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**Magnitude and associated factors of primary cesarean section among mothers who gave birth between September and August, 2016 G.C in Suhul General Hospital, Tigray, Ethiopia****Addisu Alehegn Alemu**

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**Background:** Cesarean section is a lifesaving medical intervention. Its share in decreasing maternal mortality and morbidity rates are immense, it is also an indicator of maternal health services quality of a country. However it is associated with many complications compared with vaginal deliveries. The rising rate of CS is a global concern and it ranges between 12 and 86% in developed and middle income countries and between 2 and 39% in developing countries. Unjustified prior caesarean section and decreasing trial of labor after caesarean section are among the reasons for its increment. A woman after a primary cesarean has only 10% chance of a vaginal birth for subsequent deliveries. In Ethiopia rate of caesarean section is increasing ranging from 8 to 37% in the urbanized region. However, rate and factors leading to primary caesarian section are not addressed well.

**Objectives:** To asses magnitude and associated factors of primary cesarean section among mothers who gave birth between September and August, 2008 E.C in Suhul General Hospital, Tigray, Ethiopia.

**Methodology:** Retrospective cross sectional study from September 19 to October 20, 2009 E.C was conducted in Suhul General Hospital. The data entered into EPI-Info version 7 and exported to SPSS version 20 for cleaning, editing and analyzing. Logistic (bi-variable and multi-variables) logistic regressions were used to examine associations between outcome and independent variables.

**Results:** The rate of primary CS in this study was 20.2%, fetal distress 26 (32.2%) and cephalopelvic disproportion 15 (17.3%). Mothers who had been augmented were 3.14 times more likely to undergone primary CS than who had not been AOR (95% CI)=3.14 (1.497, 6.571) and mothers who had pregnancy induced hypertension were 3.10 times more likely to undergo primary CS than those who had not AOR, 95% CI=3.10 (1.230, 7.829).

**Conclusions & Recommendation:** The magnitude of primary cesarean section in this study is high. Gestational age and augmentations, pregnancy induced hypertension and birth weights were associated factors. Objective decision for non-reassuring fetal heart beat pattern should be practiced to reduce the magnitude of primary caesarean section.

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