

THE KNOWLEDGE OF THE RISK FACTORS OF CAESAREAN SECTION ON PREGNANT WOMAN IN BANADIR HOSPITAL

Omar Abdalla Omar, Dahabo Sharif Mahomed, Faiza Abdi Osman, Halima Omar Husein

FACULTY OF MEDICINE & HEALTH SCIENCES

Jamhuriya University of Science & Technology, Mogadishu- Somalia

Email: wiseworldletter@gmail.com, dahabosharif@gmail.com, izaqaaliabdi@gmail.com, halimoomarhusein@gmail.com

Abstract

Cesarean section is one of the most increasing concerns here in Somalia during pregnancy especially at the late stage of the pregnancy, in Banadir hospital it has been recorded that 50% of the pregnant women came to the hospital with a complication which the mother and fetus are at an increased risk of death or organ damage.

The Specific objectives which guided the study were: To identify the risk factors of caesarean deliveries in Banadir hospital, to determine the complications of caesarean deliveries among pregnant women in Banadir hospital and to develop awareness in decreasing caesarean delivery for pregnant mothers in Banadir hospital. A cross sectional design was used, all the pregnant women who came in Banadir hospital during the period of study from 2nd July to 10th July, data were collected from women who were risk group of caesarean section using self-administered Questionnaire. The total sample were 60 using convenient method of sampling. Results presented the respondents by the cephalopelvic disproportion as indicated that the 88% of participants said cephalopelvic disproportion can increase the risk of caesarean section while 12% of the participants said cephalopelvic disproportion cannot increase the risk of caesarean section, this means the majority of the respondents were emphasis cephalopelvic disproportion can increase the risk factors of caesarean section on pregnant women.

Keywords: *risk factors, placenta praevia, Cephalo pelvic disproportion, caesarean section,*

1.0 Background

Caesarean section may sometimes be the only means to save the life of the mother and foetus. (Althabe, 2006) Current estimates in Cameroon put the national caesarean section rate at about 2%, with the lowest rate of 0.4% being reported in the Far North Region. This is lower than the national rate of 5–15% of the estimated live births, currently recommended by the United Nations stillbirth rate of 7% to 12% was reported at the University Hospital, Cameroon. (Paxton, 2006) .

A recent study reported poor foetal outcome of fetus delivered through caesarean section in Far North Cameroon Region and revealed that one of three caesarean deliveries ended up in foetal death (Tebeu, 2008). A study in Nigeria revealed a high mortality of 34% in women who refused elective caesarean delivery compared to 5% for those who accepted the procedure

Refusal of caesarean delivery might be due to the lack of detailed information about the procedure. In order to perform caesarean section at right time for safety of the mother and her infant, counselling on caesarean delivery. The ultimate decision is based on the woman's obstetric history and the anticipated mode of delivery (Chigbu, 2007).

Placenta praevia occurs when the placenta lies low in the uterus and partially or completely covers the cervix. One in every 200 pregnant women was experience placenta praevia during the third trimester. Treatment involves bed rest and frequent monitoring. If a complete or partial placenta praevia has been diagnosed, a caesarean is usually necessary. If a marginal placenta prevue has been diagnosed, a vaginal delivery may be an option. Placental abruption separation of the placenta from the uterine lining that usually occurs in the third trimester. Approximately 1% of pregnant women was experience placental abruption. The mother was experience bleeding from the site of the separation and pain in the uterus. This separation can interfere with oxygen getting to the baby, and depending on the severity, an emergency caesarean may be performed

(illoabachia, 2007).

A caesarean delivery is a birth that occurs through an incision the abdominal wall and uterus rather than though the vagina. There has been in gradual increase in caesarean births over the past 30 years. In November 2005 the center for disease control and prevention (CDC) reported the national caesarean birth rate was the heights ever at 29.1%. this means more than 1 in 4 women are likely to experience a caesarean delivery . There are many reasons the health care provider might recommended a caesarean delivery. Same caesareans occur in critical situations, and some are elective. (American pregnancy association, 2015)

Women who have a uterine caesarean scar have slightly higher long-term risks. These risks, which increase with each additional caesarean delivery, include Breaking open of the incision scar during a later pregnancy or labour (uterine rupture). For more information, see the topic Vaginal Birth after Caesarean (VBAC).Placenta praevia, the g growth of the placenta low in the uterus, blocking the cervix. Accretes, placenta, placenta percreta least to most severe (wise, 2014).

