Primary cesarean section rate among full-term pregnant women with non-previous uterine scar in a hospital of Vietnam

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Objective

This article aims to determine the contributing indications for primary cesarean sections among full-term pregnant women with non-previous uterine scars and suggests several potential solutions to reduce the cesarean section rate.

Methods

This is a descriptive study with data being retrospectively collected from electronic medical records (EMRs) at Hanoi Obstetrics & Gynecology Hospital, Vietnam, in 2020. We studied 23631 women at ≥ 37 weeks of gestation with non-previous uterine scars. Main ICD-10 categories of diagnosis on the EMRs were used to classify the indications. The proportions of indications for primary cesarean sections were calculated, thereby offering potential solutions to reduce the cesarean section rate.

Results

The proportion of cesarean sections among full-term pregnancies with nonprevious uterine scars was 40.7%. The most common indications for primary cesarean sections were labor arrest, non-reassuring fetal heart rate tracings, maternal request, 31%, 40%, and 11%, respectively. Among the low-risk pregnant women, the cesarean section rate was 35.9%, of which the percentages of labor arrest and non-reassuring fetal heart rate tracings and maternal request were 13.6%, 17.7%, and 4.6%, respectively.

Conclusion

The proportion of primary cesarean sections among fullterm pregnancies with non-PUS is high; labor arrest, non-reassuring fetal heart rate tracings, and maternal request were three main indications. It is necessary to build the strategies of health organizations regarding the management of clinical practices and the programs improving the knowledge, attitudes, practices of pregnant women and obstetricians regarding cesarean sections.