



C-SECTIONS

MATERNAL HEALTH EDUCATION SESSION
FOR HEALTH WORKERS

Calcutta Kids

WHAT IS A C-SECTION (CAESAREAN SECTION)?



A surgical procedure in which one or more incisions are made through a mother's abdomen (laparotomy) and uterus (hysterotomy) to deliver one or more babies



2 TYPES OF INCISION

Vertical Incision:

- The classical incision involves a midline **vertical cut** in the uterus which allows a larger space to deliver the baby.
- It is rarely performed today, as it is more prone to complications and is only typically used in situations where the baby needs to be delivered very quickly and the latitudinal cut cannot be used for some reason

Vertical incision



2 TYPES OF INCISION

Horizontal (Low transverse) Incision:



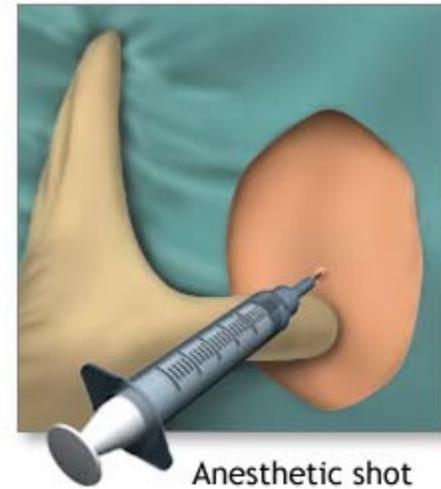
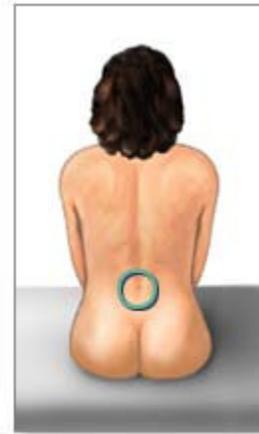
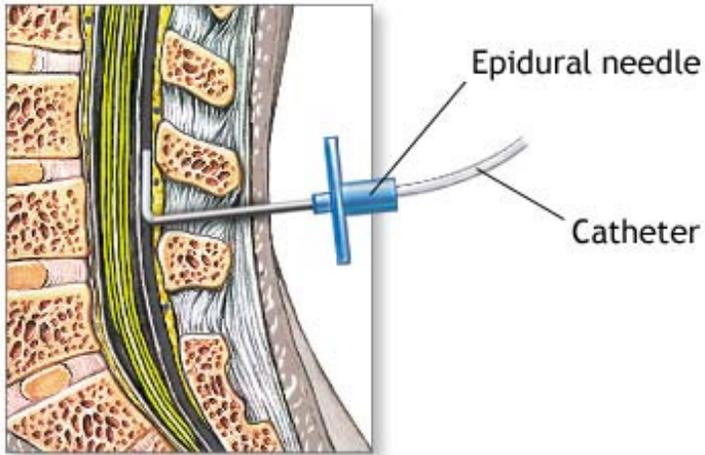
Horizontal incision



The lower uterine incision involves a transverse cut just above the edge of the bladder and results in less blood loss and is easier to repair. It is the procedure most commonly used today.

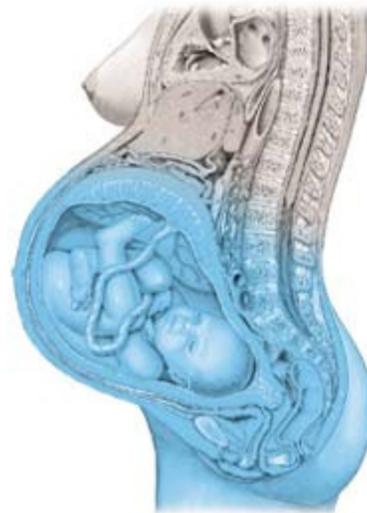


C-SECTION PROCEDURE: 1



ADAM.

ADAM.



General area
of numbness



ADAM.



