

# Rising Caesarean section Rates in Malaysia



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## Introduction

The rising Caesarean section (CS) rate is a global phenomenon and in Malaysia too the rates have been gradually increasing. The WHO consensus in 1985 for CS suggested that 15% was a reasonable rate. This is now out dated and needs revision.

## Methodology

This is a review looking at CS rates from 14 tertiary hospitals in 2010 from the National Obstetric Registry. There were a total of 138,315 deliveries analysed from 1<sup>st</sup> January 2010 to 31<sup>st</sup> Dec 2010.

## Results

CS rates from the 14 tertiary hospitals was 23.08%. Two previous CS accounted for 11.21% of all CS whilst one previous CS accounted for 15.6%. More than half of the patients as seen in Table 1 with one previous CS had a repeat CS. Approximately one fourth of CS was for Diabetes and Hypertension complicating pregnancy. 61.8% of patients with breech did not have ECV and hence accounted for 11.9% of CS.

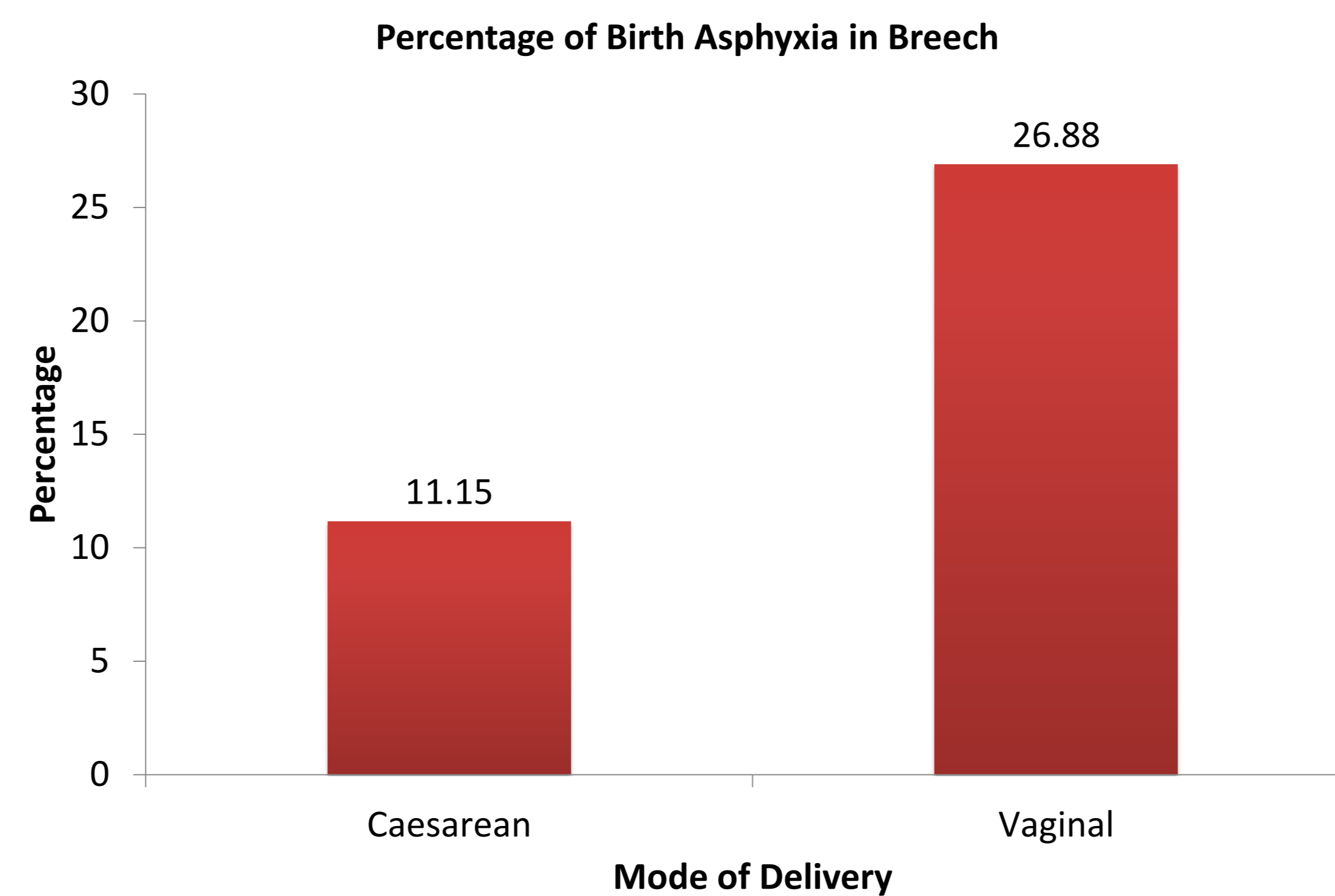


Chart 2: Percentage of Birth Asphyxia in Breech babies following Caesarean Section and Vaginal delivery

