A STUDY TO UNDERSTAND THE FACTORS BEHIND CARRYING OUT CAESAREAN DELIVERIES IN SMALL HEALTH CARE ORGANIZATION

JAGDAMBA HOSPITAL, JALORE

RAJASTHAN

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A Dissertation submitted in partial fulfilment for the award of
MBA Rural Management
Degree to
IIHMR UNIVERSITY

JULY 2021

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ACKNOWLEDGEMENT

I praise God for the insight and persistence he has bestowed upon me during this study effort, as well as throughout my life: “I can do everything through him who gives me strength.” With the help and encouragement of many people, including my parents, well-wishers, friends, and institution, I was able to finish this thesis. It is a joyful duty to convey my gratitude to all those who helped in various ways to the accomplishment of this study at the conclusion of my thesis. At this moment of accomplishment, first of all I thank Dr P.R Sodani, President of IIHMR University for giving me permission to do this study. I warmly thank Prof. Rahul Ghai, Head of Department of Developmental Studies, IIHMR University for his advices around my work. I am also extremely indebted to my guide DR Nidhi Saraswat and Prof. Laxman Swaroop Sharma. Without their advice, support, and encouragement, this effort would not have been possible. I was able to overcome numerous obstacles and learn a lot under their instruction. I sincerely thank Prof. Dr Gautam Sadhu, Prof. Mr Sazzad Parwez, Prof. Mr. Hemant Mishra and for their understanding and correcting me towards the right path throughout my study period in IIHMR. I gratefully acknowledge Ms. Pema, Ms. Dorji, Ms Choki, Mr. Saket and Ms. Damini for encouragement and personal attention which have been provided. I thank my mom Ms. Niru Moni Saikia and my dad Mr Ujjal Saikia, for supporting me with their constant love, encouragement and support for completion of my thesis.

Abstract

The growing rate of caesarean section (CS), which varies considerably between countries and shows no evidence of reduced morbidity and death, is causing major concern. According to a study of 121 nations' CS rates, rates rose from 6.7 percent in 1990 to 19.1 percent in 2014, showing a 12.4 percent rise in absolute terms. In affluent nations, CS rates have risen steadily (a 40% increase from 1993 to 2003 and an approximate 11% increase from 2003 to 2013), with rates consistently exceeding World Health Organization (WHO) guidelines. When the rates in rich and developing nations were compared, impoverished countries saw a 14.6 percent increase. In contrast, growth in developed nations was 12.7 percent (from 14.5 percent in 1990 to 27.2 percent in 2014)

During the birth and both the mother's and the infant's health can be jeopardised. One of the most important elements influencing these risks during the birth process is the style of delivery. Complications like infection, postpartum haemorrhage, reaction to anaesthesia, Blood clot, wound infection, surgical injury and increase risks during future pregnancy from caesarean birth have a considerable impact on both mother and new-born mortality. There was no connection between the sort of conveyance and age, work position, instructive level, history of reproductive therapy, or information source.

Nulliparous with a solitary cephalic pregnancy, something like 37 weeks incubation, with either instigated work or a cesarean segment before the beginning of unconstrained work, and Multiparous with no past cesarean segment, single cephalic pregnancy, somewhere around 37 weeks' development, with either initiated work or a cesarean segment preceding the beginning of unconstrained work, as indicated by the Robson arrangement.

Key Words: Robson classification, Caesarean section, Morbidity and Mortality

CONTENTS

INTRODUCTION

Introduction

What is C Section?