C-SECTION PROCEDURE 2

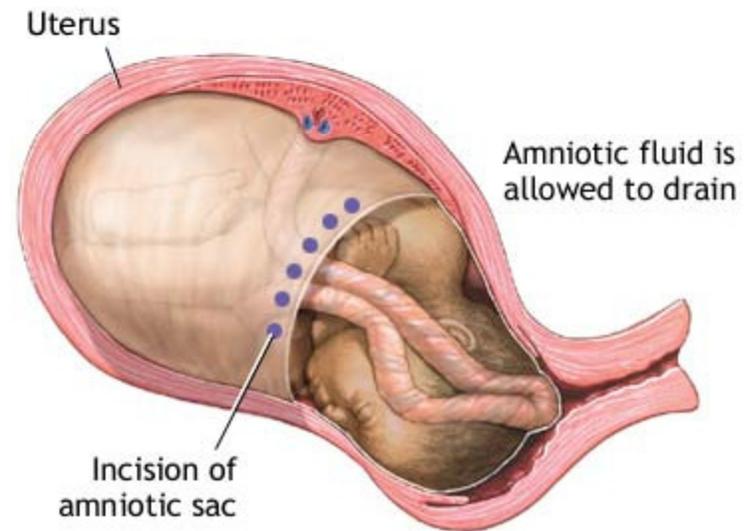
Horizontal incision



Vertical incision



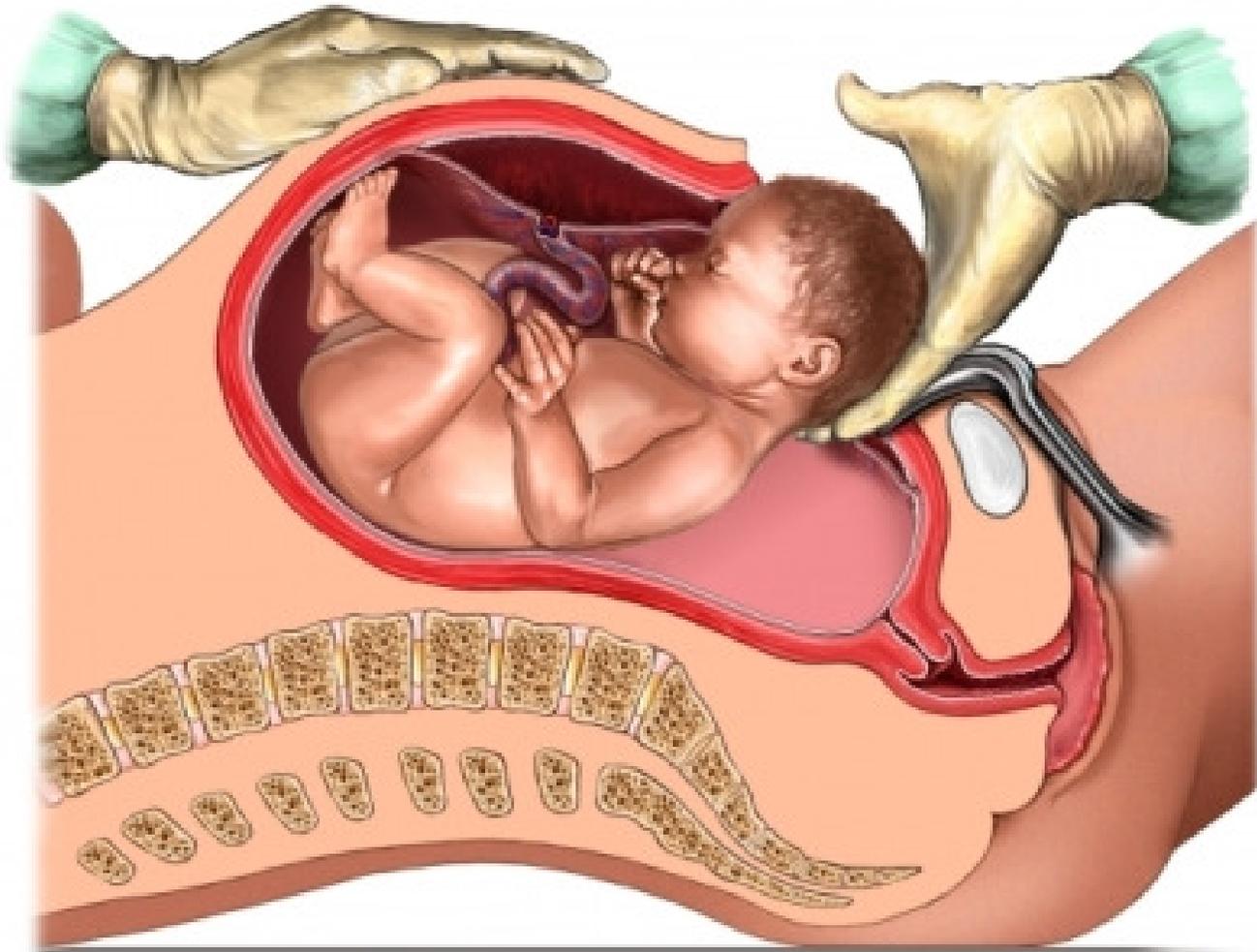
ADAM.



