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Article

Ceaserean section in interpretation of Robson's classification

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Abstract: Cesarean section is the most common abdominal surgery performed on women nowadays. Despite the fact that the rate of cesarean delivery varies in different countries, the number of cesarean births is still the same worldwide. continues to grow.[1,2]. The number of cesarean births has increased significantly in the last 10 years. Analyzes show that the number of births in the period up to 2030 will continue to increase in the current 10 years. Along with the guidelines, women's willingness to give birth by CS is increasing. In current years, 28.5% of women worldwide give birth by CS (38 million women every year). 7.1% in Sub-Saharan Africa, 63.4% women in East Asia[3]. The CS operation has become the most unevenly performed surgical procedure around the world[4].CS procedure has become the most performed surgical procedure in uneven form around the world . In the whole world, from 1990 to 2018, the share of CS increased by 19%, according to international studies, it is expected to rise from 21.1% in 2018 to 28.5% by 2030[5]. There is no evidence as to what the optimal delivery method is. Similarly, variations in patient characteristics or preferences, access to medical care, physician behavior, and hospital policies vary among institutions. and there are differences in the percentage of CS between regions[6,7,8,9,10,11,12]. According to the results of studies conducted in order to reduce the number of CS encounters, in a systematic review conducted by Tarloni and colleagues in 2011, 27 different classification systems for CS practice were studied and it was decided that the Robson classification was the most appropriate. [13]. In 2015, WHO adopted the Robson classification as a universal classification to create a joint control system in health systems [14].

Keywords: Caesarean section,Robson classification,World health organization.

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1. Introduction

CC is one of the methods of surgical delivery, which, under certain conditions, can save the life of the mother and fetus. However, since it is a surgical procedure, various risks and complications continue to increase in middle-income countries[15,16]. Of course, CC surgery is one of **Contribution of Robson's 10 groups to general Caesarean section.**

the effective ways to prevent perinatal mortality and morbidity if necessary. However, there is no clear evidence that this surgery has beneficial aspects for mother and baby when CC surgery is not required [17]. In the absence of clear medical indications, choosing to practice CC increases the risk of long-term health problems and death in mothers and newborns [18]. The WHO has reported the use of the Robeson classification as a global reporting tool to monitor and ensure CC levels worldwide [19,20].

Research materials and research methods. Retrospective analysis of the medical history of women who underwent cesarean section in January 2022 at the multidisciplinary clinic of the Tashkent Medical Academy, through a retrospective scientific study. It is planned to divide the women who underwent this operation into 2 groups; the 1st group included 16 women who gave birth for the first time and underwent the operation; the 2nd group included 40 women who gave birth again and who underwent the operation. In turn, both groups were divided into groups using Robson's 10-group classification.

Purpose of the study: to conduct a retrospective assessment of the rate of cesarean section according to the Robson classification in the TTA Multidisciplinary Maternity Complex during January 2022. Reduce the frequency of births surgical.

Result of the study: As part of this study, a retrospective observation was carried out in the 6th maternity complex of the TMA Multidisciplinary Maternity Complex in January 2022. In January 2022, more than 1,000 births took place in this maternity complex. Based on this, a retrospective analysis was carried out based on the 10-group Robson classification of a group of women who underwent cesarean section in January 2022, in order to analyze the activities of the TMA Multidisciplinary Maternity Complex.

Robson's 10-group classification.

1. Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour
2. Nulliparous, single cephalic pregnancy, at least 37 weeks' gestation, with either induced labour or a cesarean section prior to the onset of spontaneous labour
3. Multiparous, no previous caesarean section, single cephalic pregnancy, at least 37 weeks' gestation, spontaneous labour
4. Multiparous, no previous caesarean section, single cephalic pregnancy, at least 37 weeks' gestation, with either induced labour or a cesarean section prior to the onset of spontaneous labour
5. Previous caesarean section, single cephalic pregnancy, at least 37 weeks' gestation
6. Nulliparous, single breech pregnancy
7. Multiparous, single breech pregnancy
8. Multiple pregnancy
9. Single pregnancy with transverse or oblique lie
10. Single cephalic pregnancy, 36 weeks' gestation or less

A total of 191 births took place in January. Of these, 135 (71.7%) were delivered by natural birth, and the remaining 56 (29.3%) corresponded to the group of women who underwent caesarean section surgery. 15 of them were planned (26.7%) and the remaining 41 (73.2%) were conducted urgently. All of the surgical procedures performed in 16 first-time women who underwent CK procedures were performed urgently (100%).

1. 1 (6.25%) premature separation of the normal location of the placenta severe genital candidiasis.
2. 4 (25%) Unsuitable condition of the fetus (distress).
3. 3 cases (18.75%) of the fetus came with the buttocks, 1 of them came with the legs and 2 with the real buttocks.
4. 1 case (6.25%) is an uncertain position of the fetus.
5. 5 (31.25%) fetal head-pelvic disproportion.
6. 1 (6.25%) failed induction with oxytocin.
7. 1 patient (6.25%) underwent surgery with somatic disease and high degree of myopia.

15 out of 40 women giving birth again (37.5%) had planned emergency cesarean section in 35 (62.5%).