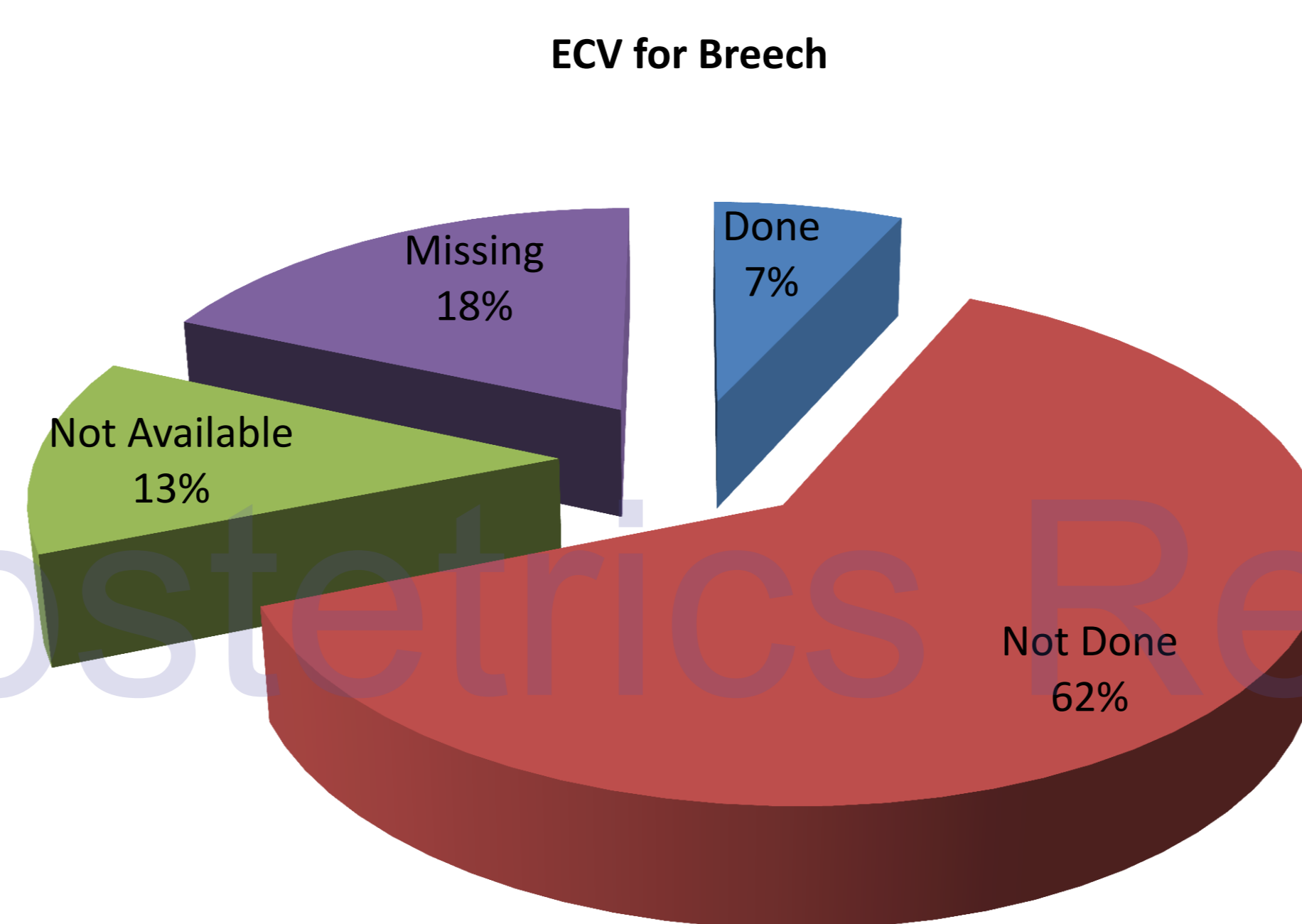


Chart 3: Shows the Percentage of ECV done as compared to not done

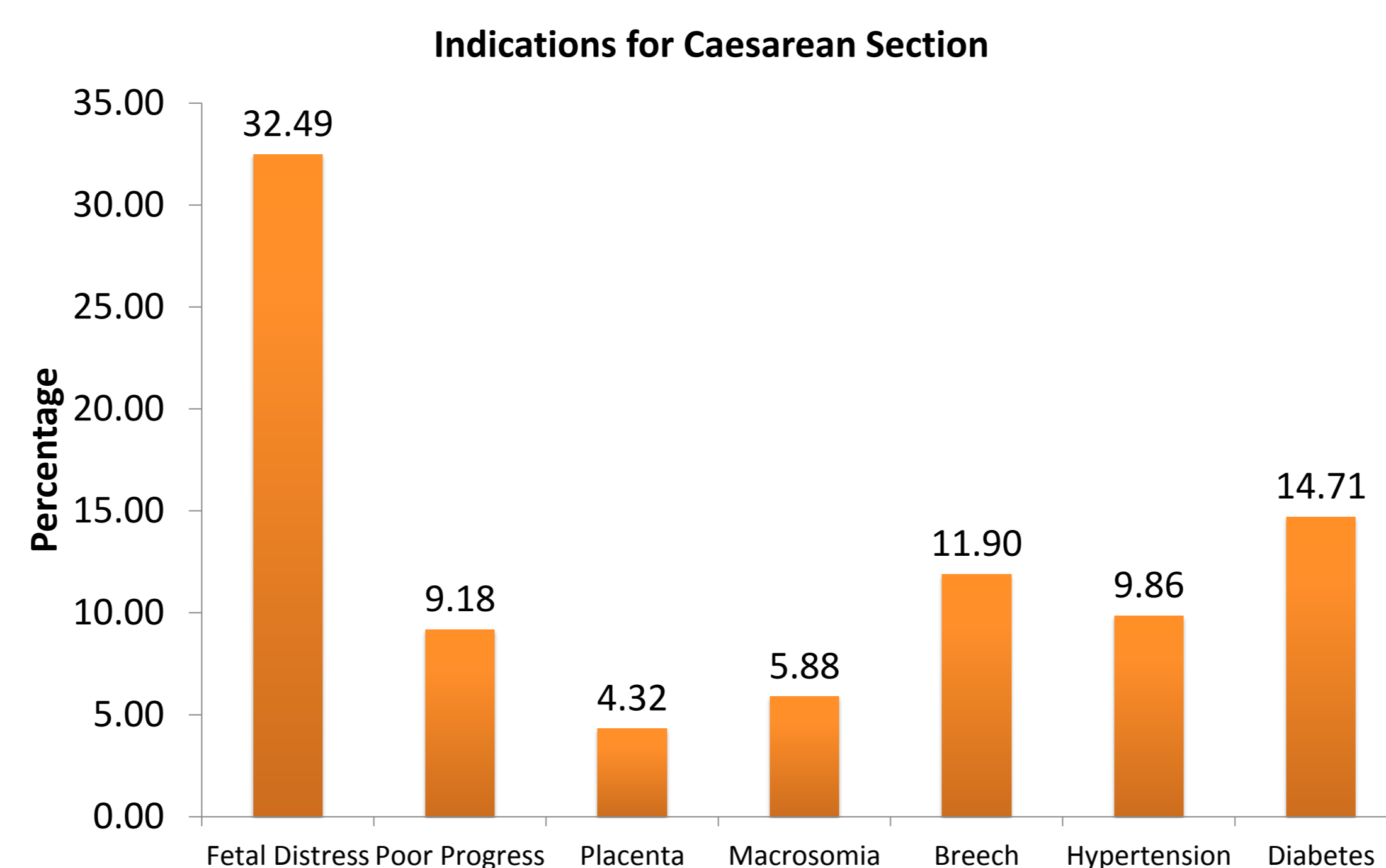


Chart 4: Indications for Caesarean Section

## Discussions

The decision to perform CS should be for obstetric indications. All Site Data Provider's should audit their CS rates and develop guidelines to reduce rates. There has been an increase in medically indicated Caesarean delivery in recent decades and this is seen with patients in this review. There is a higher perinatal mortality and morbidity with breech than cephalic presentation due to birth asphyxia (Chart 2) as well as trauma and CS for breech has been suggested as a way to reduce this. To reduce breech presentation at term, external cephalic version (ECV) should be advocated and this in turn will reduce CS rates. In the current practice, breech babies are increasingly delivered by CS. Hence policies should be implemented to increase the number of women offered and undergoing ECV. The decision to perform Caesarean section has implications on maternal morbidity in the current pregnancy as well mode of delivery in subsequent pregnancies. Caesarean section is not the safest option for delivery unless it is being done for a valid obstetric indication. Therefore steps must be taken to reduce primary caesarean section.