The risk for endometrities is significantly higher in Caesarean than vaginal delivery, and higher in Emergency Operations than in elective ones. Endometrities has decreased dramatically after introduction of prophylactic antibiotics as a common policy, but is still ten Times higher in Caesarean section than in women delivering vaginally. The total incidence of endometrities

related to Caesarean Section in US study was 6.9% CS (2.7% and 9.4% in elective and emergency Caesarean Section respectively), 15 times higher than for Vaginal Delivery. Cephalopelvic disproportion (CPD) occurs when a baby's head or body is too large to fit through the mother's pelvis. It is believed that true CPD is rare, but many cases of "failure to progress" during labour are given a diagnosis of CPD. When an accurate diagnosis of CPD has been made, the safest type of delivery for mother and baby is a caesarean. (burrow, 2004).

Malpresentation Ideally, babies descend through the birth canal headfirst. Sometimes, however, they present in other positions. Positions other than head down are called malpresentation. The most common of these abnormal positions occurs when the baby's bottom or feet are toward the mother's birth canal. (Douglas 2012).

2.0 Methodology

2.1 Research Design

A cross sectional design was used in this study, data was collected once. A quantitative approach was used in order to find numerical based data about the risk factors of caesarean delivery on pregnant women in Banadir hospital.

2.2 Target population

The target population included all pregnant women who sought delivery care at Banadir hospital during the period of study from 2nd to 10th July, 2016; the study population were women who were risk group of caesarean section delivery in Banadir hospital (Cephalo pelvic disproportion, failure progressive labour, and cord prolepsis and placenta praevia).

2.3 Sample size and procedure

The sample size estimation was convenience sampling, and the sample size was 60 participants. During our stay the total number of pregnant women came in the Banadir hospital were 80 but 5 of them were sick and 15 of them refused to answer our questionnaires. Hence the final sample size was 60 participants.

2.4 Data collection & Tools

Survey Questionnaires was employed by collecting the data and measurement scale of the questionnaires was be Liker scale rating of five point scale (SA=strongly agree, AG =agree, N=neutral, DA= disagree, SD= strongly disagree) and three point measurement scale (yes, no, and not sure). Here the interpretation of the measurement scale are strongly agree and agree

are grouped in to positively agree their percentage was shown as one respectively the other negatively agree and their percent was calculated as one.

2.5 Data analysis

Quantitative data analysis was used in this study. Analysis was carried out with the aid of the Graphs, Tables frequency and percentage and the data management packages that were employed include the following SPSS and EXCEL with which the researchers use after the collection of the data.

3.0 Results

3.1 Respondents by Can Placenta praevia increase C/Section

placenta praevia		
Variable	Frequency	Percent (%)
Agree	21	35
strongly agree	26	43
natural agree	6	10
Disagree	2	3
strongly disagree	5	8
Total	60	100

Table 3.1: Respondents by Can Placenta Praevia increase C/section

From Table 3.1: Nearly 43% of the respondents strongly agree placenta praevia can increase incidence of c/section delivery while 8% strongly disagree and 3% disagree that placenta praevia can increase incidence of C/section delivery.

