The factors which contribute to caesarean delivery among the mothers in alokom ho...

This study is to determine the factors which contribute to caesarean delivery among mothers admitted Alokom hospital during April 2012, this study will answer some questions like: what is the profile of mothers according to age? What is the gestational age of the newborns when mothers where subjects to caesarean delivery? What number of children? What the number of times pregnancy? Dose the mothers having abortion before this pregnancy? What the infections of mothers have suffered during pregnancy? What the newborns presented to caesarean delivery? What are the reasons of why

Mothers are subjected to caesarean delivery? This study will be significant to the following groups: Pregnant Mothers. Findings of this study will inform future mothers of the factors which contribute to risks and dangers of pregnancy and will lead to caesarean section. This study will give them the proper knowledge on how to care of themselves while pregnant to avoid difficulties. Furthermore, this study will help the mothers to learn measures to prevent complications of pregnancy which lead to caesarian section. Likewise, this study will help pregnant mothers prepare for normal delivery and happy motherhood.

Through this study the husbands will realize their role and responsibilities that they will be happy to provide for the needs of their wives to ensure normal delivery. Findings of this study will help the husbands realize the quality time needed by their pregnant wives such as going with them for prenatal check up and for seeking medical assistance.

Findings of this study will guide family members and make them realize the needs of pregnant family members. Through this study, they will be able to

understand the risks and difficulties of being pregnant and the factors which contribute to complications which lead to caesarian section. Findings of this study will help family members learn about the factors which contribute to caesarian section among pregnant family members and that measures to avoid or prevent the such complications can be observed early. Students of Medical colleges. This study will be beneficial to student-nurses as they can use this study as reference for their future work. Results of this study will also provide the student-nurses the knowledge on the complications of caesarian section delivery. Findings of this study will also guide student nurses in their future undertaking and that they can conduct health teaching on complications of pregnancy and ethical approval has been prepared and submitted and recommended for approval.

This study focused on the factors which contribute to caesarian section among mothers in Alokom Hospitals. The study was conducted in the months of April to May 2012. The mothers included in this study were admitted at Alokom Hospital and underwent caesarian section. A total of 22 mothers were included in this study. They were identified purposively based on the criteria of giving birth through caesarian section. A self-made questionnaire was used to gather the needed data. A total of 7 questions were formulated to answer the objectives set in introductions. Conceptual literature, There are many reasons why a health care provider might feel that you need to have a cesarean delivery. Some cesareans occur in critical situations, some are used to prevent critical situations and some are elective.

Methodology employed by the researcher. The researcher design which is appropriate in this study, the respondents, the data-gathering procedure and

the data-gathering instrument as well as the statistical tools used based on the specific problems in the Introduction. The respondents of the study were the mothers admitted at Alokom Hospital during April 2012. A total of 22 mothers were included in the study. These mothers gave birth through caesarian section. Data-gathering Procedure: Approval from the hospital administrator is secured and the endorsement from authorities was sought before the conduct of the study.

Data-gathering Instrument: A self-made questionnaire is used to gather the needed data for this study. Items are included in the questionnaire for the respondents to answer. Closed-structured questions were included in the research. The questionnaire was prepared in both English and Arabic languages.

Validity of the Instrument: The questionnaire was presented to the research adviser and the research teacher for their suggestions and corrections. The relevant suggestions and corrections were included in the final copy of the questionnaire. Statistical Tools used were the tally, frequency count and percentage.

Caesarean section may sometimes be the only means to save the life of the mother and/or fetus. Refusal of caesarean delivery might be due to the lack of detailed information about the procedure. In order to perform caesarean section at right time for safety of the mother and child, counseling on cesarean delivery must be part of each woman’s prenatal care. The ultimate decision is based on the woman’s obstetric history and the anticipated mode of delivery. The aim of this study therefore was to identify the possible risk

factors of caesarean delivery that can be used as content of prenatal counseling.

A cesarean delivery is a birth through an incision in the abdominal wall and uterus rather than through the vagina. The most common reason that a cesarean section is performed all cases is that the woman has had a previous Cesarean Section. “ Once a Cesarean, always cesarean”. Cases of Cesarean section birth are due to difficult child birth due to non progressive labor. Cesarean Sections are performed to deliver a newborn in a breech presentation. Cases, Cesarean Sections are performed in response to fetal distress of Cesarean Sections are indicated by other serious factors (e. g. Cord Prolapse) Caesarean birth is also much safer today than it was a few decades ago. Thus ‘ caesarean’ is not something that should scare, as the ultimate goal is a healthy mother and health of newborn, regardless of the method of delivery.