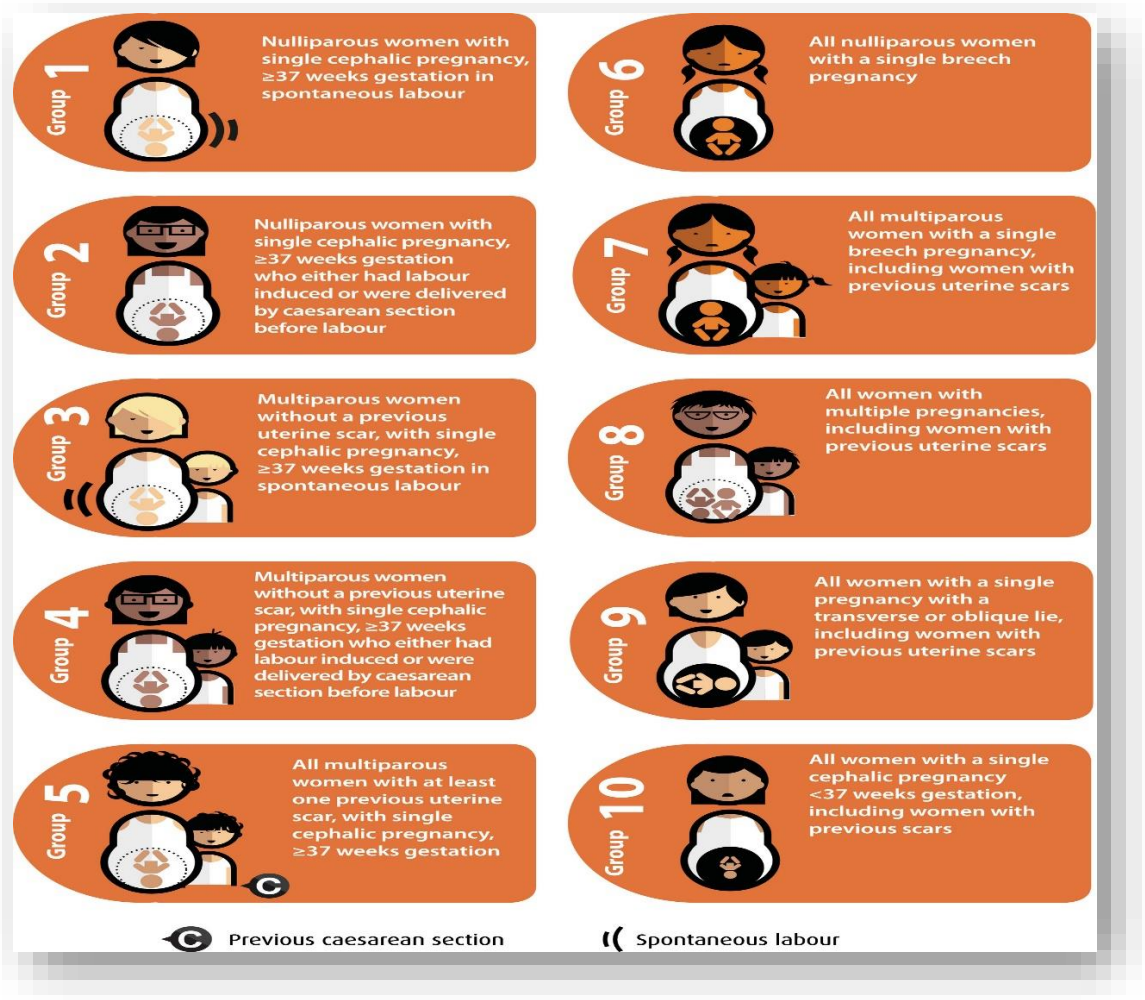
A Cesarean area, additionally alluded to as a C-segment or cesarean birth, is an operation wherein a child is conveyed through an entry point in the mother's stomach. At the point when vaginal conveyance may place the baby or the mother in harm's way, it is every now and again utilized.

Normal Delivery:

The term "normal delivery" refers to a mother's delivery of a baby without the use of any medical assistance.

The Robson arrangement, frequently known as the 10-bunches order or TGCS, is a characterization framework for ladies who conceive an offspring during pregnancy. It was created to enable for more precise comparisons of caesarean section rates in a range of settings, such as specific hospitals, regions, and countries. It was endorsed by the World Health Organization in 2015, and it contrasts from other characterization frameworks in that it considers all ladies who conceive an offspring, not simply the individuals who have had a cesarean segment.

