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Research Article

Indications Of LSCS among Pregnant Mother Underwent Ceasarean Section at Rajiv Gandhi Women and Children Hospital Puducherry.

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Abstract:

Background: Caesarean section (CS) rates have increased considerably in India, making it important to identify the major indications contributing to caesarean deliveries. **Objective:** To assess the indications of lower segment caesarean section (LSCS) among pregnant mothers who underwent caesarean section at Rajiv Gandhi Women and Children Hospital, Puducherry. **Methods:** A descriptive study was conducted among pregnant mothers who underwent LSCS at the selected hospital. Data were collected from the confinement register maintained in the labour room for the period from January to March. A survey method and purposive sampling technique were used to obtain the required data. The recorded obstetric information was reviewed to identify and describe the indications for caesarean section. **Results:** A total of 578 (12.07%) pregnant mothers underwent caesarean section during the study period. The major indications for LSCS were previous LSCS (PLSCS) in 103 (18%), fetal distress in 95 (16.4%), cephalopelvic disproportion (CPD) in 93 (16%), failed induction in 59 (10.2%), and oligohydramnios in 50 (9%). **Conclusion:** Previous LSCS, fetal distress, CPD, failed induction, and oligohydramnios were the major indications for LSCS among the study population. Identifying the pattern of indications may help in planning appropriate obstetric care.

Keywords: LSCS, pregnant mother, ceasarean.

INTRODUCTION

Caesarean section, particularly lower segment caesarean section (LSCS), is one of the most commonly performed obstetric surgical procedures for ensuring the safety of the mother and fetus when vaginal delivery is considered difficult or unsafe. The decision to perform LSCS may arise from various maternal and fetal conditions, including previous caesarean section, fetal distress, cephalopelvic disproportion, failed induction of labour, oligohydramnios, breech presentation, premature rupture of membranes, and other obstetric complications. The increasing frequency of caesarean deliveries highlights the importance of understanding the indications leading to the procedure. Systematic assessment of these indications can provide useful information about the pattern of caesarean section and the associated maternal and fetal factors. Therefore, the present study was undertaken to assess the indications of LSCS among pregnant mothers who underwent caesarean section at Rajiv Gandhi Women and Children Hospital, Puducherry.

OBJECTIVE

To assess the indication of LSCS among pregnant mother.

METHODOLOGY

The study was conducted in the labour room of the hospital. Data were collected from the confinement register maintained in the labour room for the period from January to March to assess the indications for caesarean section among pregnant mothers who underwent LSCS. A survey method was used for data collection, and purposive sampling technique was adopted to obtain the required data.

RESULTS

In this study, the prevalence rate of caesarean section delivery was reported as 51.28%. The percentage distribution of the total number of deliveries showed that 290 (18.39%) were complex deliveries, 837 (6.37%) were natural deliveries, and 578 (12.7%) were LSCS deliveries. Among the mothers who underwent caesarean section, the majority were in the 26–30-year age group, accounting for 297 (51.40%). Regarding gravida, most of the mothers were gravida 1, comprising 351 (60.70%). Among the 578 (12.07%) mothers who underwent LSCS, the major indications were previous LSCS (PLSCS) in 103 (18%), fetal distress in 95 (16.4%), cephalopelvic disproportion (CPD) in 93 (16%), failed induction in 59 (10.2%), and oligohydramnios in 50 (9%).

DISCUSSION

Caesarean section is one of the oldest surgical procedures performed in obstetric practice. In the past, it was primarily performed for maternal indications; however, at present, fetal indications are also important reasons for undertaking caesarean section. The frequency of caesarean section is influenced by several factors, including departmental policies for the management of dystocia, breech presentation, fetal distress, and previous caesarean section, as well as physician-related factors, medico-legal considerations, and maternal choice.

The study by Mohammad Abou El-Ardat et al. highlighted that repeated caesarean section following a previous caesarean delivery was an important indication. In 2012, 60 (6.47%) women underwent caesarean section for the first time. The study also reported cephalopelvic disproportion and breech presentation as the most common indications, accounting for 7.33% of women.

