprisingly none of the mothers delivered in private hospitals needed blood transfusions. 6% of mothers delivered in government hospitals required blood transfusion.

KEY WORDS: caesarean sections, private facilities