

spontaneously or by medically assisted procreation. The main indications of CS were fetal asphyxia (24.20%), elective CS (22.13%) and severe preeclampsia (9.55%). These findings are in accordance with the results of the demographic survey in Cameroon [4]. The Robson 5 group was the leading provider of caesarean sections (28.50%) (Table 3). The second provider was group 10 (17.04%) and the third was group 2 (11.78%). Those pertaining to Robson's groups 5, 10 and 2 had a significantly increased risk of caesarean section by 10, 4 and 2 times respectively (table III). Maternal and perinatal complications were 7.32% (mainly due to intra-operative hemorrhage, postpartum hemorrhage and postpartum anemia) and 12.10 % (mainly due to fetal asphyxia) respectively (Tables 5 & 6). Group 10 had the highest maternal and fetal complications. These results are similar to those of 15. Sugianto [15] in Indonesia and Tchanchou [16] in Gabon and different from those of developed countries where group 10 is among the least providers of caesarean sections [17-20]. The rate of maternal death (0.47%) was less than that of perinatal death (3.34%)

(Table 7). Two cases of maternal death resulted from complications of coagulopathy on placenta abruptio. One case was a cardiac arrest on a uterine rupture with a delayance in referral. The delayance in referral was also observed in 60.20% of cases of fetal asphyxia. Emergency medical services with pre-hospital care remain poorly developed in sub-Saharan Africa and the developing world at large. The provision of timely treatment during life-threatening emergencies is still lacking. The main causes of perinatal death were fetal asphyxia and neonatal infection. Most of these deaths were in Robson's groups 8 and 10; making thus the poor prognosis groups. The death rates found in this study were similar to other studies done in sub-Saharan Africa: Essiben [12] reported maternal and early neonatal death of 0.49% and 5.69% respectively, while Kinenkinda [21] found 1.4% and 7.07% respectively. All our findings in this study are still raising out the necessity to urgently tackle, but efficiently, the issue of maternal and perinatal mortality and morbidity which are so far a main concern in our midst.

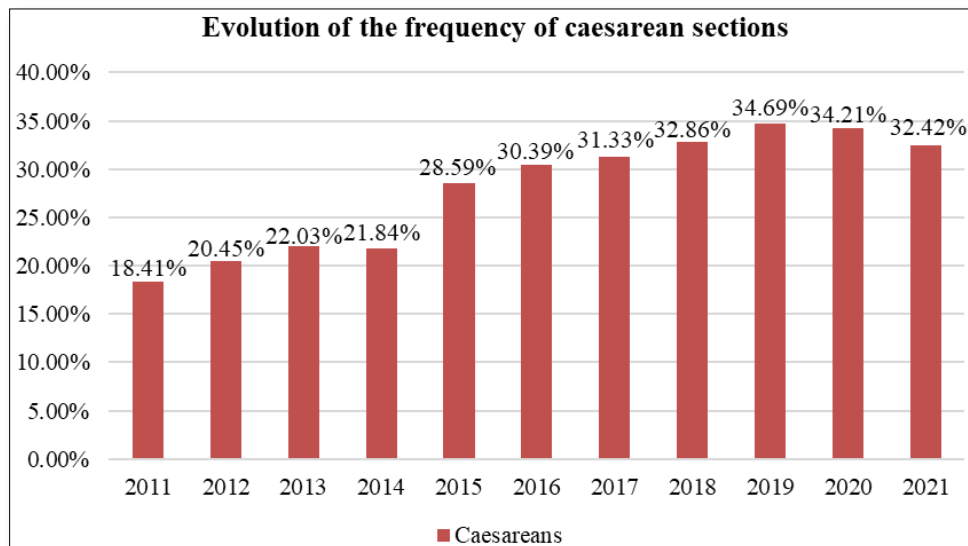


Figure 2. Evolution of the frequency of caesarean sections.

There is an overall increase rate of CS at the DGH from 2011 to 2021, with an overall average of 27.92%.

CONCLUSION

The frequency of CS is increasing at the DGH. Fetal asphyxia, elective caesarean sections and severe preeclampsia are the main indications. Robson's groups 5, 10 and 2 are the most frequent providers of this CS. Maternal and perinatal complications are mainly intra-operative hemorrhage, postpartum hemorrhage, postpartum anemia and fetal asphyxia. Maternal and perinatal death are mainly observed in groups 10, 8 and 5.

LIMITATION OF THE STUDY

We could not exploit entirely files from 2011 to 2018 because they were incomplete.

STRENGTH OF THE STUDY

- It permits us to have the real CS figure in our setting
- It is among the first to evaluate CS on Robson's classification basis, in our settings.

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