The 10 fundamentally unrelated classes were first recognized by obstetrician Michael Robson in 2001, and depend on the gestational age upon entering the world, the lady's past obstetric history, the course of work and conveyance



Half of the population consists of women. Health and treatment are two of the most significant indicators of social welfare, and being a mother is necessary not just for childbirth and attendant care but also for raising healthy children. The family will face financial costs due to the reasons for the caesarean section, such as complications for both the mother and the unborn child. Societal issues, of course, have a role.

Caesarean delivery rates have risen rapidly during the last few decades all throughout the world. Although WHO has advised a reasonable caesarean rate of 5-10%, worldwide caesarean delivery rates range from 0.4 percent to 41 percent. While caesarean birth rates have reached 28 percent in the United States and 21 percent in Canada, they are approximately 37 percent in Brazil, 39 percent in Mexico, and 40 percent in China. Caesarean birth rates are rising in Turkey as well, in line with global trends. While caesarean sections accounted for 6.0 percent of all deliveries in 1998, they now account for 48.1 percent of all births in 2013.

The birth and postpartum periods can pose major dangers to mothers and infants health. The mode of delivery is one of the most critical factors influencing these risks during the birth process. Complications like infection, postpartum haemorrhage, reaction to anaesthesia, Blood clot, wound infection, surgical injury and increase risks during future pregnancy from caesarean birth have a considerable impact on both mother and new-born mortality

Many non-medical variables impact caesarean delivery rates, including cultural influences, personal qualities of the mother, and economical concerns. A Cesarean area (CS) without a clinical reason is identified with a higher danger of perinatal issues for ladies and new-borns in the short and long haul, as well as a detrimental impact on following pregnancies.

METHODOLOGY

Sampling Design: Questionnaire Based

Study Area: Pregnant ladies underwent delivery in Jagdamba Hospital, Jalore, Rajasthan

Duration of Study: January 2021-March 2021

Primary data: The primary data will be taken from Delivery Register, Focus Voice to Voice through telephonic

Data analysis plan:

The collected data will be analyzed by statistical tools such as Excel and SPSS, and different variables will be used to compare the means between the two groups.

Ethical consideration:

The participants will be asking for informed consent through voice call

Literature Review

Factors contributing to the rapid rise of caesarean section: a prospective study of primiparous Chinese women in Shanghai

Current study is likely to be one of the first to apply a prospective study design to look into the factors that contribute to China's high Caesarean rates among primiparous women. The study's main result was that the majority of women did not desire a c-section yet got one nonetheless. The changes happened regularly during the course of 32 weeks of pregnancy and during labour. Without the demonstrated signs in the rule, the specialists' proposal on CS was an undeniable reasoning for CS. Lower maternal self-viability for conveyance could assume a part in CS at the mother's solicitation. Ladies with a Shanghai home testament (Hukou) were more probable than ladies living in Shanghai as transients to get pregnant with CS. Solely after the markers were characterized by rules was maternal age demonstrated to be connected to CS.

One of the most important findings from their research was that 34.9 percent of all CS cases had a doctor-defined cause. This shows that nearly a third of the CS cases lacked the CS symptoms specified in the guideline or were not based on maternal requests. These events were primarily caused by doctors' loosening of standards. The outcomes of the study of the individual who most impacted Mode of Delivery in the multinomial logistic model corroborate this view. This study's conclusions concerning doctors affecting CS are in line with those of another previous research. In conclusion, the study shows that Chinese doctors play an important role in deciding whether or not to administer CS in the lack of valid grounds as defined by the guideline. CS was frequently chosen in the third trimester of pregnancy or during labour. In nulliparous Chinese women, low mother birthing self-efficacy was also discovered to be a substantial risk factor for maternal desire for CS. To effectively manage China's rapid spread of CS, joint action targeting both service providers and clients will be essential in the near future.

