**INCIDENCE AND INDICATIONS OF LSCS**

**AMONG CHATTOGRAM CITY SLUM DWELLING MOTHERS**

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**Abstract**

**Background:** In Bangladesh incidence of LSCS has been escalating day by day. Many studies were conducted on the subject but most of them were hospital based study. There is a scarcity of field based study particularly at city slum areas. To cover up that gap we have conducted the study.

**Methodology:** A retrospective study that was conducted among Chattogram city slum dwelling mothers. About 400 mothers were interviewed about their last child birth and their records were studied. Collected data were managed by a professional data manager. SPSS version 20 was used.

**Results:** A total of 400 mothers from 400 families were interviewed. Mean age of respondents was 32±11 years. About 40% of them were literate and 70% were housewife. Average monthly family income was 12334±856 Tk. Family size was 4.58. mothers were asked about their child birth: 82% were delivered at home. LSCS occurrence was 04%. Fetal distress was the commonest indication for LSCS 31%. Only 10(2.5%) mothers developed different manageable complications and 02 babies developed birth asphyxia. 02 babies were stillborn.

**Conclusion:** LSCS rate was significantly low than that of national average. Post delivery complications of mother and newborn were also low. Financial status of the family is the most important determinant for LSCS in slum dwelling mothers.

**Keywords:** LSCS, Incidence, Indications, City slum.

**Introduction**

Lower class of the society lives at slum. Majority of them are illiterate. There income is low because most of them are Garments worker, Housemaid, Riksha puller, Day laborer etc. So, they suffer from malnutrition, poor sanitation and lack of safe water supply. But they are inevitable for city life because of business and home management of upper class of the society.

Lower segment caesarean section (LSCS) is a surgical procedure for delivery of baby when normal delivery is not possible. Common indications are:

1. Cephalo-pelvic disproportion
2. Fetal distress in first stage of labor
3. Disorderly uterine activity
4. Ante partum hemorrhage
5. Mal-presentation
6. Bad obstetric history
7. Diabetes and other medical problems1.

Though LSCS is a life saving procedure but it is not free from hazards. Common hazards are: **Page 1**

1. Hemorrhage
2. Infection
3. Abdominal distension
4. Paralytic ileus
5. Pulmonary embolism
6. Hernia etc2.

Moreover, it is costly. So, proper selection of patient for LSCS is very important.

**Objectives**

1. To know about demographic profile of respondents
2. To find out incidence of LSCS
3. To identify indications of LSCS.
4. To detect complications if any both for mother and baby.

**Rationale**

Study results will focus magnitude of LSCS and its indications among slum dwelling mothers. It will also help identification of complications related to child birth both for mother and baby. Thus the study will suggest remedial measures so that competent authority can undertake necessary steps for betterment of slum dwelling mothers and baby.

**Methodology**

1. **Study type**: Descriptive study
2. **Study area**: Slums of Chattogram city.
3. **Study period**: August-September 2019
4. **Study population**: Slum dwelling mothers.
5. **Sampling technique and sample size**: Systematic random sampling, 400.
6. **Data collector**: Trained data collector
7. **Data collecting instrument**: Pre-tested semi-structured questionnaire
8. **Data management**: Professional data manager ( SPSS version 20 )
9. **Data analysis**: Z test.

**Results**

A total of 400 mothers from 400 families were selected for study purpose. Age range was 18-58 years. Mean age was 32±12 years. About 40% mothers were literate. Majority of the mothers were housewife (70%), others were housemaid 18% and Garment workers 12%. Average monthly family income was Tk. 13334±558, income range was Tk. 5000-20000. Family size was 4.58. majority of the babies 82% were delivered at home, 14% were at public hospital and only 04% were delivered at private clinic. About mode of delivery: Normally delivered 94%, LSCS 04% and Forcep delivery 02%. Causes of LSCS were: Fetal distress 31%, Bad obstetric history, Mal-presentation and disorderly uterine activity were 19% respectively, others 12%. Only 10(2.5) mothers developed post delivery complications. Among them 04(40%) developed convulsion, 04(40%) developed post partum hemorrhage and 02(20%) mothers suffered from prolonged labor. Two babies developed birth asphyxia and 02 babies were stillborn.

