

DETERMINANT OF CAESAREAN SECTION RATE AMONG WOMEN OF 15-49 YEARS AT NAKURU LEVEL 5 HOSPITAL USING THE ROBSON CLASSIFICATION SYSTEM

Abstract

Background: Caesarean section is a lifesaving operation that has significant effect on the outcomes of maternal and perinatal health. While the World Health Organisation considers a CS rate of 10–15% to be optimal, there is significant increase in CS especially in low resourced setting despite the persistent inequalities in access to CS. To determine, track and audit caesarean section rates and groups, the Robson classification system that classifies CS into 10 groups based on parity, the onset of labour, foetal presentation, gestational age, and number of foetuses was introduced. Therefore, we assessed the determinants of caesarean section rate among women 15–49 years at Nakuru Level 5 Hospital.

Methods: We reviewed systematically sampled medical records of women who had delivered via caesarean section at the Nakuru Level 5 Hospital between 1 June and 31 December 2019. Data on sociodemographic, socioeconomic, and obstetric characteristics, previous caesarean section and indication for caesarean section were collected using data extraction tool and analysed using frequencies and percentages.

Results: The overall caesarean section rate was at 27.9% with two-thirds of the caesarean sections attributed to groups 1 (n=40, 12.3%), 3 (n=37, 11.3%), 5 (n=78, 24.0%) and 7 (n=33, 10.2%) as per the Robson 10 classification system

Conclusion: The rate of CS in the study setting is twice the WHO recommended rate with previous CS being the main cause of CS. There is a need to support implementation of instrumental delivery, trial of labour after CS and training of staff to decrease CS rate especially among low-risk groups (Robson groups 1–4). Focused antenatal care should also be promoted to identify pre-existing health conditions and detect early complications arising during pregnancy.

Keywords: Nakuru, caesarean section, Robson classification system, Kenya, determinants

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