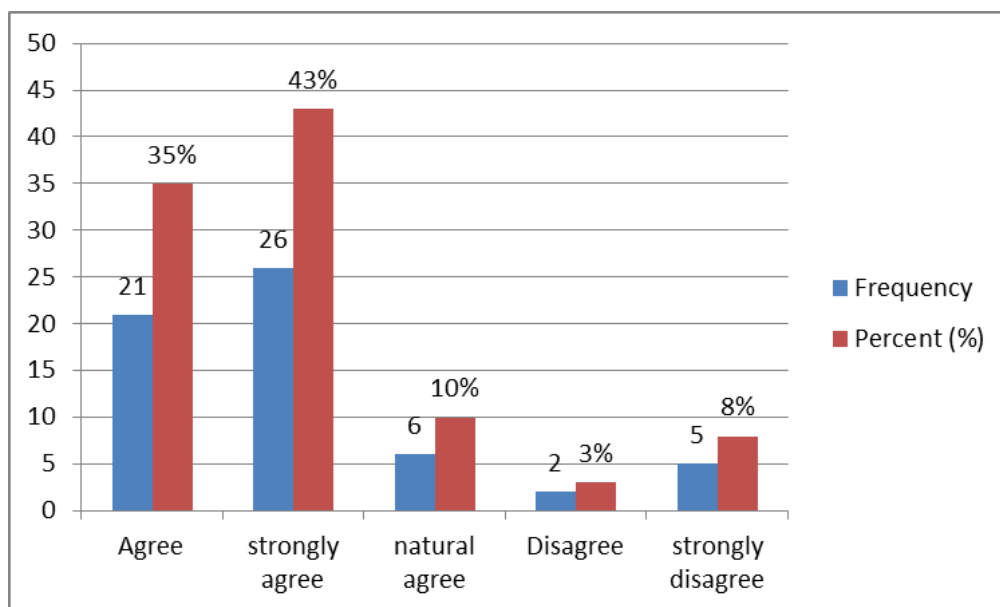


Figure 3.1: Respondents by Can Placenta Praevia increase C/section, Banadir hospital

3.2: Respondents can cord prolapse increase incidence of C/section delivery

cord prolepsis		
Variable	Frequency	Percent (%)
Agree	20	33
strongly agree	20	33
natural agree	10	17
Disagree	9	15
strongly disagree	1	2
Total	60	100

Table 3.2: Respondents can cord prolapse increase incidence of C/section delivery

From table 3.2: Majority of respondents (33%) agree or strongly agree cord prolapse can increase incidence of C/section delivery while 15% disagree and 17% were neutral agree cord prolapse can increase incidence of C/section delivery.

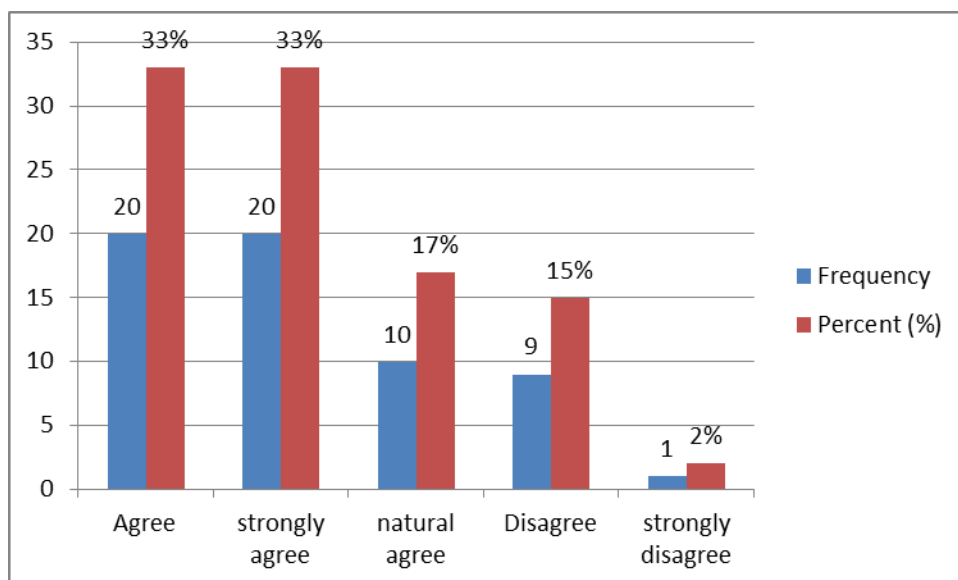


Figure 3.2: Respondents can cord prolapse increase incidence of C/section delivery

3.3 Respondents by Do you believe increasing the frequency of maternal visit to antenatal care decreases C/Section delivery

The frequency of maternal visit to antenatal care		
Variable	Frequency	Percent (%)
Yes	44	73
No	12	20
Not sure	4	7
Total	60	100

Table 3.3: Respondents by do you believe increasing frequency of maternal visits to antenatal care decreases C/Section deliveries, in Banadir hospital

From table 3.3: Majority of the respondents (73%) believed increasing frequency of maternal visits to antenatal care decreases C/section delivery while only 20% did not believe frequency of maternal visits to antenatal care can decrease C/section delivery.