ADAM.

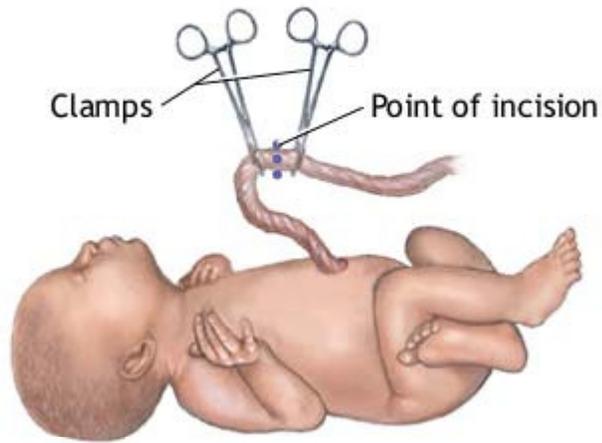


C-SECTION PROCEDURE 3



C-SECTION PROCEDURE 4

The surgeon will clamp and cut the umbilical



ADAM.

1 day after



1 year after



ADAM.

TYPES OF C-SECTIONS

- **Planned, Scheduled and Elective**

- These are pre-arranged C-sections. In this case, it is recommended by a practitioner well before labor has begun (for medical reasons) or the mother has requested it.

- **Emergency, Unplanned, Critical and Crash**

- These refer to situations where a vaginal birth is planned but problems or complications occur before or during labor and the baby is delivered by C-section



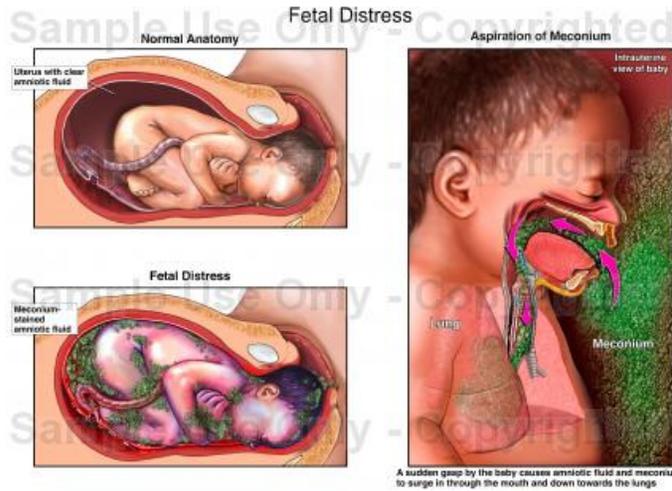
WHEN SHOULD A WOMAN HAVE A C-SECTION?



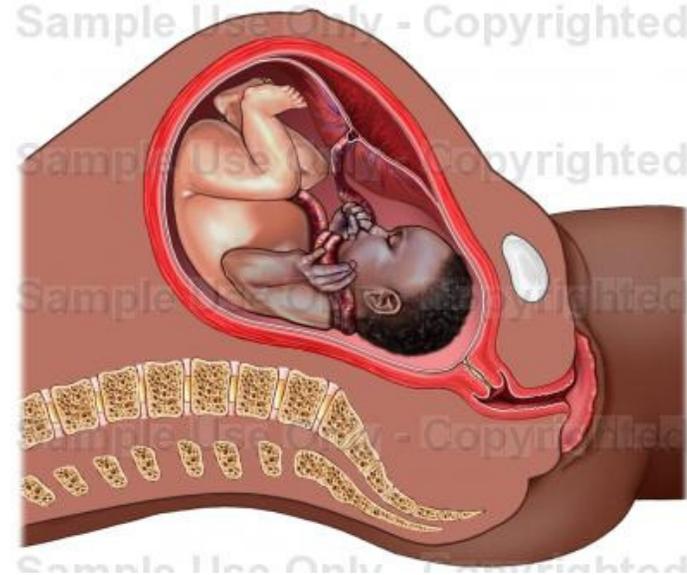
- Typically recommended when a vaginal delivery might pose a risk to the mother or baby
- C-sections are life-saving when a mother or baby faces certain complications



