

C/S AND NEONATAL OUTCOME

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In Norway a so-called break through project was organised with the purpose of reducing the C-section rate. As part of this project neonatal outcome variables were analysed.

2380 caesarean sections in singleton pregnancies from 24 maternity units during a 6 months period were analysed prospectively. These represented 65.1% of all caesarean sections in Norway. For neonatal outcomes, corresponding information on caesarean sections and 18 069 vaginal deliveries (71.7% of all vaginal deliveries in Norway) in the same departments and same period was retrieved from the Medical Birth Registry of Norway and analysed according to intended mode of delivery.

Results The caesarean section rate in singleton pregnancies was 12.5 %. About 63% of the caesarean sections were emergency operations. Bagging, intubation and chest compression were carried out in 8.5%, 4.3% and 1.9% of all caesarean sections, respectively, and transfer to neonatal intensive care unit in 26.6%. Compared with planned vaginal deliveries planned caesarean section significantly increased transferral rate to the neonatal intensive care unit NICU (19.8% vs 7.9%, $p<0.001$) and risk for pulmonary disorders (transient tachypnoea of the newborn and respiratory distress syndrome (4.2% vs 1.4%, $p<0.001$). There were no significant differences in the risks for cerebral symptoms.

Conclusion A planned caesarean section double the risk for transfer to the NICU and triple the risk for pulmonary disorders compared to a planned vaginal delivery. For the child, a planned vaginal delivery seems superior to a planned caesarean section if not a caesarean section is clearly indicated.