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INTRODUCTION

In 1985 WHO set the optimal Caesarean section (CS) rate at 10-15%. In 2009 WHO stated that the optimum rate is unknown and that very low or very high rates of CS can be dangerous. The rates continue to be high in developed countries and we set out to see the CS trends in Malaysian tertiary hospitals.

OBJECTIVES

This is a retrospective review based on data from the National Obstetrics Registry from 1st January 2010 to 31st December 2012. A total of 399,274 deliveries were analysed of which resulted in 94,671 CS. Descriptive analysis was used in this study.

DISCUSSION

There is a wide range of variation in the CS rates from the participating hospitals. CS rates should not be thought to be too high if done for obstetric indications. The main contributor to rising CS rates is fetal distress and diagnosis solely by electronic fetal monitoring has led to increase in CS rates. However decision for intervention for a compromised fetus must not be delayed to avoid neonatal morbidity and mortality. CS rates are also up due to women with previous CS. CS rates due to breech presentation have increased following practice changes as a result of the Hannah Trial as well as a reluctance to perform external cephalic version.

CONCLUSION

To reduce CS rates we should reduce the primary section rates and senior Obstetricians should be involved in decisions for surgery. More research is required to conclude if vaginal birth after caesarean section was attempted in these group of patients.

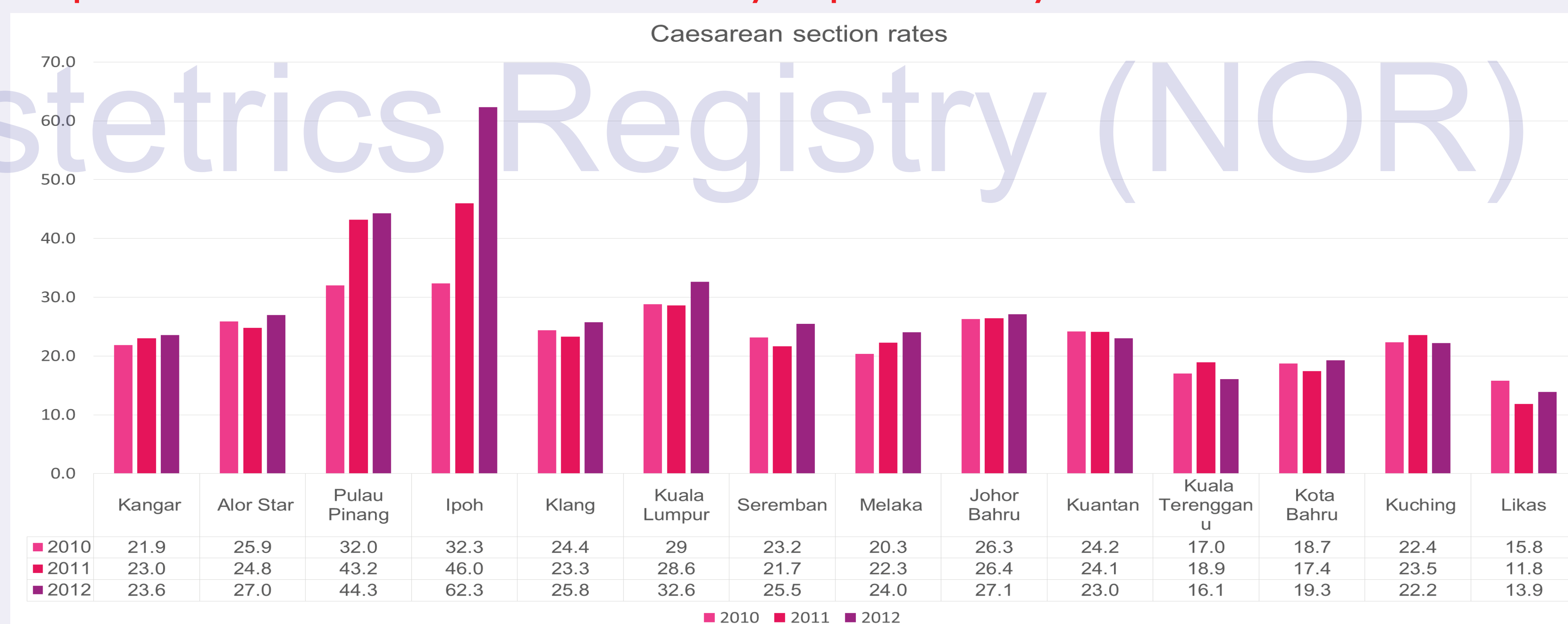
RESULTS

Overall CS rates from the participating hospitals in 2010 was 23%. The rates in 2011 and 2012 were 23.4% and 25.1% respectively. The highest CS rates were from Hospital Pulau Pinang, Ipoh and Kuala Lumpur in 2010 and similarly in 2011 and 2012. Lowest rates were from Hospital Likas, Terengganu and Kelantan for all 3 years. (graph 1). In all 3 years the CS rates were the highest among the Indian ethnicity followed by Orang Asli and Chinese. The rates among the foreigners in 2010 was at 21% and in 2012 the rates increased to 23.2%. (Graph 2) The leading indication for CS in all the 3 years studied was fetal distress. Second commonest indication was for breech presentation at 11.9% in 2010, 11.3% in 2011 and 11.0% in 2012. Nearly a quarter of the women who had CS in 2010 were found to have Diabetes or Hypertension however a slight reduction was noted in 2011 & 2012. (Graph 3). In 2010 15.4% of women with 1 previous CS had a repeat CS and the trend is increasing in 2011 and 2012 at 25.1% and 26.1% respectively (Table 1)

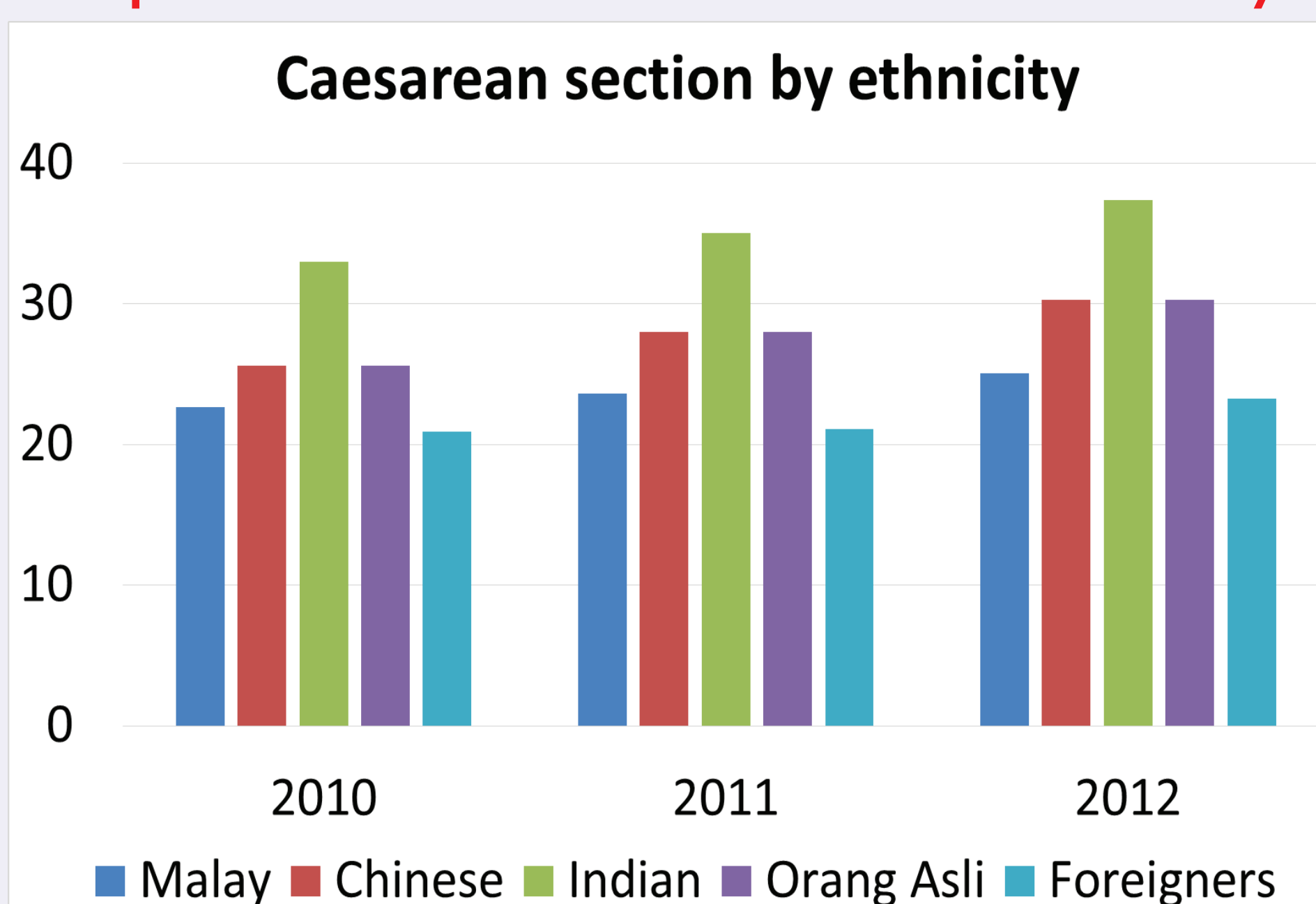
Table 1: 1 previous LSCS with repeat LSCS, Classical and Hysterotomy