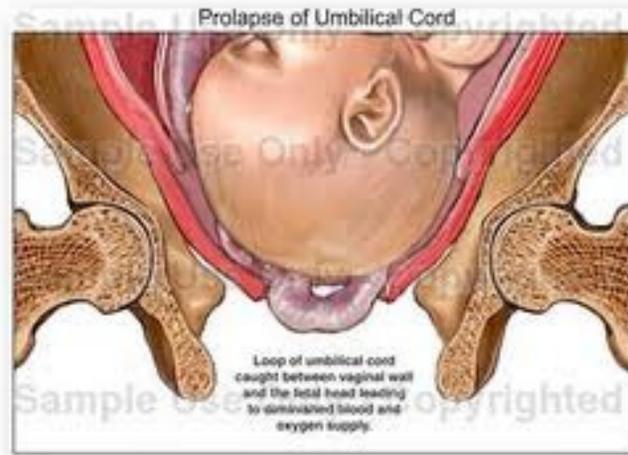
INDICATIONS FOR C-SECTIONS



Fetal distress



Umbilical cord abnormalities

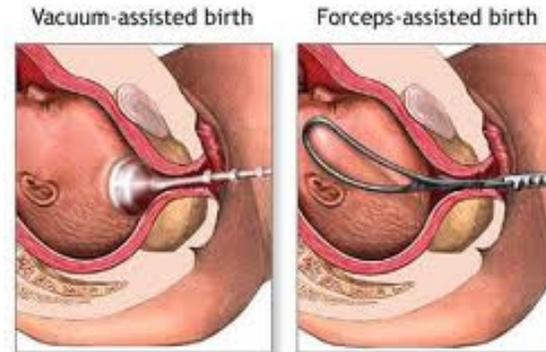


Cord Prolapse



INDICATIONS FOR C-SECTIONS

Failed labor induction
Failed instrumental delivery
(by forceps or vacuum)



ADAM



Overly large baby
(macrosomia)

Contracted pelvis
(abnormally small pelvis)
Or CPD (cephalopelvic disproportion)



INDICATIONS FOR C-SECTION

Abnormal presentation:

- breech position
- transverse positions

Placental problems:

- placenta previa
- placental abruption

Transverse position



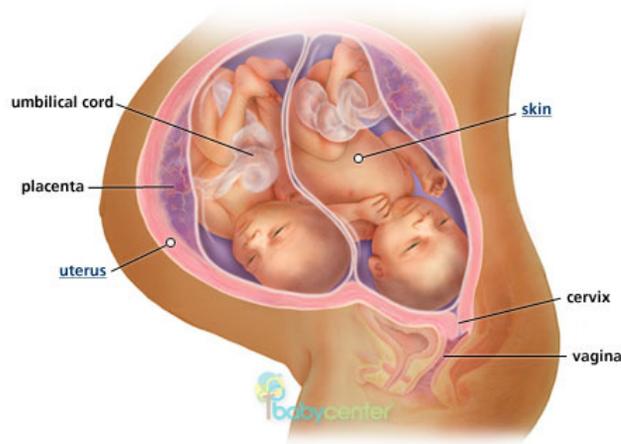
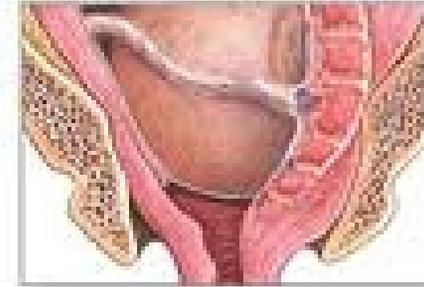
Placenta abruptio



