

COMPARATIVE STUDY OF CAESAREAN SECTIONS ACCORDING TO ROBSON'S CLASSIFICATION IN 700 PATIENTS.

Domínguez Olivera, N; Laíño Calo, E; Sánchez Rivadulla, L; Fuentes Ricoy, L; González Seoane, R.
Department of Obstetrics and Gynecology of University Hospital of Ferrol. Hospital A. Marcide. Ferrol, Spain.

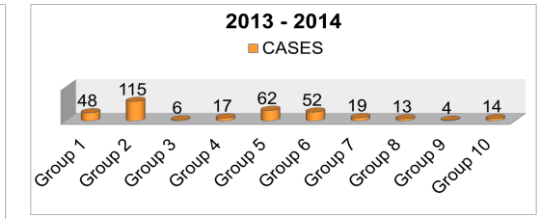
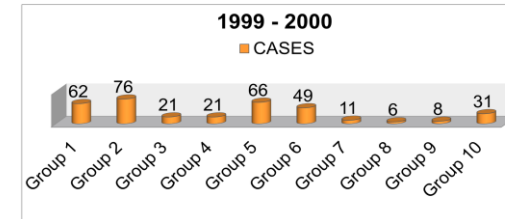
Objective.

To identify the groups of patients in which caesarean section rates change in a total of 700 patients belonging to two different periods.

Methods.

A retrospective review of 700 medical records was made in the University Hospital Center of Ferrol. A number of 350 patients who underwent caesarean section surgery for each period, 1999-2000 and 2013-2014, were analyzed and classify according to Robson's groups.

GROUPS	WOMEN INCLUDED		
1	Nullipara, singleton cephalic, ≥37 weeks, SPONTANEOUS labour.	5	Multipara, singleton cephalic, ≥37 weeks, with previous caesarean section.
2	Nullipara, singleton cephalic, ≥37 weeks, NON SPONTANEOUS labour.	6	All nulliparous breeches.
3	Multipara, singleton cephalic, ≥37 weeks, SPONTANEOUS labour.	7	All multiparous breeches.
4	Multipara, singleton cephalic, ≥37 weeks, NON SPONTANEOUS labour.	8	All multiple pregnancies.
		9	All abnormal lies.
		10	All singleton cephalic, <37 weeks, including previous Caesarean section.



Results.

The caesarean section rates increased from 17,3% (1999-2000) to 24,3% (2013-2014). An augmentation was observed in the group of Nulliparous with single cephalic pregnancy at term, with induction of labor or caesarean section before labor. Likewise, it was evidenced a reduction in the groups of nulliparous and multiparous with single cephalic pregnancy at term, with spontaneous labor. The group of multiparous with previous caesarean section and those with breech presentation maintained the same rates in both periods.

Conclusion.

Use of the Robson criteria allows recognizing the groups that contribute to increase caesarean section rates. There are certain limitations for a complete analysis in this classification, including the caesarean sections made by personal demand of the patient, the lack of specification regarding induction of labor and the procedures used for this purpose and as well as maternal and fetal pathology involved. Nevertheless it is a useful tool for comparison between different hospitals. It helps understanding the groups of patients in which caesarean sections rate increases and proceed to analyze them.