Audit on intrapartum and postnatal care of mother and baby in caesarean section in
a University Obstetric Unit of Colombo South Teaching Hospital
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This study is an audit of 216 Caesarean sections performed in University Obstetric unit of Colombo South Teaching Hospital, Kalubowila for a period of 3 months in 2004. The objectives are to study the intrapartum and post natal care of mother and baby in Caesarean section, specifically to assess the provision of clinical care against the auditable standards and to recommend changes to improve the health care delivery system. It was carried out by collecting data retrospectively from Bed Head Tickets using self administered structured questionnaire on intrapartum and post natal care of mother and baby in caesarean section. A computer data base was created on this questionnaire for easy and cost effective data collection and quick and precise analysis. The audit revealed an overall Caesarean Section Rate of 41.69 percent, mainly contributed by more sections in both clinical groups (past section, 37.82 percent, other maternal and fetal causes, 61.33 percent of elective sections and failure to progress, 45 percent, presumed fetal compromise, 30 percent of emergency sections.) and other organizational factors. The analysis showed 72.22 percent elective and 27.77 percent emergency sections in this study. Intrapartum care was optimum and fulfilled the auditable standards. The prophylaxis against acid aspiration was 93.58 percent and 100 percent in elective and emergency sections respectively. Ampicillin, Metranidazole and Cefuroxime were used in 84.25 percent, 17.12 percent, 14.81 percent sections respectively as prophylactic antibiotics. Syntocinon had been used as an oxytocic drug with delivery of anterior shoulder in 96.7 percent of sections. The use of polyglycolic sutures in three main stages of repair namely uterine, rectus and skin were, 88.42 percent, 86.10 percent and 94.44 percent respectively in caesarean sections had minimized the complications. The provision of neonatal care by a competent paediatric colleague in caesarean section was 100 percent. The post natal monitoring was carried out according to the auditable standards in all sections. Diclofenac Sodium suppositories in 93.51 percent and narcotic analgesic, Pethidine in 87.03 percent sections were the mainstay of post operative analgesia. Minor post operative complications were observed in 11.57 percent sections and the length of stay in hospital was 3 days in 95 percent of sections. This small scale single unit audit had a good response rate of 87.8 percent and had covered total care of mother and baby in caesarean section. The results which are internally valid but not generalizable, have not being about judgment of the current practice but showed weather they were fulfilling the auditable standards. But further evaluation is required in some areas. The main recommendation of this audit is focused on the measures one should adopt to reduce the current caesarean section rate, namely practicing vaginal birth after caesarean section, external cephalic version for breech presentation whenever possible and fetal blood sampling in cases of presumed fetal compromise. Other recommendations are organizing monthly audit meetings in all obstetric units, requisition of newer suture materials and advising junior medical staff in completing operation notes.