

TITLE- INDICATION AND OUTCOME OF PRIMARY CAESAREAN SECTION IN ABEOKUTA, SOUTH-WEST NIGERIA
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OBJECTIVE: The purpose of this study is to determine the prevalence , the indication and feto-maternal outcome of primary caesarean section at Federal Medical Centre Abeokuta.

DESIGN: This study was a retrospective review of primary Caesarean deliveries.

METHOD: Patients that had primary Caesarean deliveries at Federal Medical Centre Abeokuta between January 1st, 2018, and December 31st, 2019, were identified from post-natal surgical records. The case files of the patients as well as neonatal records were retrieved from the medical record department and reviewed to obtain data on deliveries and neonatal outcome.

RESULTS: A total of 2500 deliveries occurred during the study period, 492 cases were primary Caesarean deliveries, and 476 case (96.7%) were retrieved and reviewed. The prevalence of primary Caesarean section was 19.7%. Emergency Caesarean section accounted for 61.1% (n=291). Primary caesarean section was highest among the unbooked patients (63.5%, n=302). Primiparous parturients accounted for 31.5% (n=150) of the entire primary caesarean births. The commonest age group was 26-30 years(35.7%, n=170). The commonest indication for primary caesarean section was fetal distress (28.3%, n= 135). Good 5-minutes APGAR score (i.e., ≥ 7 APGAR score) was seen 94.3% of the babies. Mild to moderate perinatal asphyxia indexed by 5minutes- APGAR score < 7 was recorded in 27 babies (5.7%). Respiratory distress constituted the commonest reason for admission to neonatal care unit (16.2%, n=72). Other neonatal morbidities included neonatal jaundice (12.6%, n=60) and presumed neonatal sepsis (10.1%, n= 48). Maternal complications were observed in 4.4%. The commonest maternal complication was primary post-partum haemorrhage (3.8%, n=18). Others were delayed anaesthetic recovery (0.4%, n=2) and caesarean hysterectomy (0.2%, n=1).

CONCLUSIONS: Adverse feto-maternal outcomes were generally low in this study even though most of the primary Caesarean deliveries were done for unbooked patients and mostly for fetal distress. This could probably be due to prompt intervention of highly skilled obstetric man powers in this urban tertiary health centre. The findings may be different in rural or suburban centres in the region.