Factors that influenced pregnant women with one previous caesarean section regarding their mode of delivery

Pregnant ladies who have had one past cesarean segment ought to be appropriately guided on the way of conveyance during their pre-birth visits, and this advising ought to be fastidiously reported in their clinical records. They ought to be educated that after a cesarean method, the achievement rate for vaginal conveyance is around 70%. After an earlier cesarean medical procedure, shared dynamic about method of conveyance is a modestly novel thought in Jordan; it is obfuscated if our patients pick the technique for birth reliant upon a full cognizance of the advantages and perils of TOLAC and ERCS. Almost 50% of our members got their work and conveyance data from the clinicians who were treating them, as indicated by the exploration. To put it another way, the greater part of the members got their insight from amateurish sources, a large portion of which were probable wrong. This proposes that our present methodology is inadmissible and repudiates the rules, which determine unequivocally that each understanding should be totally taught about the advantages and dangers of TOLAC and ERCS by her primary care physician. The investigation demonstrated that 55% of members had a great mentality about ERCS, which was identical to the discoveries of a comparative report led in Kenya on patients who had recently had a cesarean area, which tracked down that 67% had an ideal disposition toward ERCS. The greater part of our members picked ERCS on the grounds that they feared work torment, which is steady with discoveries from examines coordinated in South Korea (2004) and Ghana (2008),in which ladies' mentalities toward the method of conveyance were evaluated and dread of agony was discovered to be the best reaction to a cesarean segment. The way that it was a characteristic methodology was the main perspective for our members, who picked vaginal conveyance in most of cases (around 62%). Different examinations in Kerman, Iran (2005) and India (2005) uncovered that the most pervasive good reaction to vaginal birth was the perspective on it as a characteristic activity (2017). Any persistent who has gone through an earlier cesarean area has total opportunity to pick TOLAC or ERCS. Simultaneously, she has the option to be completely educated on the dangers and advantages of each kind of conveyance by an able obstetrician. This is on the grounds that patient decision of conveyance mode was impacted by proficient directing and schooling, just as agendas and educated assent. Besides, while dread of agony was the essential spark for patients to pick ERCS over TOLAC, successful torment the board is one mediation that may urge patients to pick TOLAC.

Factors influencing decision-making for caesarean section in Sweden – a qualitative

Study

A confidence in normal birth, alongside a multidisciplinary group approach, has been displayed to limit CSs, remembering for the Swedish maternity framework. The way of life's faith in typical conveyance was demonstrated to be the main factor affecting the method of birth for first-time mothers in this investigation.

Dread of labor is quite possibly the most common explanations behind ladies looking for CS in Sweden, with most of these worries connected to past terrible birth encounters. The Swedish maternity framework offers help and directing to ladies who fear labor. Ladies with

high dread of conveyance who don't get advising had no distinction in CS rates, yet they are accounted for to have more horrendous birth encounters, while ladies who get help and directing inspired by a paranoid fear of labor are more joyful with their treatment.

Ladies' explanations behind needing a CS are many, and they are oftentimes affected by earlier birth encounters, socio-social components, media, and self-perception. In this investigation, it was expected that maternal solicitations for CS because of dread of conveyance were rare among nulliparous ladies. While conclusions concerning maternal solicitations for CS change among countries and birthing specialists and obstetricians, in Sweden, CS on maternal solicitation is seldom a choice without any clinical sign. In this investigation, clinicians were unequivocal and reliable in their recommendation to ladies who needed CS. Maternity specialists are the essential suppliers of pre-birth care in Sweden, and they have been exhibited to be basic in guaranteeing that ladies have a glad conveyance experience. In this examination, clinicians saw "coordinated maternity care" and "congruity of care" as basic segments for supporting regular conveyance and decreasing CS. Swedish maternity care, as indicated by earlier investigation, has a culture that accepts ordinary conveyance is the best birth mode for ladies, just as maternity care models that accentuate progression of care. All ladies, particularly the individuals who fear work, need to be really focused on by a similar maternity specialist since it advances a typical birth and a lovely birth insight. The confidence in "regular birth" prompts the best conceivable outcome and a low CS rate. Birthing assistant drove care inside a "group approach," with a unified unbiased and shared trust in guaranteeing an ordinary conveyance, are probably the main components in keeping the CS rate low.

