

**Emergency caesarean section: evaluation of indications and pregnancy
outcome at Muhimbili national hospital**
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Aim:

To describe and evaluate indications for emergency caesarean section and determine the immediate foetal and maternal outcome of pregnancy in women who had a decision for emergency CS made.

Methodology:

A cross sectional descriptive study was conducted at Muhimbili National Hospital, to pregnant women who had a decision made for emergency CS between January 26* and March i 2006. Pre-defined diagnostic criteria for the five commonest indications for emergency CS (repeat CS, obstructed labour, foetal distress, failure to progress and CPD) were developed through literature review and expen consensus. Diagnoses made by doctors for emergency CS were evaluated against these criteria and assessed as optimal or suboptimal. Data on indications, immediate maternal and foetal outcome were entered and analysed using Epi Info 6 computer programme.

Results:

Out of 1276 mothers who delivered during the study period, 345 had a decision made for emergency CS. Among those, 324 women were included in the final analysis: 279 delivered by emergency CS and 45 delivered vaginally. Repeat CS was the most frequent indication (30.2%) followed by obstructed labour (14.4%) and foetal distress (13.6%). Thirty percent of indications were sub optimal mostly in the foetal distress group (59.1%) and less in the repeat CS group (9%). Women who ultimately delivered by SVD (65.7%) after decision for CS and nulliparous women (42.5%) had statistically significant more sub optimal decisions. The overall mean decision-delivery time interval was 3 hours and 20 minutes (range: 15minutes to 15 hours and 24 minutes).

Conclusion:

The current overall CS rate at MNH is 29.5%. Thirty percent of decisions for emergency CS in the five most frequent indications are sub optimal and may contain women in whom surgical intervention could possibly be avoided.