

Cross Sectional Study On Caesarean Delivery for Maternal Request In A Busy Metropolitan Public Hospital In Australia

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INTRODUCTION

With the rise in rate of caesarean section over the last decade, caesarean delivery on maternal request (CDMR) has been a topic of interest. Although caesarean section rates are on the rise, it is recommended that caesarean section should be offered to women in need rather than the attempt to achieve a desired caesarean section rate. It is estimated that the rate of CDMR in Australia ranges between 4 – 18% ⁽¹⁾. However, limited data are available as it is usually not a well recognised indication.

METHODOLOGY

A study on the number of CDMR performed over a period of 6 months between June 2019 – January 2020 based on data analysed during routine departmental audit was done. The primary outcome of the study was to identify the underlying reasons for women requesting for CDMR. This would help identify areas requiring more resource allocation to improve women's pregnancy experience. A total of 15 women had CDMR out of 486 caesarean sections that were performed during the study period.

REFERENCE

1. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists [Internet]. Australia: RANZCOG; 2017. Caesarean Delivery on Maternal Request. July 2017 [cited 16 Jan 2021]. Available from: [https://ranzco.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Caesarean-delivery-on-maternal-request-\(C-Obs-39\)-Review-July-2017_1.pdf?ext=.pdf](https://ranzco.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Caesarean-delivery-on-maternal-request-(C-Obs-39)-Review-July-2017_1.pdf?ext=.pdf)

RESULT

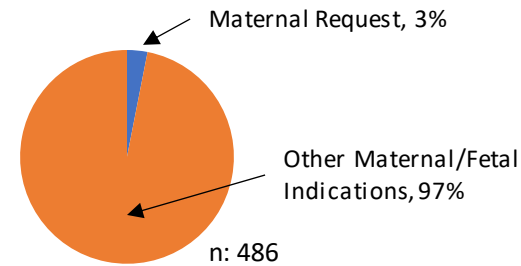


Chart 1: Rate of CDMR

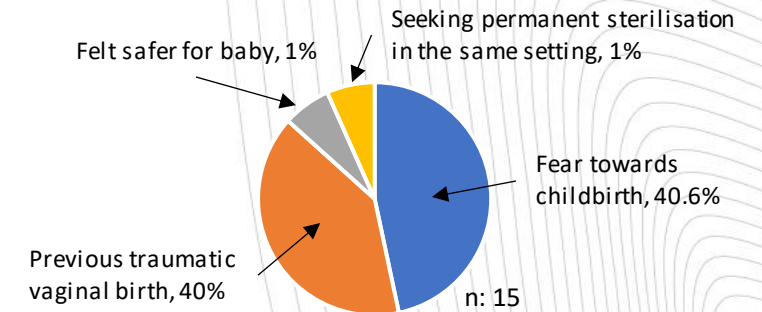


Chart 2: Maternal reasons for requesting CDMR

DISCUSSION

CDMR rate of 3% from the study is lower than the estimated rate in Australia. Multiple factors could affect the lower rate of CDMR which includes resource constrain in a public hospital to offer CDMR. In addition, there are also an unknown number of CDMR requests that may be declined and had vaginal delivery instead. Maternal fear towards childbirth and history of previous traumatic vaginal birth experience being the 2 most common reasons for women requesting CDMR may indicate that more resources should be allocated on antenatal education and a robust perinatal mental health support service. A cost-benefit analysis of resource allocations with aims to potentially improving women's access to CDMR may be beneficial to improve their pregnancy experience.