Breech presentation



Placenta previa



ADAM

Twins or multiples



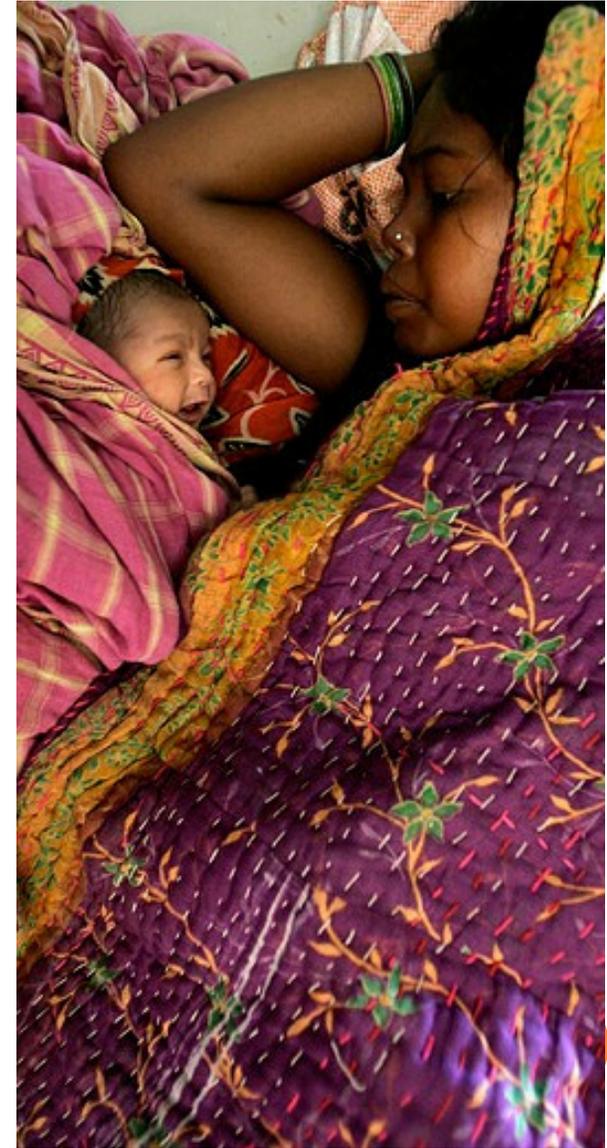
INDICATIONS FOR C-SECTION

- Prolonged labor
- Uterine rupture
- Increase in blood pressure or heart rate of mother/baby



