

Letter to Editor

Audit: The Strategy to Reduce the Rising Cesarean Section Rates

The global increase of cesarean sections (CS) is causing great concern because of the associated increased maternal mortality and severe morbidity, even after adjusting for risk factors. To address this issue an audit is required. Robson's ten group classification of CS, in which all pregnant women are categorized into ten prospectively determined, mutually exclusive, totally inclusive and clinically relevant groups, modified by the inclusion of a few subgroups, has been used in certain centers in Sri Lanka from 2010. Using this classification, it is possible to study the pattern of CS in a particular unit during a specific period of time and compare the data prospectively, as well as carry out comparisons with data from another unit which has adopted this classification.

Audits and comparisons at local, regional, national and even international level are possible. When the pattern of CS in a particular unit is recognized, a detailed analysis of CS including the indications for CS is required to decide whether the CS rate needs to be reduced and if so how it could be reduced. A subsequent re-audit using the same categories would demonstrate reducing trends if any, after the adoption of appropriate changes in clinical practice, and also identify areas which require further improvements.

Important differences between units have been observed in those groups which contribute to almost half the total CS; viz 2B (nulliparous term singleton vertex-NTSV), 5A (repeat CS), 2A (NTSV after induction of labor) and 1 (NTSV in spontaneous labor). Detailed analysis of indications for CS in these groups have revealed possible areas where clinical practice can be changed and CS rates safely reduced, without increasing the risk of adverse outcomes for the mother or her baby.

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