Women’s caesarean section preferences and influencing factors in relation to China’s two-child policy: a cross-sectional study

China's background recently forced two-youngster strategy, this examination took a gander at eager ladies' introduction to the world mode inclinations. CS was picked by not exactly a 10th of the individuals who participated. The craving to have more than one kid diminished the probability of picking CS. Ladies' decision of conveyance technique is affected by their age, the exhortation of their life partners and specialists, social culture and convictions, and their comprehension of cesarean segment.

Those expecting at least two kids were less inclined to pick CS than ladies anticipating just a single kid. The best number of kids has been utilized to address individual regenerative objectives, and other Chinese investigations have found that having only one youngster improves the probability of CS. As indicated by another investigation, during the one-kid strategy period, ladies were bound to pick CS due to the restricted family size. Since they have failed to keep a grip on their family size and know about the capability of a subsequent birth, ladies might be more attentive about the perils of CS for future pregnancies. Thus, establishing a two-kid strategy may assist with diminishing the CS rate, particularly among those arranging a subsequent youngster. For sure, an investigation of more than 7,000,000 births uncovered that once the one-youngster limitation was revoked, CS rates fell step by step, particularly among ladies with indistinguishable attributes to our members — nulliparous and multiparous ladies with no uterine scar. Pregnant ladies beyond 40 years old

were additionally bound to be picked. Past research has shown that more seasoned pregnant ladies are bound to prematurely deliver, preferring CS. Ladies' conveyance is additionally impacted by social and cultural factors. The target of picking a propitious day for a child's introduction to the world greatest affects Chinese dynamic. This is a day of reckoning, for the most part called "day of reckoning", which is an interesting social wonder of Chinese and Asian culture. Numerous Chinese accept that the day an individual is conceived, even 60 minutes, enormously affects their predetermination.

Investigation of The Socio-cultural Factors Affecting the Women's Tendency Toward Caesarean Section in the Hospitals of Ilam, Iran

The current investigation took a gander at the relationship between seven qualities and ladies' proclivity for caesarean conveyance. The proper translation of the consequences of the investigation shows that there is a huge opposite connection between ladies' information on regular labor and their inclination to have a caesarean area. As ladies' attention to the advantages develops, As the utilization of normal vaginal birth developed, the utilization of caesarean medical procedure declined. Moreover, there was a critical opposite connection between the ladies' cognizance of the dangers of caesarean segment and their affinity for the system. The propensity to perform caesarean area medical procedure declined as data about its inconveniences expanded.

Dread of work torment was another factor that impacted the proclivity to have a caesarean segment. The discoveries uncovered that the more the nervousness of ordinary conveyance, the more prominent the proclivity for caesarean area. It is halfway in light of the fact that the naiveté of maternity specialists in Ilam labor centres with regards to utilizing torment control systems during regular conveyance. Besides, because of monetary motivations, clinicians power individuals to have caesarean segments. Caesarean segment is over the top expensive in Iran and ought to just be acted in hazardous circumstances, for example, a drop in fatal pulse, a background marked by female caesarean segment, or placental suddenness. For instance, impersonation is normal in pregnant Elam ladies.

To stay in shape, women in big cities like Tehran choose natural vaginal delivery. However, in Ilam, by imitating the habits of others, the cesarean section is to keep fit. The number of pregnancies, the persuasion of the doctor, the fear of natural childbirth, the socioeconomic status, the awareness of the problems of cesarean section, the maintenance of the body shape and the understanding of natural childbirth are factors that influence the decision of women undergoing a cesarean section. .