	1 PREVIOUS LSCS					
	LSCS		CLASSICAL		HYSTEROTOMY	
	N	%	n	%	n	%
2010	4798	15.4	37	22.7	1	4.2
2011	7983	25.1	40	0.3	4	0.0
2012	8078	26.1	46	0.3	2	0.1

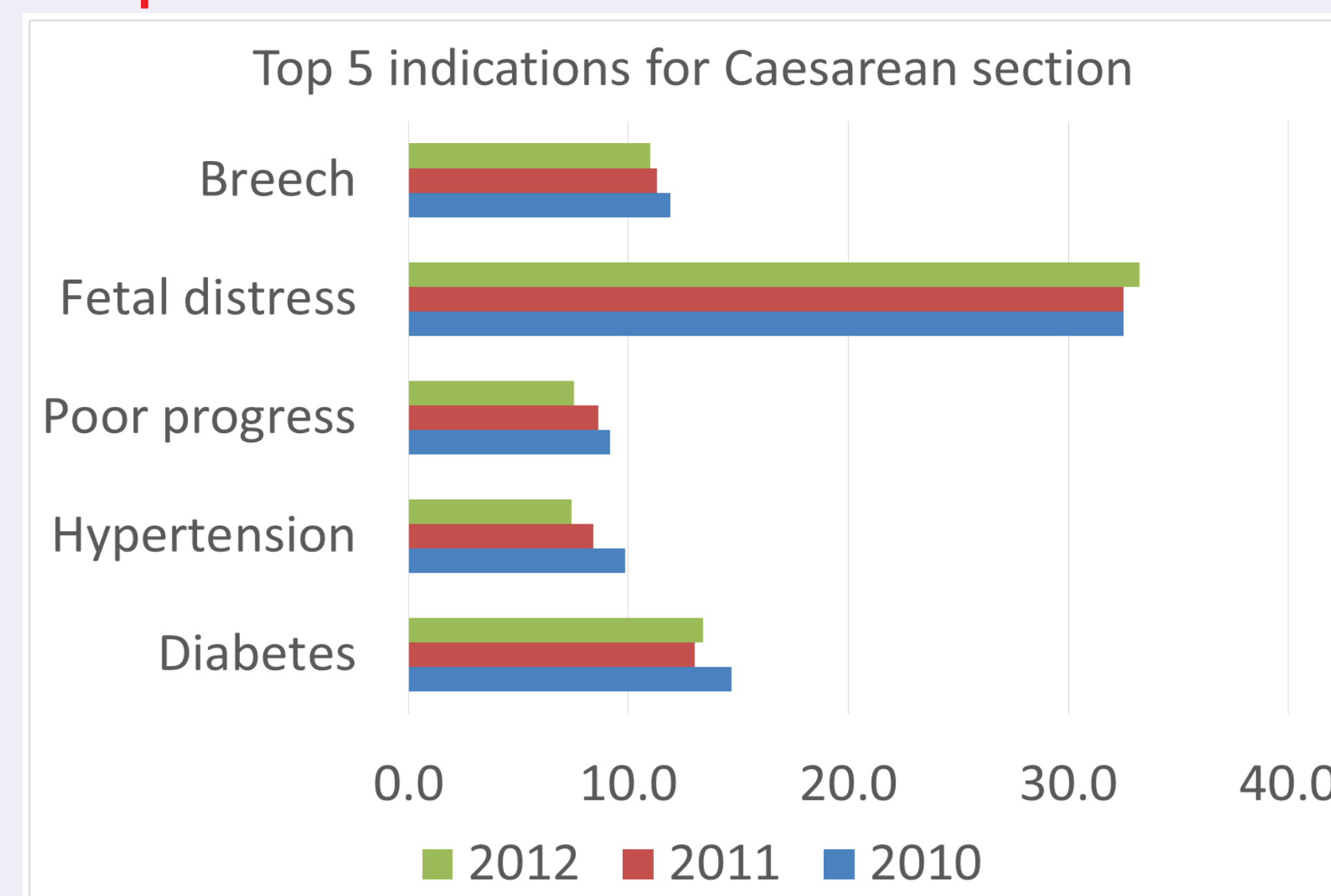
Graph 1: Caesarean section rates from 14 tertiary hospitals in Malaysia



Graph 2: Caesarean section rate and ethnicity



Graph 3: Indication for Caesarean section



REFERENCES

- Planned caesarean section versus planned vaginal birth for breech presentation at term: a randomised multicentre trial. Term Breech Trial Collaborative Group. Hannah ME, Hannah WJ, Hewson SA, Hodnett ED, Saigal S, Willan AR. Lancet 2000