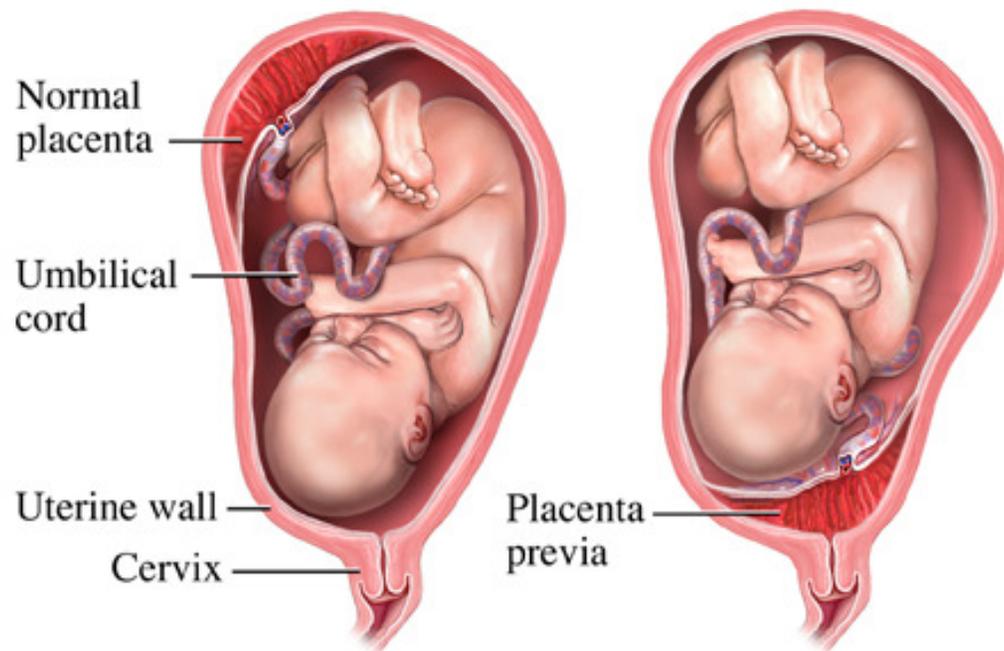
C-SECTIONS: COMMON COMPLICATIONS FOR MOTHER AFTER THE DELIVERY

- Infection
- Heavy blood loss
- A blood clot in the legs or lungs
- Nausea, vomiting, and severe headache
- Bowel problems, such as constipation
- Maternal death (very rare). For planned C-section rate is very low (about 6 in 100,000). For emergency C-section, the rate is higher, (about 18 in 100,000)



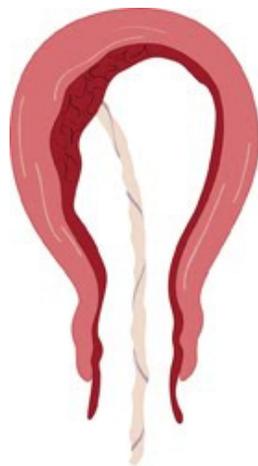
C-SECTIONS: RISKS FOR THE MOTHER DURING NEXT PREGNANCY

- Breaking open of the incision scar during a later pregnancy or labor (uterine rupture).
- Placenta previa, the growth of the placenta low in the uterus, blocking the cervix.

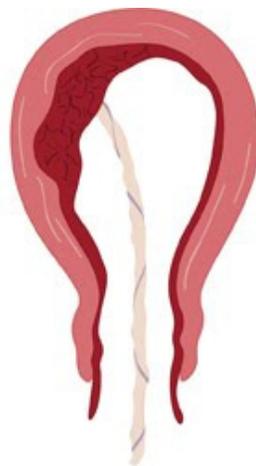


C-SECTIONS: RISKS FOR THE MOTHER DURING NEXT PREGNANCY

- Placenta accreta/increta/percreta: placenta grows deeper into the uterine wall than normal, which can lead to severe bleeding after childbirth, and sometimes may require a hysterectomy



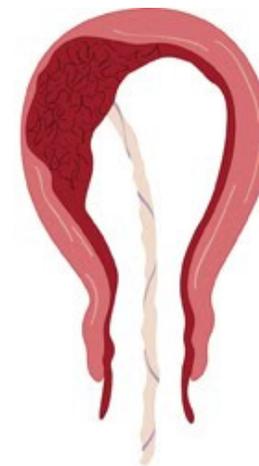
Placenta Normal



Placenta Accreta



Placenta Increta



Placenta Percreta



C-SECTIONS: IMMEDIATE RISKS FOR THE BABY

- Injury during the delivery.
- Need for special care in the neonatal intensive care unit (NICU).
- Immature lungs and breathing problems, if the infant is delivered before 39 weeks.



LONG-TERM RISKS FOR CHILD

- Associated with increased incidence of allergies
- Associated with increased incidence of asthma



