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An emprical study on risk- factors of post- caesarean section on mothers and infants with special referance to erode

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ABSTRACT
In Today's Scenario, approximately 30% of deliveries are performed by caesarean section. Wound infections and other post-operative complications represent a frequent morbidity which may be improved with an understanding of local risk factors. Understanding women's perceptions towards modes of delivery in different cultures can pave the way for promoting programs and policies in support of vaginal delivery. Spinal anesthesia recently has gained popularity for caesarean section. The change in attitude that has taken place is related to an increased awareness that regional block methods are safer for mother and infant. This review has considered some complications: Nausea, headache, infections in wound , total spinal and back-ache, pain in abdomen, affecting future pregnancies, bleeding , adhesions(paining of internal organs) , breathing problems in infants , immature lungs in infants.

1. INTRODUCTION

Today, in Erode about one of every three deliveries is by caesarean section. Although this procedure has become routine, it is not benign. Caesarean section brings an increased risk of maternal morbidity and mortality when compared to vaginal deliveries. One of the most commonly evaluated areas of maternal morbidity is back pain and nausea. The purpose of this study is to examine the risk factors related to caesarean section. The goal is to establish improvements to decrease the increasing rate of caesarean section.

2. OBJECTIVES OF THE STUDY

To identify the problems faced by the respondents due to caesarean section and anesthesia

3. SCOPE OF THE STUDY

1. The present study will be helpful in understanding the factors influencing people to opt caesarean section.
2. The study will also be helpful in analyzing the problems faced by the respondents after caesarean section
3. It will also help in suggesting suitable measures to overcome the complications of caesarean section.

4. LIMITATIONS OF THE STUDY

1). Caesarean section cannot be ruled out in complicated pregnancies like incorrect breach presentations and suspected low infant birth rate and twin babies.
2). Most Respondents didn't realize the importance of vaginal birth because caesarean section became an integral mode of delivery among the society.

5. REVIEW OF LITERATURE

The influence of women's birth preferences on the rising cesarean section rates is uncertain and possibly changing. In India cesarean section have seen an exponential rise in recent years, a large number of commentaries in the medical literature and media suggest that consumer demand contributes significantly to the continued rise of births by cesarean section internationally. Choosing the safest method of delivery and preventing preterm labor are obstetric challenges in reducing the number of preterm births and improving outcomes for mother and baby. WHO conducted a systematic review of the ecologic studies available the scientific literature, with the objective of identifying , critically appraising and synthesizing the findings of the studies, which analyze the association between cesarean section rates and maternal , perinatal and infant outcomes. Optimal route of delivery for preterm vertex neonatal has been a controversial topic in the obstetric and neonatal community for decades and continues to be debated.
After reviewing many studies it has been revealed that neonatal outcome does not depend on the mode of delivery. Though caesarean section rates are increasing for preterm births, it does not prevent neurodisability and cannot be recommended unless there are other obstetric indications to justify it. Therefore, clinical judgment of the obstetrician depending on the individual case still remains important in deciding the mode of delivery

6. RESEARCH METHODOLOGY

6.1 RESEARCH DESIGN

1). A Master plan that specifies the method and procedures for collecting and analyzing needed information.
2). A research design is a framework or blueprint for conducting the marketing research project.

6.2 SAMPLE DESIGN

Sampling is the process of selecting a sufficient number of elements from the population. A Sample Design is a definite plan for obtaining a sample from the sampling frame. It refers to the technique or the procedure the researcher would adopt in selecting some sampling units from which inferences about the population is drawn.

6.3 NON-PROBABILITY SAMPLING

Non-Probability sampling is a sampling technique where the samples are gathered in a process that does not give all the individuals in the population equal chances of being selected.

6.4 CONVENIENCE SAMPLING

Convenience sampling (also known as Availability Sampling) is a specific type of non-probability sampling method that relies on data collection from population members who are conveniently available to participate in study.

6.5 SIZE OF THE SAMPLE

The Sample size is **35.**

7. DATA COLLECTION METHOD

7.1 PRIMARY DATA

These are data which are collected for the first time directly by the Researcher for the Specific study undertaken by him. In this research primary data are collected directly from the Respondent by using Questionnaire.

7.2 SECONDARY DATA

These are data which are already collected and used by someone preciously. The data's are collected from journals, magazines and websites.

8. STATISTICAL TOOLS USED

To analyze and interpret collected data the following simple percentage and ranking were used.

8.1 SIMPLE PERCENTAGE AND RANKING

To analyze and interpret collected data the following simple percentage and ranking were used.

FORMULA

$$\text{Percentage analysis} = \frac{\text{Number of respondents}}{\text{Total number of respondents}} \times 100$$

8.2 HENRY GARRETT RANKING

Garrett's ranking technique to find out the most significant factor which influences the respondents, Garrett's ranking technique was used. As per this method, respondents have been asked to assign the rank for all factors and the outcomes of such ranking have been converted into score value with the help of the following formula:
Percent position = 100 (Rij – 0.5) Nj
Where Rij = Rank given for the ith variable by jth respondents
Nj= Number of variable ranked by jth respondents.