Effect of Social Factors on Caesarean Birth in Primiparous Women: A Cross Sectional Study (Social Factors and Caesarean Birth)

Many factors influencing caesarean delivery in primiparous women were examined in the study. Through univariate analysis of cesarean section, it is found that women's address, age, health insurance, family type, husband's job, place of birth, delivery time and doctor's intervention in delivery methods are variables that affect delivery. At the same time, in the multivariate analysis, the place of delivery, the time of birth, the role of the doctor and the husband's delivery posture are the factors that affect the cesarean section.. In the study, Caesarean births were 11.2 times more common in private hospitals and 6.1 times more

common in university hospitals in primiparous women than in public hospitals. In a study, it was revealed that caesarean deliveries were raised by 12.7 times in top-tier hospitals as compared to primiparous women's deliveries in second-tier hospitals. One of the study's most startling findings was 11.2 times increase in caesarean delivery rates at private hospitals, despite their similar adequacy with 2nd step health facilities in terms of equipment as compared to public hospitals. According to the studies, Private hospitals have considerably greater rates of Caesarean deliveries than public hospitals. This increase is due to a combination of societal and economic issues, as well as medical causes.

The study results did not reveal all the factors that affect primiparous caesarean section, but they do show that medical reasons are not the main reason. The causes of this increase must be identified and appropriate action taken by health officials and practitioners. The study's strong point is that it only includes women who gave birth for the first time in the study and covers the entire universe of the study. On the other hand, the in determination and non-exclusion of caesarean sections with medical reason in research questions makes generalising the results challenging.

DATA Sampling

The data was collected using structured questionnaire containing Education levels like higher secondary or Bachelor, Employed or unemployed, choice of delivery whether elective or emergency or Normal, source of information from physician or family or media, information of complication of LSCS and Age.

Analysis and Sampling

Microsoft excel is used for finding mean and the percentage for categorical variables, data were displayed as frequency distributions. and Robson classification is used for classifying pregnant women undergoing child birth. SPSS (t-test) is used for comparisons of two groups and sampling of pregnant laddies were taken from Jagdamba Hospital, Jalore those who has underwent delivery within January to March 2021.

Results

	Age	Weight/kg	
Mean	25.9744	2.715385	
			Percentage
Unemployed	173		98.29545455
Employed	3		1.704545455
Education			
Higher Secondary		146	82.95454545
Bachelor		30	3.977272727
Fertility treatment		0	0
LSCS			
Elective		4	2.272727273
Emergency		35	19.88636364
Normal delivery		137	77.84090909
Source of Information			
Physician		38	97.43589744
Friends		1	2.564102564
Media		0	0
Being informed about LSCS complication			
Yes		39	100
No		0	0
Planning for pregnancy again			
yes		5	2.840909091
No		171	97.15909091

176 ladies partook in this examination out of these 137 conveyances were ordinary and 39 conveyances were done through LSCS. The mean age of the ladies was 25.9years old with a scope of 20-40 years of age. Around 98.29% of the members were jobless (n=176), 3.97% holds a Bachelor certificate (n=30) and staying 82.95% had passed from Higher auxiliary or less (n=146)

The outcomes showed 100% of the example (n=39) have no set of experiences of richness treatment, 19.88% ladies had been conveyed through crisis cesarean area (n=35) while staying 2.27% were elective (n=4) and rest were through typical conveyance with 77.84% (n=137). The mean birth weight for the new conceived children were 2.71kg gone from 2.3kg to 3.3kg.

The outcome showed treating specialists were primary wellspring of data in regards to work agony and conveyance which showed 100% (n=39) with 100% passing on of confusion of LSCS. Just 2.84% ladies were getting ready for pregnancy again rest 97.15% said no or not certain for future pregnancy.