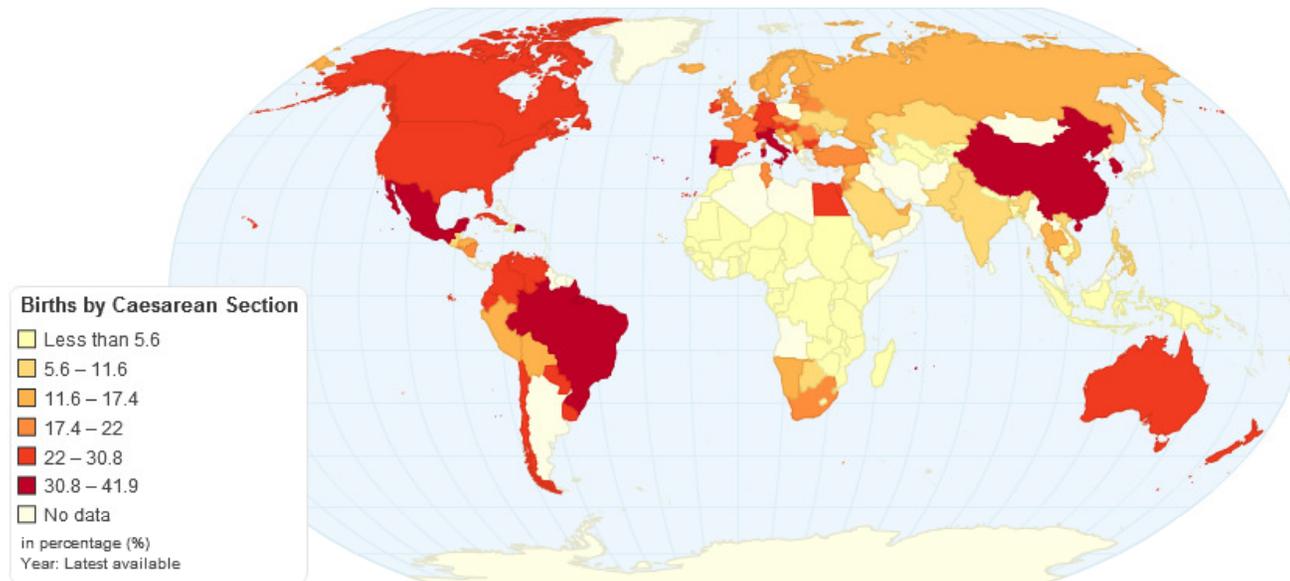
C-SECTIONS: WHO RECOMMENDATION



- WHO used to recommend a C-section rate of not more than 10-15% but they withdrew this guideline in 2010.
- WHO now states that:
“There is no empirical evidence for an optimum percentage. What matters most is that all women who need caesarean sections receive them.”



GLOBAL C-SECTION RATES ON THE RISE



- Global rate is about 15%, but very unevenly distributed
- Highest rate is in China, with 46% of births being C-section
- In Brazil the C-section rate is 37%
- In the United States the C-section rate is 30%.

