

Incidence and Indications of LSCS among Chattogram City Slum Dwelling Mothers

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Abstract

Background: In Bangladesh incidence of LSCS has been escalating day by day. Many studies were conducted on the subject but most of them were hospital based study. There is a scarcity of field based study particularly at city slum areas. To cover up that gap we have conducted the study.

Methodology: A retrospective study that was conducted among Chattogram city slum dwelling mothers. About 400 mothers were interviewed about their last child birth and their records were studied. Collected data were managed by a professional data manager. SPSS version 20 was used.

Results: A total of 400 mothers from 400 families were interviewed. Mean age of respondents was 32±11 years. About 40% of them were literate and 70% were housewife. Average monthly family income was 12334±856 Tk. Family size was 4.58. mothers were asked about their child birth: 82% were delivered at home. LSCS occurrence was 04%. Fetal distress was the commonest indication for LSCS 31%. Only 10(2.5%) mothers developed different manageable complications and 02 babies developed birth asphyxia. 02 babies were stillborn.

Conclusion: LSCS rate was significantly low than that of national average. Post delivery complications of mother and newborn were also low. Financial status of the family is the most important determinant for LSCS in slum dwelling mothers.

Keywords: LSCS, Incidence, Indications, City slum.

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I. Introduction

Lower class of the society lives at slum. Majority of them are illiterate. Their income is low because most of them are Garments worker, Housemaid, Riksha puller, Day laborer etc. So, they suffer from malnutrition, poor sanitation and lack of safe water supply. But they are inevitable for city life because of business and home management of upper class of the society.

Lower segment caesarean section (LSCS) is a surgical procedure for delivery of baby when normal delivery is not possible. Common indications are:

- Cephalo-pelvic disproportion
- Fetal distress in first stage of labor
- Disorderly uterine activity
- Ante partum hemorrhage
- Mal-presentation
- Bad obstetric history
- Diabetes and other medical problems¹.

Though LSCS is a life saving procedure but it is not free from hazards. Common hazards are: **Page 1**

- Hemorrhage
- Infection
- Abdominal distension
- Paralytic ileus
- Pulmonary embolism
- Hernia etc².

Moreover, it is costly. So, proper selection of patient for LSCS is very important.

Objectives

- To know about demographic profile of respondents

- b. To find out incidence of LSCS
- c. To identify indications of LSCS.
- d. To detect complications if any both for mother and baby.

Rationale

Study results will focus magnitude of LSCS and its indications among slum dwelling mothers. It will also help identification of complications related to child birth both for mother and baby. Thus the study will suggest remedial measures so that competent authority can undertake necessary steps for betterment of slum dwelling mothers and baby.

II. Methodology

- a. **Study type:** Descriptive study
- b. **Study area:** Slums of Chattogram city.
- c. **Study period:** August-September 2019
- d. **Study population:** Slum dwelling mothers.
- e. **Sampling technique and sample size:** Systematic random sampling, 400.
- f. **Data collector:** Trained data collector
- g. **Data collecting instrument:** Pre-tested semi-structured questionnaire
- h. **Data management:** Professional data manager (SPSS version 20)
- i. **Data analysis:** Z test.

III. Results

A total of 400 mothers from 400 families were selected for study purpose. Age range was 18-58 years. Mean age was 32±12 years. About 40% mothers were literate. Majority of the mothers were housewife (70%), others were housemaid 18% and Garment workers 12%. Average monthly family income was Tk. 13334±558, income range was Tk. 5000-20000. Family size was 4.58. majority of the babies 82% were delivered at home, 14% were at public hospital and only 04% were delivered at private clinic. About mode of delivery: Normally delivered 94%, LSCS 04% and Forcep delivery 02%. Causes of LSCS were: Fetal distress 31%, Bad obstetric history, Mal-presentation and disorderly uterine activity were 19% respectively, others 12%. Only 10(2.5) mothers developed post delivery complications. Among them 04(40%) developed convulsion, 04(40%) developed post partum hemorrhage and 02(20%) mothers suffered from prolonged labor. Two babies developed birth asphyxia and 02 babies were stillborn.

Table 01: Age group of Mothers

Age groups	No. of Mothers(%)
11-20 years	028(07%)
21-30 ..	172(43%)
31-40 ..	096(24%)
41-50 ..	060(15%)
>50 years	044(11%)
Total	400(100%)

Source: Study Report 2019

Table 02: Education status of mothers

Education status	No. of mothers(%)
< V	240(60%)
V-X	144(36%)
> X	016(04%)
Total	400(100%)

Source: Study Report 2019

Table 03: Occupation of Mothers

Occupation of Mothers	No. of mothers(%)
Housewife	280(70%)
Housemaid	072(18%)
Garments worker & Others	048(12%)
Total	400(100%)

Source: Study Report 2019

Table 04: Monthly Family income of mothers

Monthly Family income	No. of Families(%)
<10000 Tk.	065(27%)
10000-20000 Tk.	160(67%)
>20000 Tk.	015(06%)
Total	240(100%)

Source: Study Report 2019

Table 05: Place of Child Birth

Place of Child Birth	No. of Child Birth(%)
Home delivery	328(82%)
Public hospital	056(14%)
Private Clinic	016(04%)
Total	400(100%)

Source: Study Report 2019 **Page 3**

Table 06: Mode of Child Birth

Mode of Child Birth	No. of Child Birth(%)
Normal delivery	376(94%)
LSCS	016(04%)
Forcep Delivery	008(02%)
Total	400(100%)

Source: Study Report 2019

Table 07: Causes of LSCS

Causes of LSCS	Frequency (%)
Fetal distress	05(31%)
Bad obstetric history	03(19%)
Mal-presentation	03(19%)
Disorderly uterine activity	03(19%)
Cephalo-pelvic disproportion	01(06%)
Diabetes mellitus	01(06%)
Total	16(100%)

Source: Study Report 2019

Table 08: Maternal complications

Complications	Frequency (%)
Convulsion	04(40%)
Post partum hemorrhage	04(40%)
Prolonged labor	02(20%)
Total	10(100%)

Source: Study Report 2019

Table 09: Complications of Newborn

Complications	Frequency (%)
Asphyxia	02(50%)
Stillbirth	02(50%)
Total	04(100%)

Source: Study Report 2019

IV. Discussion

Now a days unnecessary LSCS or C-section is a burning issue in Bangladesh. It is dangerously high in affluent society. At Khulshi residential area the rate was 39% though all mothers were literate and of 20-35 years age group. 98% babies were delivered at hospital. One of the indication of LSCS was patient choice and it was 16%³. Affluent ladies do not want to suffer from labor pain though it is natural and helpful for mother and baby. Here is a lacking of motivation by the obstetrician.

According to WHO 10-15% cases may undergo LSCS. In Netherland it is 14%. In Bangladesh national average is 23%⁴.

Present study shows the rate of LSCS among slum dwelling mothers is 04%. Two babies were stillborn and no other significant complication was detected through meticulous interview of mothers and records review. The rate is significantly low (**Z=4.69, P<.0001**). Patient choice is not an indication of LSCS among slum dwelling mothers. All other indications are similar with that of affluent society³.

In private clinic LSCS costs 40-50 thousands / case⁵. Death and different hazards also occur. Slum dwellers can not afford this huge cost. So, they prefer normal delivery unless it is absolutely contraindicated.

V. Conclusion

Incidence of LSCS is significantly low in comparison with affluent society even with national average. Normal delivery should be encouraged because it is natural. Motivation of mother is very important and Obstetrician has a great role in this context.

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