

Analysis of Caesarean section rate and outcome by ROBSONS classification

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Objective: The international standard for caesarean section rate is around 15%. Indicated caesarean sections are lifesaving, but its increased rate is associated with health risks. The aim of our study was to analyse the rate and outcome using a standard tool - Robson's Ten Group Classification System (TGCS).

Design: Retrospective study was conducted over a period of three years from June 2019 to June 2022 in a unit using WHO protocol of labour management.

Method: Data of patients who delivered by CS during this period were categorized by TGCS. Total number of deliveries 2211 during this period. Total LSCS was 670. The size of each group, CS rate, and contribution of each group toward overall CS were calculated. Indications of CS in each group were analysed using Chi-square test for statistical significance.

Results: The overall rate CS rate was 30.3%. Robson's group 5 (23.7%) was the major contributor to the overall CS rate, followed by group 3 (13.2%), group 1 (11.8%), and group 4 (10.7%). The incidence of primary CS (47.76%) was less than repeat CS (52.23%). Previous CS, non progress of labour and fetal distress were the main indications for CS. The rate of CS among nulliparous women (n= 1216) was 23.31% and main indications were Non progress of labour and fetal distress.

Conclusions: The Robson classification system showed a high rate of CS in previous LSCS group, but primary LSCS was equally high. Adopting VBAC recommendation and reasonable trial of labour in a nullipara will contribute in reducing the LSCS rate.