

The Comparison of the Delivery Rate for the Year of 2004 and 2007 in the Town of Ağrı

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Abstract

Objective: We objective to review our clinic registrations retrospectively and to show the patients who delivered by normal spontaneous vaginal and the patients who delivered by cesarean according to demographic specialities and the endications to the years.

Methods: The birth registrations 2004 and 2007 years of Ağrı Maternity and Children Hospital are retrospectively reviewed and is surveilled for the patients who delivered age, gravida, parity and cesarean indications to the years.

Results: In the 2004 years total 3593 patients had normal spontaneous vaginal delivery and 335 patients had cesarean sections. In the 2007 years 4439 years had normal spontaneous vaginal delivery and 658 patients had cesarean section.

Conclusion: The cesarean section ratio of our clinic showed that there is an increase in numbers and ratios as like as other Turkish hospitals and worldwide.

Keywords: Cesarean, normal spontaneous vaginal delivery, endication.

Ağrı il merkezinde 2004 ve 2007 yıllarındaki doğumların karşılaştırılması

Amaç: Ağrı merkezinde dört yıl süre ile hizmet veren hastanemizin sezaryen ve normal spontan vajinal doğum sayıları ile beraber doğum yapan olguların özelliklerini hastane kayıtlarını tarayarak paylaşmayı amaçladık.

Yöntem: Ağrı kadın doğum ve çocuk hastalıkları hastanesinde 2004 ve 2007 yıllarındaki doğum kayıtları retrospektif olarak tarandı ve doğum yapan hastaların yaş, olguların gravida, parite ve sezaryen endikasyonlarının yıllara göre dağılımı incelendi.

Bulgular: 2004 yılı içerisinde toplam 3593 hastamız normal spontan vajinal yolla doğum yapan olgumuz, bu yıl içerisinde sezaryen sayımız 355 olarak saptandı. 2007 yılında 4439 hastamız normal spontan vajinal yolla doğum olgumuz, yine bu yıl içerisinde 658 hastamıza sezaryen ile doğum olgumuza uygulandı.

Sonuç: Ağrı merkezinde hizmet veren hastanemizin sezaryen oranları incelendiğinde tüm Türkiye ve dünyadaki gibi sezaryen oranında ve sayısında artış olduğu izlendi.

Anahtar Sözcükler: Sezaryen, normal spontan vajinal doğum, endikasyon.

Introduction

The cesarean operation is the fetuses of more than 500 grams delivered by the abdominal route by incising abdominal front wall and uterus.¹ Cesarean operation is an alternative

birth method which vaginal birth is not possible or vaginal birth has risk for the fetus. In the recent years in whole developed countries the ratios of cesarean operation are continuously increased.² Most important causes of the pro-

gressive increase are the confidence of the classic cesarean technique, development of the anesthesia methods, acceptability blood products and expanding of the operation endications.³

At the beginning of the 1970 and 1980 years cesarean birth ratios are progressively increased in the whole world.⁴ Cause of the increasing ratios is known multifactorial. Increase of the woman had cesarean, increase of the assistant reproductive technics and increase of multiple pregnancy, widely used intrapartum fetal monitoring and increase of the legal and ethnic responsibilities are causes.⁵ When you looking at America and European Countries, especially in 1970's the cesarean birth ratios was low but this progressively increased and reach peak level in the 2000's years.⁶ Wide patient population studies in the literature are examined and the causes of cesarean births are distocia, the suspect of the threatening fetal health, malpresentation and the previous cesarean birth. When these causes are examined, cesarean birth ratios for the previous cesarean birth %26.1; distocia %22, malpresentation %11.7; fetal distress %10.7; other endications (placental disturbances, multiple pregnancy, fetal diseases, maternal psychologic events) %28.5.⁷ The aim of our study is to examine of our clinic 2004-2007 years normal birth and cesarean birth ratios and endications.

Methods

In our study the patients who delivered in

Ağrı Maternity Hospital between 2004-2007 years examined retrospectively according to demographic characteristics, gravida and parity, birth weeks, cesarean indications, birth weights, neonatal sex. Maternal age, parity, gestational age, birth weight and neonatal sex are detected by file registers of patients. Cesarean ratios and cesarean indications are detected simultaneously according to the years. Our study data are analysed by SPSS 13.0 statistics program.

Results

9025 patients who are delivered in the Ağrı Maternity Hospital between 2004-2007 years are included our study. Among these patients 8032 patients had normal spontan vaginal delivery, 933 patients had cesarean delivery. In 2004 years, 3593 patients had normal spontan vaginal delivery, 335 patients had cesarean delivery and in 2007 years 4439 patients had normal spontan vaginal, 658 patients had cesarean delivery. These datas are summarized in Table 1.

