The Case for the Robson's Classification (RC) in Analysing and Auditing Caesarean Section (CS) Rates in Malaysia (RCAACSM) – A Retrospective Analysis of Hospital Serdang CS Rates in 2018

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ABSTRACT

Introduction: The Malaysian National Obstetrics Register (NOR), comprising data from 14 tertiary hospitals, revealed CS rates of 25.7% in 2015. A stark discrepancy in CS rates between hospitals exists (16-40%). While the main indications for CS were revealed, patient risk profiles can perhaps be more comprehensively discussed. The RC classifies parturients into 10 groups that are totally inclusive and mutually exclusive. Utilization of the RC may be effective in better understanding and auditing local CS rates. **Objectives:** To demonstrate how the RC can help more effectively analyse and audit local CS rates. **Methods:** Retrospective analysis of all parturients in Hospital Serdang, between January-December 2018, were classified according to RC. Data was captured through monthly PowerPoint presentations and translated to Excel for eventual analysis. **Results:** Total of 9413 total deliveries, with a 25.7% CS rate. Main CS contributory groups include (All Singleton): Term Nulliparous (Spontaneous), Term Nulliparous (Induced) and Term Previous CS (13.1%, 12.4% and 28.8% of total CS, respectively). Notably, CS rates amongst these subgroups (All Singleton) – Term Previous CS (Spontaneous, Induced), Term Nulliparous (Induced) and Preterm (Induced) were (34.2%, 54.9%), 44.5% and 43.4%, respectively. **Conclusions:** In our study, the highest-risk groups for CS were similar to that of most developed nations. However, successful induction rates were significantly different. The standardized adoption of the RC in all Ministry of Health Hospitals, may allow more effective analysis and audit of local CS rates, thus improving patient counselling and clinical decision-making.

Maternal and Foetal Outcome in Pregnancy with Vitamin D Deficiency

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ABSTRACT

Background: Vitamin D deficiency (VDD) is common in Asian pregnant women. Recent research shows adverse pregnancy outcome in VDD. This study was done to see the association of VDD and pregnancy outcome. **Method:** This observational study was carried out in obs/gyne, ZHSWMCH, from January 2017-January 2019. 80 singleton term pregnant women without any complications were enrolled (after informed consent). Vitamin D was estimated for all, 40 in each, Group A=VDD and B=without VDD. Data was filled. Statistical analysis was performed by SPSS version 12, P value <0.001 was taken significant. **Results:** Mean age of group A & B were 24.1±2.3 v/s 24.4±1.6 (p<0.001), and Gestational age was 38.9±4.9 and 39.5±1.3 (p<0.001). Mean serum level vitamin D in A was 20±7.3 and in B 50±15.7. Perinatal outcome was worse in group A, low birth weight (37 (92.5%) v/s 4 (10%), p<0.001), IUGR (8 (20%) v/s 2 (4%), p<0.001), APGAR score was almost similar (7.9±0.7 v/s 7.8±0.8, p=0.401 in 1 minute), but NICU admission for RTI was high in A than B (5 (20%) v/s 1 (2.5%), p<0.001). Maternal outcome was almost similar, NVD 34 (85.0% v/s 34 (85%), p=0.455), C/S (5 (12.5%) v/s 2 (5%), p=0.455), Instrumental delivery (4 (10%) v/s 1 (2.5), p=0.455), Puerperal pyrexia (4 (10%) v/s 0, p=0.027), But PPH was higher in A than B (5 (20%) v/s 1 (2.5%), p<0.001). No evidence of Preeclampsia or GDM. **Conclusion:** Pregnancy outcome was not favourable in women with VDD. So maternal vitamin D estimation & correction may provide satisfactory foetal and maternal outcome.