

REDUCING CESAREAN SECTION RATES BY USING ROBSON 10-GROUP CLASSIFICATION

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Abstract: *This article discusses the reduction in cesarean rates using the Robson Group 10.*

Keywords: *Robson's Ten-Group Classification, Cesarean section, Fetal distress*

Worldwide, cesarean section (CS) rates have ominously risen in the last few decades. In cases where spontaneous vaginal delivery (SVD) is not possible or contraindicated, avoiding CS may endanger the lives of mother and the fetus. However it is also a reality that CSs are also done without clear indications or with vague indications like obstructed labour, with intact membranes.⁴ CSs are considered to be a life-saving procedures but these are not without risks attached in terms of present or future pregnancies. Some of the most common short and long term complications associated with CSs are increased chances of maternal morbidity and mortality, increased requirements of blood transfusion, prolonged hospital stays, post-partum infections, retained placenta, stillbirth and post-partum hemorrhage.⁵ This indicates that if not chosen rightly, some women may have needless exposure to these complications while contrary to this, some women might not be getting CS when they are in real need. CS rates are comparatively high among women who are educated (minimum secondary level education), belonging to urban areas of residence or those who have rich socioeconomic status.⁶ In rural areas, unavailability of access to appropriate healthcare facilities and lack of staff and equipment have been found to be leading to increased maternal morbidity and mortality.

In the present scenario, real challenge is to have CS rate low while preserving safety of mother and the newborn intact. For this, constant audits of CSs being performed in healthcare settings are necessary. Three most commonly adopted classifications are “based on primary clinical indications”, “the degree of urgency or absolute need for caesarean delivery”, and “Robson classification”- as frameworks for auditing CS. Torloni MR et al. did a systematic review comparing different classifications for CS and concluded that Robson’s¹⁰ Groups classification was found to be optimal for monitoring CS. “World Health Organization” has also endorsed Robson’s classification as a “global standard” tool for the monitoring of CS. The Robson’s classification is known as “Ten Group Classification System (TGCS)”, classifies CSs in ten groups according to different categories of the pregnancy, past

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Caesarean section (CS) is a life-saving intervention for both the woman and newborn if a complication occurs during late pregnancy and childbirth. It is the most common surgical intervention in many countries.¹ The proportion of women giving birth by CS is used by the WHO as an indicator of the provision of life-saving services for both mothers and newborns.WHO suggests that in normal populations CS rates should not exceed 10%–15%.However, there is a growing concern about the increasing percentage of CS globally.The CS rates above 15% are not associated with improved maternal and neonatal health, and reasons for a CS may be other than medical; in some countries, for example, it may be a cost-free option for expecting mothers.

CS performed for women who do not need it can have negative consequences for the mothers as well as their babies, especially when the procedure is done in the absence of adequate facilities, skills and comprehensive care. Though CS is effective in reducing maternal and neonatal mortality and morbidity, the procedure is also associated with increased maternal risk of infection, bleeding, blood transfusion, hysterectomy and death compared with normal delivery. Indeed, even small operations carry some risks and must be compared with the risks of not undertaking the procedure. A woman who undergoes a CS will have a slightly increased risk for her subsequent babies to have fetal distress, preterm birth and stillbirth.

In 2016, globally, the population-based CS rate varied from 6% to 27.2%, and the global rate of CS births had doubled over the last 15 years. In Ethiopia, the national population-based CS rate had been the lowest in the world,but a national review conducted in 2011 covering 797 facilities indicated a CS rate of 15% in public facilities and 46.1% in privately owned facilities.The CS rate at a university hospital in eastern Ethiopia was 25.7%. Many of these facility-based CS rates represent a selected

population of women, and hence not necessarily representing the CS rate in the population.

Though there is no consensus in defining the optimal CS rate at any level due to lack of reliable and internationally accepted classification system, the 10-Group Classification System created by Robson has now been accepted and used in many countries. This system helps institution-specific monitoring and auditing and offers a standardised comparison method for use between institutions, countries and time points.

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