The patients who delivered between 2004-2007 years are examined according to demographic characteristics; average age of the patients was 22.26 \pm 4.6, the youngest patient 18 and the oldest one was 44 years. The lowest birth weight was 2620g, the highest birth weight was 4440g and average neonatal weight was 3154 \pm 232.7g, average gravida of the patients were 1.74 \pm 0.61, average parity was 1.43 \pm 0.61.

Tablo 1. Distribution to normal spontaneous vaginal deliveries and cesarean deliveries for years.

	Vaginal		C/S		Total	
	n	%	n	%	n	%
2004	3593	91	335	9	3928	100
2007	4439	87	658	13	5097	100

0.61. Cesarean statistics are examined according to years; in the 2004 years 335 (%9) patients, in the 2007 years 658 (%14) patients had cesarean delivery. When the cesarean indications are examined in the 2004 years 268 patients had for the repeated cesarean (%80), 14 patients breech presentation (%4), 8 patients cephalopelvic disproportion (%2), 8 patients fetal distress (%2) and other patients for the other causes (ablatio placenta, arm presentation, cord prolapsus, elective, facial presentation, situs transversus). In the 2007 years 341 patients repeated cesarean (%51), 75 patients breech presentation (%11), 67 patients cephalopelvic disproportion (%10), 20 patients fetal distress (%8) and other patients for the other causes (ablatio placenta, arm presentation, cord prolapsus, elective, facial presentation, situs transversus) had cesarean operation. these datas are summarized in Table 2.

Discussion

Cesarean section is one of the most often procedure in the maternity services. By the abdominal uterine incision, delivering of the dead or live fetus is called cesarean which is one of the most performing operations in USA.⁸ Like Europe and USA in our country cesarean birth ratios are increased. According to Yumru and colleagues's study in our country at the educational hospitals for five years period cesarean ratios are %100 increased.⁹ When the retrospective studies in our country are examined espe-

cially in the third class therapy centers cesarean ratios raise %40, when the same studies are examined cesarean ratios change %15-35.¹⁰⁻¹² Güney and colleagues study showed that cesarean section ratios of the third level center for the five years period raised to %85.²

Among the cesarean indications, the most known causes are distocia, fetal distress, malpresentation and previous cesarean births. Meanwhile patient type and abilities, individual medical talents, health insurance and the women's thinks about birth type and legal medical effects are influence cesarean section ratios.¹³ Especially in the developed countries high maternal age is a factor that increase the incidence of the cesarean births. The epidural anesthesia which used normal spontaneous vaginal deliveries extends the second phase of the birth and increase of the cesarean birth incidence.¹⁴ Like our country, Europe and USA stated increased cesarean ratios according the years. At the beginning of the 1984 years it is stated that in USA cesarean ratios were %21.¹⁵ In the 2001 years cesarean ratios are increased to %24.¹⁶ In the European Countries the cesarean ratios are changed and increased according to the years. Cesarean incidence was %2.5 in 1972, at the beginning of the 2000 years the incidence is increased to %21.3.¹⁷ In our study the cesarean incidence is increased according to the years, too.

Preferring nonmedical cesarean, think of the doctor or patient which vaginal delivery insults pelvic floor and the think of the doctor which

Table 2. Distribution to cesarean indication.

	2004	2007
Repeated Cesarean	268 (80%)	341 (51%)
Breech Presentation	14 (4%)	75 (11%)
Cephalopelvic disproportion	8 (2%)	67 (10%)
Fetal Distress	8 (2%)	20 (8%)

the cesarean birth according to the vaginal birth causes lesser fetal and maternal morbidity. More dramatically and to be accepted a malpractice; economical factors, longer time of the normal delivery according to the cesarean, doctor's think of the defense to the complications of the normal vaginal delivery by the cesarean birth. The most often cesarean indication in the literature is old (underwent) cesarean and pelvic distocia, fetal distress and breech presentation follow this.¹⁸ In our study repeated cesarean ratio is %89 in 2004, in 2007 this ratio is accepted %64. The decrease of the repeated cesarean ratio isn't accepted true, because there is an increase old cesarean number, meanwhile there is an increase common patient number.

Maternal and perinatal mortality and morbidity is higher than adult pregnancies in adolescent pregnancies. Pregnancy induced hypertension, gaining insufficient weight in pregnancy, anemia, placenta previa, ablatio placenta, operative vaginal delivery, cesarean birth, abortus, preterm birth and a fetus with low birth weight is more often in this pregnancies.^{19,20} These age group of pregnancies which accept high risk are present high ratios and this status can be increase maternal and perinatal complication ratios in our territory.

Conclusion

In the provinces like Ağrı with birth rates are high and socioeconomic status is low, giving the family planning and birth control method service is healthier, encouraging of adolescent pregnant for the normal birth, insurance foundations, university hospitals and other health institutions making the legal regulations which diminish cesarean ratios and increase vaginal birth ratios, reduce the cesarean ratios and raise the normal birth ratios in our province and like the other provinces which has similar status.

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