

Cesarean section

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ABSTRACT: C – section That means cesarean section cesarean section it is an type of operation which is most frequently done on woman and it is one of the most commonly performed surgeries Or saving life of women and their newborn from pregnancy and childhood related complications

Keywords:- c-section, elective C-section, Emergency c-section , abdominal incisions, delivery, fetus

INTRODUCTION

C-section Delivery it is the most important operation in midwifery or obstetrics and in the world we can find the increasing incidence of the C-section delivery cesarean section is one of the most common we perform major surgery for the saving mother as well as her child life and also for reducing the maternal and parental more mortality

As per The WHO(World Health Organization) Population based cesarean section rate comes between 5% to 15% everyone's thoughts about caesarean section rate has increasing globally over the past decade(but as per the recent data from both countries) Document an average rate of 27 % cesarean section during the year 2013 nobody's maternal which is the new indicator for the C-section some other factor also alternated to the high end rising size infection rates including recent progress in social determinants of health

Each section performed unnecessary then my have find an adverse effect upon maternal in front morbidity mortality and neonatal. due to the C-section high cost may result in causing sudden and very great harm to the health expenditure for families and additional pressure upon health system of that country this destruction is especially fined in low and middle income countries annual 1/3 of the total 18.5 million caesarean section performed that was nonmedical indicators

History

It has been part of human culture and there are tales in both of western and non western culture of this procedure

In the year 1913 Europe countries was founder rate of sea section is about 1-3 Percentage. These days the non of c- section increasing constantly all over the world the rate of c- section in the dimension Republic reach 58.1 percentage and the highest is the world

The rate of C-section in different countries

- Brazil 55.8 percentage
- Egypt 54 percentage
- American state 22 to 28.3 percentage by

Did you know that Modern day C- Sections is an Intention that hails team Africa? One historin documented how “European” women had a Deaf 100% chance of deth. In childbirth it they had a sedionwhereal African woman would be perfectly. Fine and healed in mare 11 days.

C-section dates back as for an Ancient Roman times.

Pliny the Eldre suggested that juliuscaesar was named after and ancestor who was basn by c-section and During this era the c-section procefirewich used to save baby founr the womb of a mother who” bed died while giving birth..

when was the india? C-section introduced in india

In India this: storted in the early. 1900s in Kosala 1920 the birth of Michael shaverimuthu was hailea as a medical breakthrough as hes was the First person to be bomthrough a cesrean section in Kerala.

When was the rest & section in history

Perhaps the first written, record we have of a mother on bobysurviving section comes form switzerland 1500 whan Sow gelder Jacob nufer performed the operation on this wife. After several days in- labro and. help from

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In India this was started in the early 1900s. In Kerala 1920 the birth of Michael Shavarimuthu was a medical breakthrough as he was the first person to be born through cesarean section in Kerala

What is cesarean also known as?

The cesarean section is commonly known as a C-section. It is a surgical method of delivering a baby during delivery. Today C-sections are recommended based on the health of the mother and baby during birth. Cesarean sections have become more common in recent years).

How many cesarean in India?

The percentage of caesarean deliveries across India increased from 17.2% in 2015-16 to 21.5% in 2019-21. All but four states and union territories in India experienced an increase in caesarean delivery rates over the 5 years studied.

What is cesarean named after?

Despite what popular history tells us, after the cesarean sections were not named after the emperor Julius Caesar who was reportedly born via a C-section. The term caesarean is derived from the Latin word, Caesum (to cut). Perhaps the first written record we have of a mother and baby surviving cesarean section comes from Switzerland in 15:00 when a soldier Jacob Nufer performed the operation on his wife. After several days in labor and help from thirteen midwives, the woman was unable to deliver her body.

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his wife. After several days in labor and help from thirteen midwives, the woman was unable to deliver her baby.

- **Material and methods**

In 2019 April to September hospital based cross-sectional study was conducted by the government tertiary care

- **Inclusion criteria**

All pregnant women who underwent the section either booked in antenatal clinic or unregistered admitted in early pregnancy were included in their study

- **Exclusion criteria**

Women who did not give their constant to participate were excluded from the study

- **Sample size**

For the purpose of sample size estimation finite population correction has been applied to the sample size formula

$$N = N \times \frac{x}{x+N-1}$$

$$X = z_{\alpha/2} \times \sqrt{p(1-p)}$$

Where

N = Sample size for finite population

X = Sample size for infinite population

Z_{α/2} = critical velocity

P = Estimator sample proportion

D = margin of error

N = Estimated population size

- **Type of C-section**
 1. Elective C-section
 2. Emergency section

1. **Elective C-section:-** It is a type of section which is performed without emergencies and the decision of the section was made before the onset of labor

2. **Emergency C-section:-** It is a type of section which is performed for fetal or for maternal emergencies and the decision of this section was not made before the onset of labor

- **Epidemiology**

C-section is the most common surgical procedure. The rapid increase in cesarean deliveries without clear evidence of decrease in maternal or neonatal morbidity and mortality is a significant concern that the procedure may be overused.

