

Caesarean rates and postoperative blood loss – a retrospective 5-year review in a rural Victorian maternity unit

Dr Joyce S Xiao¹, Kara Goodwin¹, Dr Antoinette Mowbray¹
¹Bairnsdale regional health service

Introduction: The indications for lower uterine segment caesarean section (LUSCS) have evolved over the years. This audit examines LUSCS rates and postoperative blood loss in a rural setting with significant indigenous population, with the aim to minimise perinatal morbidity and mortality.

Methods: This is a retrospective review of all patients who underwent LUSCS at Bairnsdale Regional Health Service from 2014 – 2019. De-identified patient information was collected from BOS software and physical records, and data was analysed using Stata/IC 15.1.

Results: A total of n = 566 patients who underwent LUSCS from 2014 – 2019 were included in this study. The overall number of LUSCS performed showed a downward trend from 29.4% in 2014 (n= 106) to 27.2% in 2019 (n= 83).

LUSCS and abnormal CTG were the most frequent indications for LUSCS (mean = 32.3% and 14.4% respectively). There was significantly higher volume of blood loss in patients without previous LUSCS (618ml vs 208ml, $p \leq 0.01$). There was no association between previous LUSCS history and

indigenous status ($p=0.414$). No significant difference in blood loss was identified between indigenous and non-indigenous patients (587 vs 569ml, $p = 0.75$).

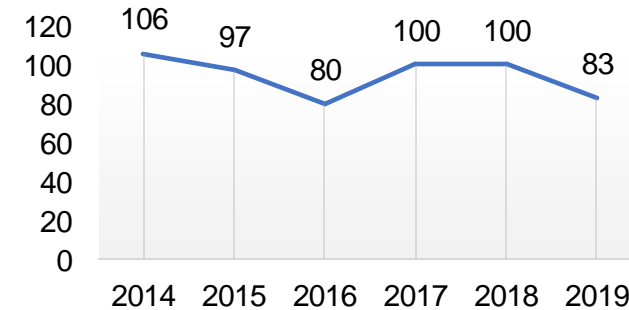


Figure 1. Number of LUSCS in 2014-2019

Discussion: LUSCS is associated with immediate and longer-term complications and lowering the LUSCS rate safely in a rural unit should be encouraged. The authors suggest that interventions such as continuity of care model, both midwifery and GP obstetrician, can have a positive impact on the LUSCS rate in a rural maternity unit.