DEFINITION:

A caesarean section is a surgical procedure in which incisions are made through a woman’s abdomen (laparotomy) and uterus (hysterotomy) to deliver one or more babies.
ORIGIN OF THE NAME CAESAREAN:

There are three theories about it:

1. Derived from a Roman legal code called Lex Caesarea, which allegedly contained a law prescribing that the baby be cut out of its mother’s womb in the case that she dies before giving birth.

2. Derived from an ancient story, told in the 1st century AD by Pliny the Elder, who claimed that an ancestor of Caesar was delivered in this way.

3. An alternative etymology suggests that the procedure’s name derives from the Latin verb caedere, to cut.

- From the 16th century onwards, the procedure had a high mortality and was performed only when the mother was already dead or considered to be beyond help.
On March 5th, 2000, Inés Ramírez performed a caesarean section on herself and survived, as did her son. She is believed to be the only woman to have performed a successful caesarean section on herself.
• The principal aims should be to ensure that women and babies who need delivery by caesarean section receive it and that those who do not are saved from unnecessary intervention.

• More recently it has been suggested that there is maternal and neonatal benefit with caesarean section rates up to 19%. Despite this, rates of caesarean section continue to increase year on year.
INCIDENCE:

• it is the most common operation performed worldwide.
• Increased incidence worldwide during last 25 years. Why!
The introduction of epidural anaesthesia has reduced the anaesthetic risks of the procedure.

The increased use of electronic fetal monitoring has increased our awareness of fetal distress.

The reduction in the number of rotational forceps deliveries has led to a deskilling of obstetricians who do not feel confident to carry out these procedures.

The evidence that breech presentation babies have a reduced morbidity and mortality if delivered by elective Caesarean section.
KEY STEPS IN REDUCING MORTALITY AT CAESAREAN SECTION WERE:

- Adherence to principles of asepsis.
- Introduction of uterine suturing.
- Extraperitoneal caesarean section and then moving to low transverse incision.
- Anaesthetic advances.
- Blood transfusion.
- Antibiotic treatment and prophylaxis.
CLASSIFICATION

• Elective
• Emergency
Elective caesarean sections are usually booked days or weeks ahead of time and are conducted during daytime hours.

There is sometimes confusion between elective caesarean section and non-labour emergency caesarean section. This can be overcome by using the term scheduled caesarean section for procedures that are planned ahead of time.

All other caesarean sections can be classified as emergency, irrespective of whether the woman was in labour or not.

The degree of urgency should be described clearly using a standard classification to ensure that there is effective communication between the members of the multidisciplinary team, particularly the theatre staff, anaesthetist and obstetrician.
CLASSIFICATION SYSTEM FOR EMERGENCY CAESAREAN SECTION

Category 1: Immediate threat to life of woman or fetus
Category 2: No immediate threat to life of woman or fetus
Category 3: Requires early delivery
Category 4: At a time to suit the woman and maternity services
INDICATIONS:

The four major indications accounting for greater than 70% of operations are:

- Previous caesarean section.
- Malpresentation (mainly breech).
- Failure to progress in labour.
- Suspected fetal compromise in labour.
RELATIVE INDICATIONS:

- Fetal distress in first stage of labour or a prolapsed cord.
- CPD
- Failure of labour to progress despite adequate stimulation.
- To avoid fetal hypoxia of labour: pre-eclampsia; intrauterine growth restriction.
- Antepartum bleeding: placenta praevia; abruptio placentae.
- Poor past obstetric history.
- Malpresentations: brow.
- Malpositions: transverse lie, breek.
- Death of mother in late pregnancy, a live fetus removed peri mortem.

The only ABSOLUTE ones are:

- gross disproportion,
- the higher grades of placenta praevia.
• No list can be truly comprehensive and whatever the indication, the overriding principle is that whenever the risk to the mother and/or the fetus from vaginal delivery exceeds that from abdominal delivery, a caesarean section should be undertaken.
CESAREAN DELIVERY ON MATERNAL REQUEST (CDMR) :
an elective cesarean in the absence of any medical or obstetric contraindication for attempting vaginal delivery.

It needs to differentiate between women who request caesarean section because of a previous traumatic birth experience (e.g. emergency caesarean section, difficult OVD or third-degree tear) and women who request caesarean section because they wish to avoid labour. There is also increasing recognition of a condition termed ‘tocophobia’, which describes an irrational fear of childbirth that can be very incapacitating for the woman.