Rate of C-section=The number of cesarean deliveries over the total number of live birth's
The rate of C-section is expressed as a percentage

Majority of secession was found in emergency C-section was compared to elective section

Total emergency section was found Approximate

In Africa .8 point 9.9 percentage

United state America 63%

- Classification of cesarean section

Classification of C-section is held for saving the mother life or the fittest life and the life of mother should be always priority over the fitted life except some situation like the mother's life cannot be modified by surgical procedure

Once the decision to deliver has been taken then the delivery should be carried out with the surgery Appropriate to the risk to the body and the safety of the mother

Reason behind for decreasing risks between C-section-Cesarean section

- Indication for C-section

Emergency C-section:-

1. Failed assisted delivery
2. call propolis with live fetus
3. Transverse lie in labour
4. Uterine rupture
5. fetal compromise
6. Abuptio placentae
7. Footling breech in labour
8. Poor progress of labour
9. prolonged second stage
10. Previous historian in labour

• Elective cesarean:-

1. Macrosomia
2. HIV viral blood bye
3. intrauterine growth restriction
4. Intrauterine growth restriction contracted pelvis
5. previous third and 4th degree cranial tear
6. Act two genital herpes infection
7. To previous seasoning section
8. Bridge presentation at term
9. Previous repair of vesicovaginal festival etc
10. Intrauterine growth restriction

• Preparative management

just before applying the antiseptic preparation evidence abdominal share close by perform in the operating room and this abdominal short not far from a night before long time share two operating time the bacterial

count on the abdominal the abdominal is crab which alcohol containing solution are non organic iodide solution non particulate antacid (A substance Used to neutralize acidity escape in the stomach)Should be given orally before transferring patient to operating table in some instance long acting antacid could be given a night before metoclopramide sphincter But formally after oxygenation

For minimizing uterine compression of inferior vena cava patient should be placed in the edegree left lateral tilt position urinary catheter should be placed to allow the bladder to drain during the operation keeping the operative field clear

- Different abdominal incisions

There are basically two type of abdominal incisions that we have find

1. Transverse abdominal incision

To allow easyDelivery of the fetus full thickness abdominal volume season should be adequateFor following bladder retractor with easy add list of minimum incision of 15 centimeter is required

- Approximately 2 to 3 centimeter above the symphysis Pubispfunnensteil all incision is made transversely on she probably pubic area
- Pfunnensteil Incision should be curvilinear with the lateral of basis of the incision curve and it should be slightly up toward on interior superiorilic spines
- This type of incision was performed sharply to the level of the rectus specia the fusia is inside with the scalpel in the transverse manner to expose the muscle
- By using the scapel or dissecting scissors dissension in the interior rectus fusia may be extended laterally
- Watch out for the superior epigastric and superficial aircumflex iliac veins It is important to minimize the risks of humatoma
- After completing the insides from the underlying rectus muscle the anterior rectus sheet is when dissected both the cephalic and Caudal Directing using blunt and sharp dissection
- between the rectus muscle and the interior fusia care must be taken out to identify perforating vessel
- Paratonia should be exposed staying in the midline and avoid hooking fingers under the

rectus muscle which can damage the underlying vessel

- for our injury to the bladder the entry through the paratonia should be made high in the operative field
- by using arterial forceps and palpate the paratonia should be evaluated the intended entry point to the excluded small ball that may be trapped
- Joel Cohen incision is performed in the transverse member of both the location of pfnnesteil Incision and his liner once the Felicia is inside the rest of the dissection is performed bluntly there are no material or fatal advantages overpfnnesteilIncision but maybe quicker
- Misdavladach Incision is based on the Joel Cohen introduced for hysterectomy this is state transverse incision somewhat higher than thepfannesteil The subsequent tonus tissue is left undisturbed apart from the middle line the rectus series separated and the muscle are separated by pulling