9. DATA ANALYSIS

The Respondent who participated in the research are from diversified background with gender, age group, marital status and educational qualification.

Table 1: DEMOGRAPHICPROFILE OF THE RESPONDENTS

Details of the respondent		**No. of Respondents**	**Percentage**
Gender	Male	0	0
	Female	35	100
	Total	35	100
Age Group (in Years)	Below 20 Years	02	5.72
	20 – 30 Years	14	40
	30 – 40 Years	13	37.14
	Above 40 years	06	17.14
	Total	35	100
Educational qualification	10^{th}	12	34.29
	12^{th}	04	11.43
	UG	08	22.86
	PG	11	31.42
	Total	35	100
	Below Rs.20000	14	40

Monthly Income	Rs.20000-Rs.30000	17	48.57
	Rs.30000-Rs.40000	01	02.86
	Above Rs.40000	03	08.5
	TOTAL	35	100

9.1 INTERPRETATION

From this study it is evident that age group of the 40% of the respondents falls under the category of 20 – 30 years, 34% of the respondents educational qualification is SSLC, the average monthly income of 48% of respondents falls under the category of Rs.20000 – Rs.30000.

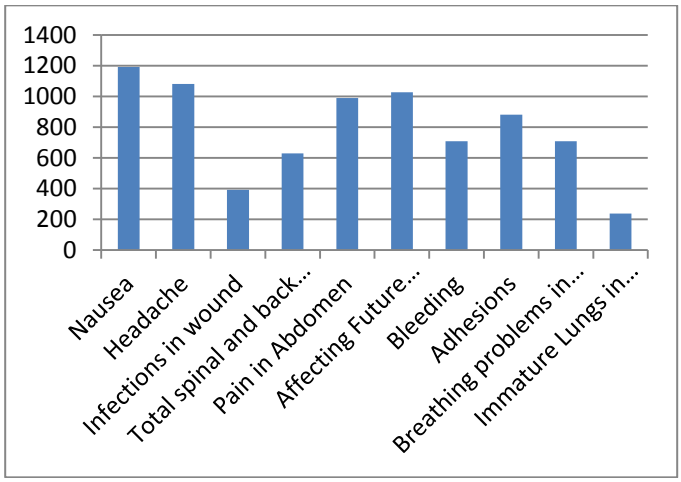
Table 2: Rank of the problems faced by Mothers and Infants after Caesarean Section

S.No	PROBLEMS	MEAN SCORE	TOTAL SCORE	RANK
1	Nausea	170	1190	1
2	Headache	135	1080	2
3	Infections in wound	196	392	9
4	Total spinal and back ache	063	630	8
5	Pain in Abdomen	110	990	4
6	Affecting Future Pregnancies	171	1026	3
7	Bleeding	177	708	7
8	Adhesions	176	880	5
9	Breathing problems in Infants	177	708	6
10	Immature Lungs in Infants	237	237	10

9.2 INTERPRETATION

From this study, it is found that from the table it is evident that nausea is ranked as no.1 with the total score of 1190 , headache is ranked as no.2 with a total score of 1080, affecting future pregnancies is ranked as no.3 with the total score of 1026 , pain in abdomen is ranked as no.4 with the total score of 990 , adhesions is ranked as no.5 with the total score of 880 , breathing problems in infants is ranked as no.6 with the total score of 708, bleeding is ranked as no.7 with the total score of 708, total spinal and headache ranked as no.8 with the total score of 630, infection in wound is ranked as no.9 with the total score of 392, immature lungs in infants is ranked as no.10 with the total score of 237.

Figure 1.BAR CHART



10. FINDINGS

1). From this, it is evident that **Nausea** is ranked as No.1 with a total score of 1190.

2). **Headache** is ranked as No.2 with a total score of 1080.

3). **Affecting future pregnancies** is ranked as No.3 with a total score of 1026.

4). 40% of the respondents falls under the Age Group of **20 to 30 Years.**

5). 48% of the respondents have the Monthly Income of **Rs.20000 to Rs.30000**

11. SUGGESTIONS

1). To overcome **Nausea** Spinal Anesthesia may be avoided and regional anesthesia may be provided at the time of Caesarean.
2). To overcome **Headache** Post-Caesarean Mothers should avoid over work load and should get proper sleeping and relaxation from time to time in day-to-day activities.
3). Awareness must be created among the pregnant women mandatorily on all the hospitals regarding the pros and cons of caesarean section
4).Pregnant mothers must be given training on core-strengthening exercises to avoid the complications.
5).Classes like Sristi should be attended by pregnant ladies.
6).Proper exercise and yoga should be followed during pregnancy.

12. CONCLUSION

This study has identified significant risk factors associated with post-cesarean section. The key risk factors of post-cesarean section infection identified were elevated BMI, longer duration of labor and having a emergency procedure. Regional anesthesia is safe for caesarean section provided that the anesthetist is aware of the complications associated with the various techniques, takes precautions to prevent complications where possible, carefully monitors the patients and manages complications timely and appropriately.

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