Robson Classification:

Group1	**3**	Group 6	**0**
Group 2	**14**	Group 7	**0**
Group 3	**1**	Group 8	**0**
Group 4	**21**	Group 9	**0**
Group 5	**0**	Group 10	**0**

Just a single pregnant lady from Group 1 (out of 39) went through LSCS. She was nulliparous, had a solitary cephalic pregnancy, was something like 37 weeks pregnant, and had unconstrained work. In Group 2, 16 pregnant ladies were discovered to be nulliparous, with a solitary cephalic pregnancy and an incubation of no less than 37 weeks, with either prompted work or a cesarean segment before the initiation of unconstrained work. Just a single pregnant woman in Group 3 is Multiparous, has never had a cesarean area, has a solitary cephalic pregnancy, is somewhere around 37 weeks pregnant, and is in unconstrained work. Gathering 4 comprised of 21 pregnant ladies who were multiparous, had never had a cesarean area, were conveying a solitary cephalic pregnancy, were somewhere around 37 weeks pregnant, and had either initiated work or a cesarean segment before the beginning of unconstrained work.

T test

Group Statistics

	Group	N	Mean	Std. Deviation	Std. Error Mean
Age	2	15	22.7333	2.12020	.54743
	4	22	28.5000	3.54226	.75521

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Age	Equal variances assumed	1.414	.242	-5.639	35	.000	-5.76667	1.02260	-7.84266	-3.69067
	Equal variances not assumed			-6.182	34.556	.000	-5.76667	.93275	-7.66113	-3.87221

We reject the null hypothesis that there is no difference in the mean because the p-value is less than 0.05, and we conclude that age does not matter between Groups 2 and 4.

Discussion

India bears an excessively enormous part of the world's weight of maternal and infant passings. To accomplish the Millennium Development Goals on maternal and baby mortality, critical advancement should be made in the essential and reference care of ladies and kids, particularly during labor and the puerperium, just as further developed home consideration rehearses. In the previous decade, general wellbeing ways to deal with maternal wellbeing have accentuated the significance of admittance to administrations, particularly master help and crisis obstetric consideration, however little consideration has been paid to advancing family and local area rehearses. This significantly affects the wellbeing and endurance of infants. Since most neonatal passings happen inside the initial 2 to 3 days after birth, because of issues during conveyance and upon entering the world, research on family, local area, and supplier works on during this period should assist with planning huge scope medicines.

Most breaks down of family and local area rehearses identified with infant wellbeing center around post pregnancy occasions like pre-taking care of, restrictive breastfeeding, washing and dressing, and clinical treatment because of an infection. Because of worries about neonatal lockjaw, research on the act of neonatal consideration during conveyance zeroed in fundamentally on tying and cutting the umbilical string, however didn't depict observing of the conveyance cycle and quick infant care, including revival, drying. , wrapping and The start of breastfeeding.

The main birth and general insight of a lady are significant to her conceptive wellbeing later on. Dread of labor is quite possibly the most common explanations behind ladies in India to need a C segment, and the main part of these feelings of trepidation come from past terrible encounters with conveyance. Ladies' explanations behind mentioning a C segment are changed, and past birth encounters, socio-social impacts, media, and self-perception all

assume a part. The solicitation for a C area by a mother because of dread of labor was believed to be broad among nulliparous ladies in this examination. Cesarean conveyances are particularly advantageous with regards to staying away from entanglements during work. Cesarean conveyances are liked, particularly for pregnant ladies who are in danger of having difficulties during conveyance, for example, cephalopelvic imbalance or a child with a high birth weight. Since the joblessness is more and instruction level among the pregnant ladies is bring down the entrance of data in regards to LSCS is less from media and companions, the primary wellspring of data is through counseling specialist

In the current investigation the Robson Group 2 and Group 4 were generally normal and there is no critical connection between time of pregnant ladies that went through C area between two gatherings on the grounds that more often than not specialists conclude that a C-segment is fundamental and timetable it early or at season of crisis.

Conclusion

Factors like Age, Education, Unemployment, Source of information doesn't play much difference in SHCO in Rural blocks in Rajasthan all it matters is Doctor's decision at the time of emergency.

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