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Magnitude and associated factors of primary cesarean section among mothers who gave birth between September and August, 2016 Garbage collection in Suhul general hospital, Tigray, Ethiopia

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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 assess 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.

Result: The rate of primary CS in this study was 20.2%, Fetal distress 26 (32.2%), cephalopelvic disproportion 15 (17.3%). Mothers who had been augmented were 3.14 times more likely to undergo primary CS than who hadn't 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 hadn't AOR,95%CI =3.10(1.230,7.829).

Conclusion and 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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