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The Placenta previa is occurs when the placenta lies low in the uterus and partially or completely covers the cervix. 1 in every 200 pregnant women (0. 5%) will experience placenta previa during their third trimester. The treatment involves bed rest and frequent monitoring. If a complete or partial placenta previa has been diagnosed, a cesarean is usually necessary. If a marginal placenta previa has been diagnosed, a vaginal delivery can be an option.

Placental abruption is the separation of the placenta from the uterine lining that usually occurs in the third trimester. Approximately 1% of all pregnant women will experience placental abruption. The mother will experience bleeding from the site of the separation and pain in the uterus. This separation can interfere with oxygen getting to the child and depending on the severity, an emergency cesarean may be performed.

Uterine rupture

In approximately 1 in every 1500 (0. 06%) births the uterus tears during pregnancy or labor. This can lead to hemorrhaging in the mother and interfere with the child’s oxygen supply. This is a reason for immediate cesarean.

Breech position is when dealing with a breech baby, a cesarean delivery is often the only option, although a vaginal delivery can be done under certain circumstances. However, if the newborn is in distress or has cord prolapse (which is more common in breech babies) a cesarean is necessary. A cesarean may also be done if the newborn is premature.

Cord prolapsed is the situation does not occur often but when it does an emergency cesarean is performed. A cord prolapse occurs when the umbilical cord slips through the cervix and protrudes from the vagina before the baby is born. When the uterus contracts it causes pressure on the umbilical cord which diminishes the blood flow to the baby.

Fetal distress is the most common cause of fetal distress is lack of oxygen to the baby. If fetal monitoring detects a problem with the amount of oxygen that the baby is receiving, then an emergency cesarean may be performed.

Failure to progress in labor can be occur when the cervix has not dilated completely, labor has slowed down or stopped, or the baby is not in an optimal delivery position. This can be diagnosed correctly once the woman is in the second phase (beyond 5 centimeters dilation), since the first phase of labor (up to 4 centimeters dilation) is almost always slow. Repeat cesarean is reported approximately 90% of women who have had a cesarean are candidates for a Vaginal Birth After Cesarean for their next birth (VBAC).

CephaloPelvic Disproportion (CPD) is true diagnosis of (CPD) occurs when a baby’s head is too large or a mother pelvis is too small to allow the baby to pass through. Active genital herpes happening if the mother has an active outbreak of genital herpes (diagnosed by a positive culture or actual lesions), a cesarean may be scheduled to prevent the baby from being exposed to the virus while passing through the birth canal.

Diabetes happening if you develop gestational diabetes during your pregnancy or are diabetic, they may have a large baby or other complications. This increases your chance of having a cesarean. Preeclampsia is a condition of high blood pressure during pregnancy. This condition could prevent the placenta from getting the proper amount of blood needed and decrease oxygen flow to the baby. Delivery is sometimes recommended as a treatment for this condition. Only with severe preeclampsia is a cesarean needed.

Birth defects: If a baby has been diagnosed with a birth defect, a cesarean may be done to help reduce any further complications during delivery.

Multiple births: Twins may be delivered vaginally depending on their positions, estimated weights and gestational age. Multiples of three or more are less likely to be delivered vaginally.

As was already mentioned, there is a risk of cuts on the body of your baby from cesarean surgery. Babies born by Cesarean Section (C. S) are much more likely to have respiratory problems than babies born by vaginal birth. They are also at much higher risk for developing asthma later in life.

Children who are born by (C. S) may have a harder time breastfeeding. The first nursing session is almost always delayed and it may be harder for the mother and baby to establish the breastfeeding relationship. This is not an insurmountable problem – however the risk of a child not being breastfed is much higher for (C. S) than for vaginal birth.

Women who have (C. S), suffering from more infertility than women who have vaginal births. This infertility is related directly to the physical effects of the surgery. Women who had (C. S) are also less likely to become pregnant in future.

The risks for ectopic (tubal) pregnancy, placenta previa, placenta accreta, and placental abruption are all higher for women who have had cesarean surgery. These conditions can make dangerous of life in both mother and baby.

Future babies are more at risk for preterm birth and have an increased risk of stillbirth. It is also possible that they may be at risk for more

malformations or more nervous system damage while growing in a scarred uterus.

It’s clear that a cesarean holds many risks. Vaginal birth is much safer for both mother and child in most situations. (148, 135, 131) . The nurse needs to discuss a cesarean carefully with care provider if one is suggested during pregnancy (16, 123). The patient needs to feel free and seek second opinions. If a cesarean is proposed during labor, gather as much information on all the options as they can. Some cesarean deliveries are planned ahead of time; others are done when a quick delivery is needed to ensure the mother’s and infant’s well-being.

