Objective
Out of all births, cesarean section (C/S) rates show a rising trend in recent years. In the hitherto literature, there are many comprehensive studies examining the causes of this situation in our country. But there is paucity of data regarding the etiologies of C/S using Robson criteria in this context. In order to close this gap, we evaluated the rate of cesarean births according to Robson criteria in our birth center and aimed to determine the cause of this rising trend in years.

Methods
Our study was carried out between 2011 and 2014 at Etlik Zübeyde Hanım Women’s Research and Education Hospital. All births were included in the analysis in the meantime. SPSS 18.0 software has been employed. Statistical analysis and graph-table presentation was performed using Excel 2010 and Microsoft Office programs. It was analyzed using descriptive percentages.

Results
Out of 63,476, a total of 25,653 births were performed by C/S. Percentage of the total number of cesarean births to the total birth number is in, of years the rate of 34.3%, 37.3%, 45.4% and 43.4% in 2011, 2012, 2013 and 2014 respectively. When Robson-1 rank system has been employed regarding the cesarean rates, it is noteworthy that the rate of cesarean section increased over the years (10.02%, 18.09%, 31.61% and 28.71%). Robson-2 percentage was 2.08%, 3.70%, 4.61% and 4.23% regarding the aforementioned years and this increase may be specified as one of the most important reasons for the total increase in the C/S rates. Robson-2 cesarean rates decreased compared to the year 2013 (46.53%, 46.89), although it is only increased with a rate of 0.61-0.71% in 2013, this does not appear to increase significantly in other years. Robson-3 cesarean rates (5.27%, 9.5%, 28.79% and 24.07% respectively) and the percentage cesarean sections of all births (1.64%, 3.08%, 5.97% and 4.31%) rose to a peak in 2013, and it showed approximately 4% decrease in 2013 in accordance with 2014. Robson-4 cesarean rate showed reduction (37.6%, 37.36, 22.22% and 23.26% respectively) however the rate of it divided by all births were found to be increased (3.79%, 3.41%, 4.41%, 4.43%). Robson-4 has also been shown to contribute to the increase in all cesarean rates. Regarding the Robson-5 group, despite repeated cesarean section rate of cesarean section and total cesarean birth rates in those years between 2011 and 2012 (19.93% and 13.92%) have increased in 2011, a significant increase was detected. However, a decrease in the total number of cesarean births (2%) stands out in 2013, a significant increase was found to be compared to the three years before 2014 (between 3.78-4.94%). Regarding the Robson-6, 7, 8, 9’s, as cesarean rates do not make a significant difference in the proportion of all births, we determined that there is no effect of changes in the annual rate of cesarean section. Robson-10, in spite of an increase over the years in cesarean delivery rate (38.73%, 40.42%, 56.05% and 65.93% respectively), the annual rate in proportion to all births is determined to be 0.38%, 3.38%, 6.68% and 6.65% respectively. Our study has found that a significant rise in the cesarean rate for the last four years. While the most important cause of this increase is the preference of cesarean section instead of normal vaginal birth in preterm period, the second reason is that the overuse of C/S in multiparous pregnant women with spontaneous onset labor and the cesarean sections due to the previous C/S in 2011, 2012, 2013 and 2014. In addition, the birth of nulliparous pregnant women with spontaneous labor and multiparous patients who had been induced in order to give birth by cesarean section increases this augmented C/S rates more. The cause of doctor’s tendencies to expand the cesarean section indications may be; fear of legal proceedings, tubal ligation request during cesarean section and increased rate of pregnancies obtained by assisted reproductive techniques. Induced nulliparity, history of previous cesarean section (except for 2014), multiple pregnancy and malpresentations such as breech and transverse have shown significantly great effect on the overall rate of cesarean sections. These indications for cesarean section do not affect the overall cesarean rate in the last four years.

Conclusion
In our country, effective precautions in order to reduce the cesarean rates with the revised criteria according to the Robson Classification System may be taken to determine the cause of the augmented C/S rate change over time.
Figure 2. Cesarean section rates by years according to the Robson Classification System.