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**Table 01: Age group of Mothers**

|  |  |
| --- | --- |
| Age groups | No. of Mothers(%) |
| 11-20 years | 028(07%) |
| 21-30 ,, | 172(43%) |
| 31-40 ,, | 096(24%) |
| 41-50 ,, | 060(15%) |
| >50 years | 044(11%) |
| Total | 400(100%) |

Source: Study Report 2019

**Table 02: Education status of mothers**

|  |  |
| --- | --- |
| Education status | No. of mothers(%) |
| < V | 240(60%) |
| V-X | 144(36%) |
| > X | 016(04%) |
| Total | 400(100%) |

Source: Study Report 2019

**Table 03: Occupation of Mothers**

|  |  |
| --- | --- |
| Occupation of Mothers | No. of mothers(%) |
| Housewife | 280(70%) |
| Housemaid | 072(18%) |
| Garments worker & Others | 048(12%) |
| Total | 400(100%) |

Source: Study Report 2019

**Table 04: Monthly Family income of mothers**

|  |  |
| --- | --- |
| Monthly Family income | No. of Families(%) |
| <10000 Tk. | 065(27%) |
| 10000-20000 Tk. | 160(67%) |
| >20000 Tk. | 015(06%) |
| Total | 240(100%) |

Source: Study Report 2019

**Table 05: Place of Child Birth**

|  |  |
| --- | --- |
| Place of Child Birth | No. of Child Birth(%) |
| Home delivery | 328(82%) |
| Public hospital | 056(14%) |
| Private Clinic | 016(04%) |
| Total | 400(100%) |

Source: Study Report 2019  **Page 3**

**Table 06: Mode of Child Birth**

|  |  |
| --- | --- |
| Mode of Child Birth | No. of Child Birth(%) |
| Normal delivery | 376(94%) |
| LSCS | 016(04%) |
| Forcep Delivery | 008(02%) |
| Total | 400(100%) |

Source: Study Report 2019

**Table 07: Causes of LSCS**

|  |  |
| --- | --- |
| Causes of LSCS | Frequency (%) |
| Fetal distress | 05(31%) |
| Bad obstetric history | 03(19%) |
| Mal-presentation | 03(19%) |
| Disorderly uterine activity | 03(19%) |
| Cephalo-pelvic disproportion | 01(06%) |
| Diabetes mellitus | 01(06%) |
| Total | 16(100%) |

Source: Study Report 2019

**Table 08: Maternal complications**

|  |  |
| --- | --- |
| Complications | Frequency (%) |
| Convulsion | 04(40%) |
| Post partum hemorrhage | 04(40%) |
| Prolonged labor | 02(20%) |
| Total | 10(100%) |

Source: Study Report 2019

**Table 09: Complications of Newborn**

|  |  |
| --- | --- |
| Complications | Frequency (%) |
| Asphyxia | 02(50%) |
| Stillbirth | 02(50%) |
| Total | 04(100%) |

Source: Study Report 2019

**Discussion**

Now a days unnecessary LSCS or C-section is a burning issue in Bangladesh. It is dangerously high in affluent society. At Khulshi residential area the rate was 39% though all mothers were literate and of 20-35 years age group. 98% babies were delivered at hospital. One of the indication of LSCS was patient choice and it was 16%3. Affluent ladies do not want to suffer from labor pain though it is natural and helpful for mother and baby. Here is a lacking of motivation by the obstetrician.

According to WHO 10-15% cases may undergo LSCS. In Netherland it is 14%. In Bangladesh national average is 23%4. **Page 4**

Present study shows the rate of LSCS among slum dwelling mothers is 04%. Two babies were stillborn and no other significant complication was detected through meticulous interview of mothers and records review. The rate is significantly low (**Z=4.69, P<.0001**). Patient choice is not an indication of LSCS among slum dwelling mothers. All other indications are similar with that of affluent society3.

In private clinic LSCS costs 40-50 thousands / case5. Death and different hazards also occur. Slum dwellers can not afford this huge cost. So, they prefer normal delivery unless it is absolutely contraindicated.

**Conclusion**

Incidence of LSCS is significantly low in comparison with affluent society even with national average. Normal delivery should be encouraged because it is natural. Motivation of mother is very important and Obstetrician has a great role in this context.

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