Cesarean Sections are planned when a known medical problem would make labor dangerous for the mother or child (19, 81). Medical reasons for a planned cesarean may include: A fetus in any position that is not head-down (including breech position) (4, 13, 16). Decreased blood supply to the placenta before birth, which may lead to a small child (13, 16). Estimated fetal size of over (4. 1 kg) to (4. 5 kg) or more (4, 19). Open sores from active genital herpes near the due date, which can be passed to the fetus during vaginal delivery (13, 81). Infection with Human Immunodeficiency Virus (HIV), which can be passed to the fetus during vaginal delivery poorly positioned or large fetuses.

Many cesarean deliveries are planned ahead of time for women who have had a cesarean in the past. Medical reasons for a planned repeat cesarean may include: A current problem that has led to difficult labor and cesarean before, such as a narrow pelvis and a large fetus (cephalopelvic

disproportion) (50, 5). Factors that increase the risk of uterine rupture during labor, such as having a vertical scar, triplets or more, or a very large fetus thought to weigh (4. 1 kg) to (4. 5 kg) or more (13, 69). For more information, see the topic Vaginal Birth After Cesarean (VBAC) (19, 50). No access to constant medical supervision by a cesarean-trained doctor during active labor, or no available facilities for an emergency cesarean.

Where you may have been in labour for a while before the decision is taken, or some problem develops that makes urgent delivery necessary in the interest of child, or health. Common indications for emergency caesarean sections are: Fetal distress. Dystocia or non-progress of labour, bleeding from your placenta.

An emergency surgery is always more risky than a planned procedure. This may be because not on empty stomach, or there are life threatening problems like severe bleeding or rise in your blood pressure, or complete facilities like experienced anesthetist / neonatologist / operative team / blood may not be immediately available.

This is one reason why doctor may suggest a planned or elective caesarean section to mothers. If there are certain pre-existing conditions, which make it nearly certain that you will not be able to deliver safely vaginally, it may be better to do a planned procedure.

The child may not be tolerating the forces of labour well, and may show problems like irregularity or slowing of the heart rate, or acid in the blood. Sometimes greenish discoloration of the amniotic fluid (passage of meconium or fetal stools in uterus) may be a sign of distress. If vaginal

delivery cannot be completed quickly, a caesarean may be the best way to serve child.

Unfavorable positions of the fetus in uterus can make vaginal delivery difficult, dangerous or impossible these include: Transverse lie, Shoulder presentation, Oblique lie, Breech presentation (buttocks first), Posterior face presentation, Face presentation, Brow presentation.

Some of these conditions may be corrected before the onset of pains by a procedure called ‘ external cephalic version (E. C. V) by which the obstetric attempts to turn the baby to the correct position. This may not be feasible or safe in all cases. Though, for breech, particularly if you have had a normal delivery earlier, it may be possible in some cases to deliver the child vaginally. However, even without difficulties in delivery, breech children have a less favorable outcome. Hence many doctors opt for planned caesarean. This is a problem, which needs prior discussion with the doctor.

In the early years when caesarean births became used more commonly, using a classical or vertical incision on the uterus, most people followed the dictum, ‘ once a caesarean, always and a caesarean’. This is no longer the case. Vaginal births after caesarean are possible.

If you have had a previous caesarean birth, you are definitely at a higher risk of having a repeat caesarean. The average caesarean section rates vary from country to the other, and within a country, from center to the other. In India, different places report rates from 5% to 15%. In the United States, the rates are close to 25%. The goal of USA hospital is to reduce the caesarean

rate to 15%. One way of doing this is by increasing VBAC as nearly 1/3rd of caesareans are done in patients with previous caesarean sections.

If the indication for the first caesarean section was not recurrent (i. e. it was a temporary condition of the first pregnancy) up to 70 – 80 % women may deliver safely through the vagina, next time. Even after more than 1 caesarean, some centers have described safe vaginal delivery. The risks of vaginal birth after caesarean (VBAC) and more, however, if there is more than one scar on the uterus. If the mother know that; likely to have a repeat caesarean, can still do make the delivery a pleasurable experience.

Overall, the risks of both early and long-term complications are increased in women delivered by caesarean section, when compared with the outcomes after normal vaginal delivery. The risks are surgical and anesthetic.

The main problems are throembolism, infection and hemorrhage, which can be minimized by appropriate prophylaxis and surgical skill. Women are increasingly demanding caesarean section to minimize the risk of pelvic floor trauma and it’ssequelae. Although they have a right to choose their mode of delivery, they need to be counseled regarding the increased mortality and morbidity associated with caesarean section.