

Current Health Event

Caesarian Section

Caesarean section (c-section) is one of the most performed surgeries in the world. The rates of c-section are on the rise globally especially in high- and middle-income countries. When needed, performing a c-section can save lives. However, pregnant women could be undergoing this surgery without medical indication. This puts women and their newborns at risk of a long list of health problems, and burdens the country's healthcare system.

Editorial note:

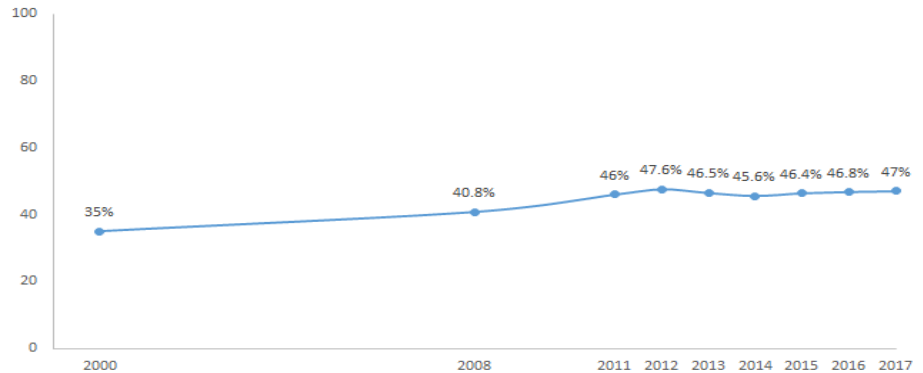
When a normal vaginal delivery (NVD) jeopardizes the health of the woman or her baby, a c-section becomes necessary. Some of the medical reasons that might force the physician to opt for a c-section are a prolonged labour, an abnormal foetal position, foetal distress, or a condition related to the mother's health. However, the surgery is not without complications, and health facilities in some rural regions or settings are not properly equipped for physicians to safely perform the surgery and manage complications that might arise.

An unnecessary c-section puts the mother at a higher risk of infections, blood clots, bladder damage and uro-genital tract injuries, hemorrhage, and blood loss during surgery. Moreover, a c-section requires a longer recovery period than does NVD, and is associated with delay in initiation of breastfeeding. After a c-section, a newborn is at a higher risk of breathing problems and studies have shown that this surgery is associated with childhood overweight and obesity.

According to a study about the globally increasing trend in c-sections, 18.6% of all births occur by c-section; ranging from 6% in the least developed regions to 27.2% in the most developed ones. In fact, the global average c-section rate increased 12.4% between 1990 and 2014 (Betran et al, 2016). Approximately 18.5 million c-sections are performed worldwide every year. In 2008 the cost of global unnecessary c-sections was estimated to US\$ 2.32 billion (WHO, 2010).

In a study that examined population c-section rates in 18 Arab countries, results revealed that the c-section rate was below 5% in 4 countries indicating possible limited access to facilities with appropriate obstetrical interventions. 11 countries had population c-section rates that

Figure 1: Increasing caesarian section rate in Lebanon



Source of data for figure 1: 2000(Kassak et al, 2009)- 2008(DeJong et al, 2010)- 2011 till 2017(MOPH)

ranged between 5–15%, while 3 countries had rates above 15% which included Lebanon (Jurdi et al, 2004.)

Maternal and child health experts in Lebanon are concerned about the increase in c-sections happening in the last two decades (figure 1). In fact, the c-section rate in Lebanon reached 47% in 2017 (MOPH data). In a recent study, some of the medical reasons for c-sections in Lebanon were: a previous c-section(46%), malpresentation of fetus(9.6%), and disproportion of fetus (8.6%) (Zgheib et al, 2017). In parallel, in 2013, the c section rate was 35% among Syrian refugee women who delivered in Lebanon, higher than the national rate in Syria which was 29% in 2009. The main reasons for having a c-section were: a previous c-section (57 %), post-term (13%), and breech presentation (12%) (Huster et al, 2014).

The Ministry of Public Health in close collaboration with the Lebanese Society of Obstetrics and Gynecology, UNFPA, and WHO conducted several assessments related to causes of c-section and near miss cases. A national reproductive health program was put in place targeting primary healthcare beneficiaries and offering prenatal care for pregnant women in order to detect and prevent potential problems.

In order to decrease rates of unnecessary c-sections, some policy options are being considered by the MOPH including; empowering the role of the midwife in obstetrics departments in hospitals, offering pregnant women prenatal educational sessions at PHCs about the benefits of NVDs and the risks of c-sections, making MOPH reimbursement of c-sections conditional to a chart audit for the medical indications that favored a c-section.

WHO proposes adopting the Robson classification as an internationally applicable caesarean section classification system. The Robson system classifies all women admitted for delivery into one of 10 groups based on characteristics that are easily identifiable. Using this system would facilitate comparison and analysis of caesarean rates within and between different facilities and across countries and regions.

Notifiable Diseases in Lebanon [cumulative n° of cases among all Residents (among Syrians)] as of 5 September 2018				
Disease	2017	2018	Jul 18	Aug 18
Vaccine Preventable Diseases				
Polio	0	0(0)	0(0)	0(0)
AFP	77	63(24)	8(3)	6(3)
Measles	126	861(161)	94(10)	35(3)
Mumps	235	86(32)	18(5)	3(2)
Pertussis	92	52(25)	13(6)	3(0)
Rabies	1	3(1)	1(1)	1(0)
Rubella	10	6(1)	0(0)	0(0)
Tetanus	0	1(0)	0(0)	1(0)
Viral Hep. B	321	182(20)	17(4)	27(4)
Water/Food Borne Diseases				
Brucellosis	460	186(24)	26(4)	27(6)
Cholera	0	0(0)	0(0)	0(0)
Hydatid cyst	18	2(1)	0(0)	0(0)
Typhoid fever	656	190(4)	23(0)	22(1)
Viral Hep. A	776	606(120)	97(10)	93(14)
Other Diseases				
Leishmaniasis	140	0(0)	0(0)	0(0)
Meningitis	366	313(60)	54(12)	45(3)
Viral Hep. C	130	70(5)	9(1)	6(0)