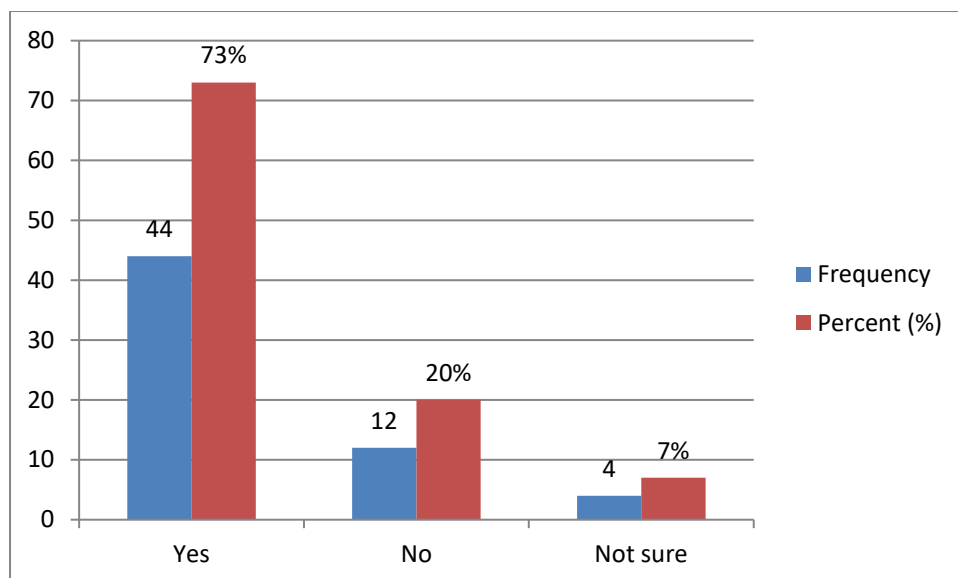


Figure 3.3: Respondents by do you believe increasing frequency of maternal visits to antenatal care decreases C/Section deliveries, in Banadir hospital

5.2 Discussion

The placenta praevia it occurs lies low in the uterus and partially or completely covers the cervix, If a complete or partial placenta praevia has been diagnosed, a caesarean is usually necessary. The placenta praevia as indicated that the 88% of participants have placenta praevia can increase the risk of caesarean section while 11% of the participants they told placenta praevia cannot increase the risk of caesarean section, this means the majority of the respondents were emphasis Placenta praevia can increase the risk factors of caesarean section on pregnant women .the placenta praevia is one of risk factor of caesarean section.

According to (wise, 2014) Women who have a uterine caesarean scar have slightly higher long-term risks. These risks, which increase with each additional caesarean delivery, include Breaking open of the incision scar during a later pregnancy or labour (uterine rupture). For more information, see the topic Vaginal Birth after Caesarean (VBAC). Placenta praevia, the growth of the placenta low in the uterus, blocking the cervix. Placenta accretes, placenta increate, placenta percreta least to most severe.

5.1 Conclusion

The finding of the study was concluded all of the following are Risk factor of caesarean section such as Cephalopelvic disproportion, Failure progressive labour, placenta praevia, cord prolepsis and uterine rupture.

The results we found based on the respondents by the Cephalopelvic disproportion as indicated that the 88% of participants told Cephalopelvic disproportion can increase the risk of caesarean section while 12% of the participants told Cephalopelvic disproportion cannot increase the risk of caesarean section, this means the majority of the respondents were emphasis Cephalopelvic disproportion can increase the risk factors of caesarean section on pregnant women.

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