Of these: A total of 22 have a history of complicated obstetric history:

1) complicated obstetric history in 14 (uterine scar after 1 CC procedure)

- prenature rupture of membranes(of which 1 was accompanied by severe preeclampsia, and 1 with scar + prenature rupture of membranes,) prenature rupture of membranes only.
- 1 scar + delivery of the fetus with a scar.
- 1 scar + hepatitis C, blood circulation disorder with 2 degrees
- 10 are just scars

2) complicated obstetric history in 7 cases (uterine scar after 2 CC procedures).

3) complicated obstetric history in 1 (uterine scar after 3 CC procedures)

- 1 old 2-3 degree tear on the cervix
- 3 unfavorable conditions of the fetus (distress), 1 of which is the condition after ineffective induction of glandin E 2, and the remaining 2 are only distress.
- 4 births with breech, 1 with legs, 3 with true breech.
- 1 is an uncertain position of the fetus with an oblique position.
- 9 of them underwent surgery due to extragenital only somatic diseases.

a) 6 post-covid myocarditis post-covid 19 sinus tachycardia with arrhythmia.

b) Epilepsy

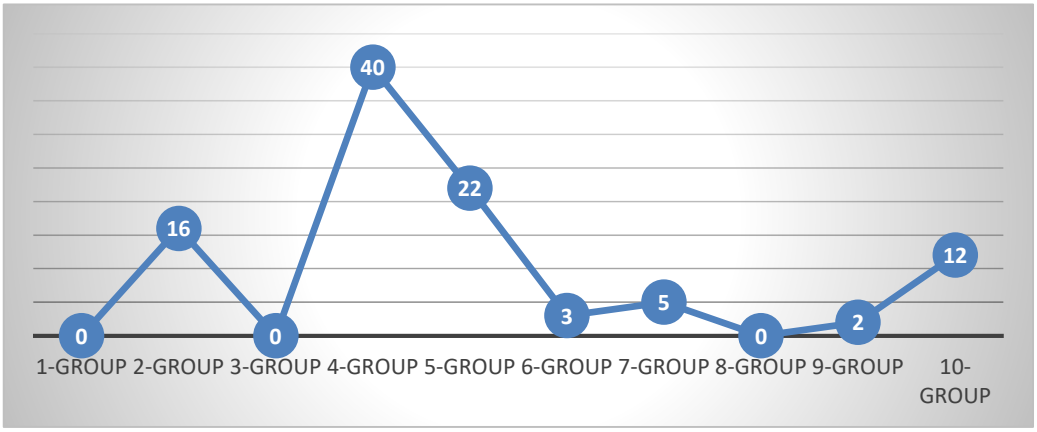
c) 2 Rheumatoid arthritis, uveitis.

Contribution of Robson's 10 groups to general Caesarean section.

Robson's group	Number of women	The relative size of the Robson group (%) n1/N1	Amount of cesarean section (n2)	Group specific CC(%) n2/n1	Inclusion in the general CC group (%) n2/N2	Input to the general CC rate (%) n2/N1
1-group	45	23.56%	0	0%	0%	0%
2- group	2A 15 2B 1	7.85% 0.52%	16	93.75% 6.25%	16%	8.37%
3- group	90	47.12%	0	0%	0%	0%
4- group	4A 39 4B 1	20.41% 0.52%	40	2.56% 97.4%	40%	20.94%
5- group	5.1-14 5.2- 8	7.32% 4.18%	22	63.63% 36.36%	22%	11.51%
6-group	3	1.57%	3	100%	3%	1.57%
7- group	5	2.61%	5	100%	5%	2.62%
8-guruh	0	0%	0	0%	0%	0%
9- group	2	1.05%	2	100%	2%	1.05%
10-group	12	6.28%	12	100%	12%	6.28%

CC- Ceaserean section; **N1-**total births; **N2-**total births according to CC; **n1-**number of females in each Robson group; **n2-**number of CC births in each Robson group; **NA –** does not apply.

Inclusion in the general CC group (%) n2/N2



Conclusion: The result of this study showed that the highest percentage of caesarean sections performed in the maternity complex of TTA KTK in January 2022 corresponds to groups 2, 4, 5, 10 of Robson's 10-group classification. This is a retrospective the analysis is important in the development of preventive measures that should be carried out in these groups. In particular, group 2 includes a group of women who have had a cesarean section in their anamnesis. , serves as the main indicator in the analysis of the quality of the provided medical care. The 4th group includes the group of women who underwent induction or performed CK practice before induction. This, in turn, explains why induction is ineffective. the presence or absence of iatrogenicity, or the reason why induction was not performed, in the interpretation of whether or not CK was performed due to a specific medical indication for caesarean section, and thereby in the group of women of different gestational ages and parities who arrived at each delivery It is effective in further improving the medical care and developing specific standards. Group 5 includes a group of women with a history of uterine scar 1 or 2 cesarean sections, gestational period of 37 weeks or less, which showed that The reduction of the number of 1st caesarean sections will prevent the 2nd and 3rd operative surgery. , in which KK practice was carried out before) it was decided to end the delivery at a gestational period of 37 weeks or less? Is it caused by somatic pathologies? Or obstetric factors that lead to early termination of labor? The exact answer to these questions is given in the above table based on Robson's classification. All this helped to develop preventive measures aimed at reducing the number of CK encounters through retrospective analysis of the statistics of surgical operations performed on the basis of Robson's classification. This is the advantage of Robson's classification. .This classification includes all groups of women who came to the maternity complex for childbirth (in particular, regardless of differences in parity, gestational age, age of the women.

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