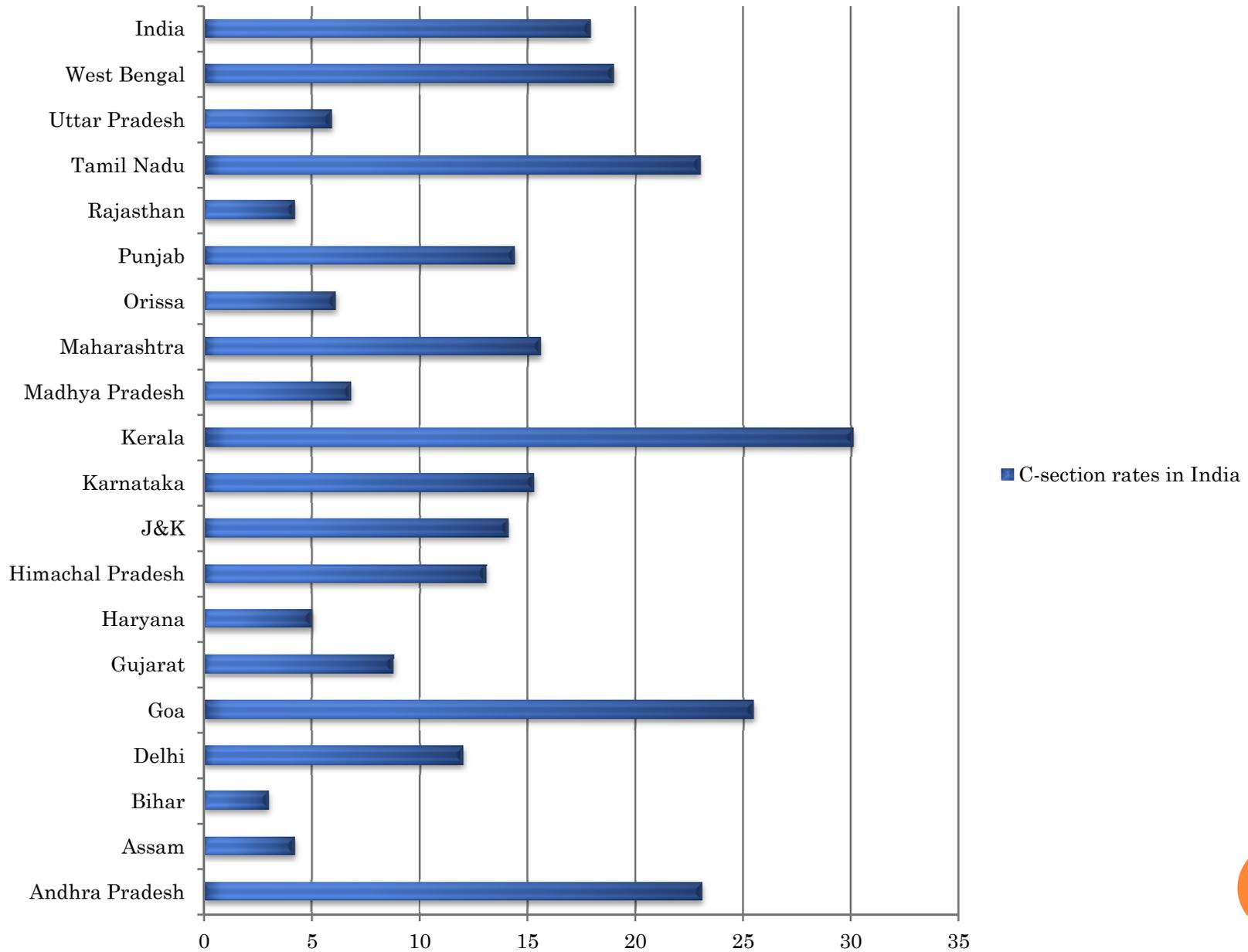


C-SECTION RATES IN INDIA ARE ALSO ON THE RISE

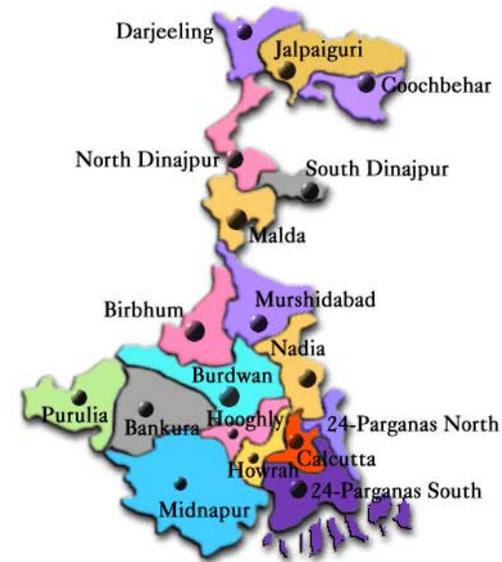
- National C-Section rate rose from 2.2% in 1992-3 to 17.8% in 2009-10.
- Kerala, Goa, and Andhra Pradesh have the highest C-section rates.
- West Bengal rate rose from 3.3% in 1992-3 to 19% in 2009-10.



C-section rates in India



KOLKATA C-SECTION SCENARIO



- While West Bengal as a whole has a C-section rate of 19%, the city of Kolkata's rate is 33.5% (Compare rural Malda with a rate of 2.2%)
- C-section rates in private hospitals are much higher (50% and up) than in public hospitals (12%)



THERE ARE MANY REASONS/BELIEFS ATTRIBUTED TO THE RISE OF C-SECTIONS

- Increase in facility deliveries and access to obstetric care
- Doctor's preference for procedure due to ease, timing, and financial incentive compared to normal delivery
- Woman's preference for procedure to avoid long labor and delivery
- Over medicalisation of childbirth
- Lack of information on natural birth options for women
- Casual attitudes about surgery and limited awareness about realities of surgery



HOW CAN CALCUTTA KIDS RAISE AWARENESS AND EMPOWER WOMEN IN FAKIR BAGAN?

Challenges:

- Calcutta Kids is not involved in the childbirth process for our beneficiaries
- Calcutta Kids cannot directly affect any decisions made at the facility level

Opportunities:

- At home visits and community meetings, we can raise awareness about vaginal delivery vs. C-section and what to expect at the facility.
- We can help women understand what questions to ask at the facility



DISCUSSION



- When may a woman need a C-section?
- What type of incision is mainly used today?
- What are some complications a woman may have in her next pregnancy?
- What are short-term and long-term risks for the child?
- Why are C-section rates rising in India & West Bengal?
- What can Calcutta Kids do to prepare our women for delivery in a facility?