## References

1. World Health organization. Appropriate technology for birth. Lancet 1985;ii 436-7
2. Hannah ME, Hannah WJ. Planned caesarean section versus planned vaginal breech presentation at term: a randomised multicentre trial. Term Breech Trial Collaboration Group. Lancet 2000; 356:1375-83

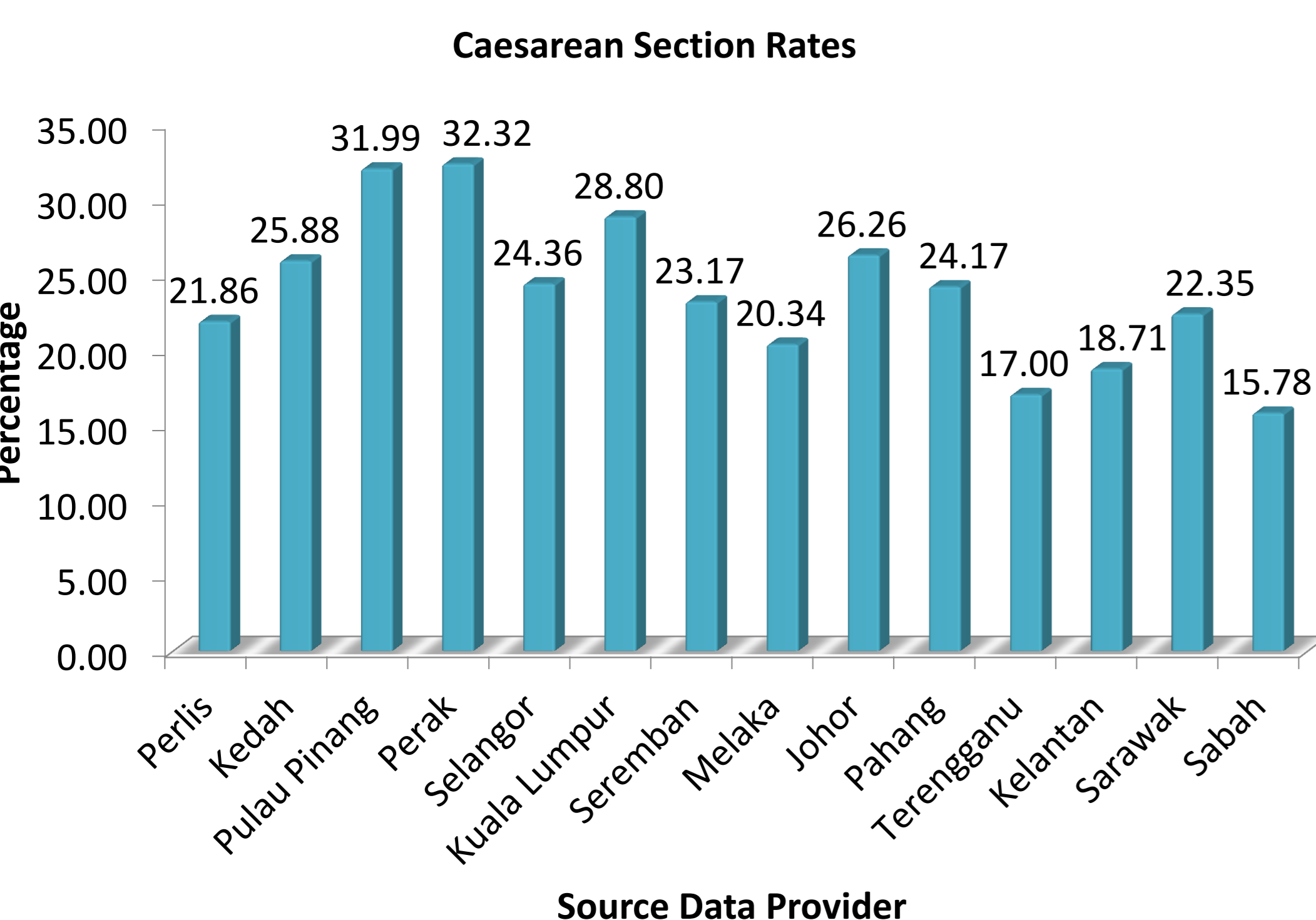


Chart 1: Caesarean section from tertiary hospital in all States

Previous Caesarean Section	SVD + Instrumental (VBAC)	Caesarean section						Caesarean rates	
		LSCS		Classical		Hysterotomy		n	%
1 Previous LSCS	4603 (48.9%)	4,798	15.4	37	22.7	1	4.16	4,836	15.5
Total cases : 9472									
≥ 2 Previous LSCS	619 (15%)	3443	11.1	28	17.1	5	20.8	3,476	11.1
Total cases : 4114									

Table 1: Shows Mode of delivery for patients with previous LSCS