2. Vertical abdominal incision:-

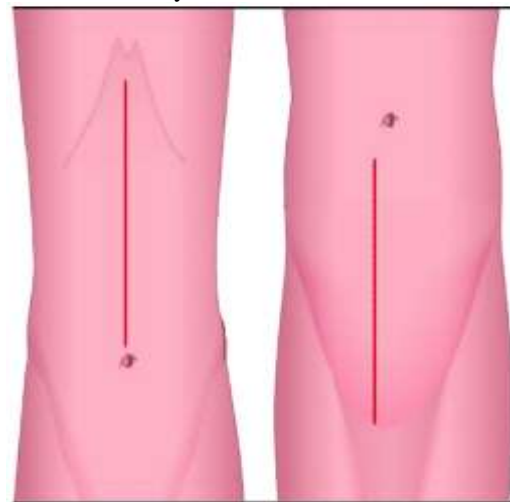
- For this C-section midline vertical incision was the preferred incision because the this c- section is faster and easy of entry into the peritoneal cavity with minimum dissection requires
- Where high peritoneal access is needed in this condition incision is useful
- At least one Cm above the symphysis pubis this incision is made vertically just below the umbilicus



- In this type different types of advantages was found like incident can be extended

above the umbilicus if necessary or if exposure in the upper part of the abdomen is required

- This procedure is undertaken by sharp dissection to the level of the rectus sheet
- To serve the purpose of the procedure paramedian incision are made for cesarean section paramedian incision are made two to five CM lateral to the midline over the median except the bulging convexity of the rectus muscles
- Rectus muscles can act as butter between the reapproximated posterior and anteriorfascial planes therefore closure it's theoretically more secure



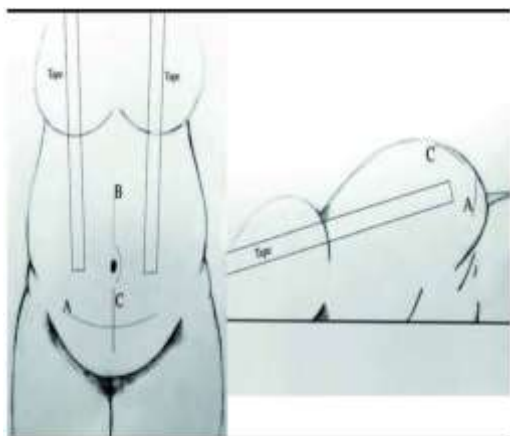
- In obese patient the challenges are anaestheticwith difficult intubations extensive subcutaneous Tissue leading to prolonged entry time obscured vision difficult delivery increased bleeding etc.

A=transverse subumbilical incisions

B=midline incision extending above the umbilicus

C=midline subamblicus incisions

- For the obese patient remained controversially whether a transverse or midline incision is superior but a larger incident is advisable



- Bladder fluff reflection is not universally as the creation of the flap was not associated with any increase of the complication like the bladder injury increase the blood loss and prolonged hospital stay
- Non flap reflection was associated with Reduce operation time situation when bladder flap may be advisable is when the fetal head is impact and the previous cesarean section the location of the bladder is best delineated by palpating and bladder catheter
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- cesaRoun section comet Porn SwahilPn 1500 whi Sow geldt Jacob Aufer performed the operation or this wife. After several days in- labo and. help from thieleen midwives the Worrein was unable to delivee her body.
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- All instruments and their use:-
 1. Spong holding forcep:- Holding sponge or which spice for venting the area before operation
 2. Knife handle:- Check your towels and surgical dripping
 3. artery forceps:- clamping blending vessels to secure hemostatic gripping tissue and hold stay sutures
 4. Call Mayo scissors:- Cut tissue sheets and muscle
 5. States Mayo scissors:- Cutting sature

6. Allis forceps:- Whole tissue and sheets
7. needle holder:-All needles win Saturday
8. Dissecting forceps:- Decreasing
9. dissecting forceps toothed:- Holding tissue during wound closure
10. Doyens retractor:- Retract urinary bladder
11. suction tube with nozzle:-Checking blood and Amy nautic flu
12. Umbilical cord Caesar:-Cutting umbilical cord
13. Umbilical cord clamp:- Clamp the umbilical cord
14. Green Armitage for sale:- Grabs fibrous tissue especially the angle of the uterus securely and to clamp bladders
15. kidney tray:- Keeping the sterilized instruments

In the uterine inclusion factor to consider as following

1. Picture pregnancy plans
2. Location of the placenta
3. size of uterus
4. position of uterus
5. Presence of uterine Thomous
6. Presence of uterine Thomous
7. accessible and develop low segment

Inverse uterine inclusion

When performing a transfer in inclusion pffannenstiel Inclusion is based as a root and the site of inclusion should be 3 to 5 am above the pibic bone

The Inclusion is recommended for patient unless there contrainalication

Advantages of lower segment inclusion

1. rapid healing
2. Less risk

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