REFERENCES

- Mishra, M., et al. (2023). Alarming trends of caesarean section—Time to rethink: Evidence from a large-scale cross-sectional sample survey in India. *Journal of Medical Internet Research*, 25, e1892.
- Sky News. (2016, December). Sky News report on C-section.
- Sky News. (2016, December). Increase in the number of C-sections affecting human evolution. Sky News article
- District Level Household and Facility Survey (DLHS). (2015). DLHS report database 2015.
- India Today. (2012). India Today report on caesarean section.
- Mayo Clinic. (n.d.). Vaginal birth after C-section (VBAC) guide. Mayo Clinic VBAC guide
- World Health Organization. (2013). Caesarean section. WHO report on caesarean section
- Pillitteri, A. (2010). Maternal & child health nursing: Care of the childbearing & childrearing family (6th ed.). Wolters Kluwer/Lippincott Williams & Wilkins.
- World Health Organization. (n.d.). WHO human reproduction programme: WHO, UNICEF and World Bank collaboration on the use of the Robson classification system. WHO – Caesarean section statement
- World Health Organization. (2015). WHO statement on caesarean section rates. WHO Statement on Caesarean Section Rates
- Indian Council of Medical Research. (n.d.). Report on Indian Council of Medical Research (ICMR).
- Polit, D. F., & Beck, C. T. (2010). Nursing research: Generating and assessing evidence for nursing practice (8th ed.). Wolters Kluwer.
- Sharma, S. K. (2012). Nursing research and statistics. Elsevier.

Table 1: Percentage Distribution of indication for Cesarean Section

INDICATION	TOTAL	PERCENTAGE
Cephalo pelvic disproportionate	93	16%
Fetal Distress	95	16.4%
PRETERM	3	0.5%
BREECH	38	6.5%
PLSCS	103	18%
Failed to Induction	59	10.2%
IUD	1	0.2%
Severe eclampsia	3	0.5%
Deep Transverse Arrest	8	1.4%
OLIGO HYDROMINOS	50	9%
Big Baby	16	2.7%
Placenta Praevia	4	0.6%
Abruptio Placenta	2	0.3%
NRCTG	23	4%
PROM	29	5%
LLPOLIO	1	0.2%
PLSCS ST	5	0.8%
TMSL	9	1.5%
PROP	1	0.2%
PIH	7	1.2%
PHD	6	1%
Cord around the neck	1	0.2%
GDM	16	2.7%
TWINS	3	0.5%
BOH	1	0.2%
MACRO	1	0.2%

Table 1: Distribution of Staff Nurses According to Their Socio-Demographic Variables (N = 100)

S. No	Demographic Variables	Frequency (f)	Percentage (%)
1	Age		
a)	< 30 years	2	2.0
b)	31–35 years	16	16.0
c)	36–40 years	43	43.0
d)	≥ 41 years	39	39.0
2	Gender		
a)	Male	10	10.0
b)	Female	90	90.0
3	Educational Qualification		
a)	Diploma in Nursing (GNM)	65	65.0
b)	Post Basic B.Sc Nursing	1	1.0
c)	B.Sc Nursing	21	21.0
d)	M.Sc Nursing	13	13.0
4	Total Years of Clinical Experience		
a)	< 5 years	5	5.0
b)	5–10 years	21	21.0
c)	10–15 years	30	30.0
d)	> 15 years	44	44.0
5	Years of Clinical Experience in Present Station		
a)	< 5 years	23	23.0
b)	5–10 years	30	30.0
c)	10–15 years	26	26.0
d)	> 15 years	21	21.0
6	Current Working Department		
a)	ICU/CCU	21	21.0
b)	General Wards	42	42.0
c)	Emergency Wards	12	12.0
d)	Others	25	25.0
7	Type of Employment		
a)	Regular	89	89.0
b)	Contract	10	10.0
c)	Scheme	1	1.0
8	Source of Knowledge on Material Management		
a)	CNE	52	52.0
b)	Workshop	9	9.0
c)	Book	1	1.0
d)	Peer Group	33	33.0
e)	Social Media	5	5.0

Table 2: Frequency and percentage distribution of subjects according to their level of knowledge. N=100

Level of knowledge	(f)	(%)
Inadequate Knowledge	0	0.0
Moderate Knowledge	16	16.0
Adequate Knowledge	84	84.0

Table 3: Association Between Level of Knowledge and Selected Socio-Demographic Variables (N = 100)

S. No.	Socio-Demographic Variables	χ^2 Value	df	p-value	Inference
1	Age of Staff Nurse	11.550	3	0.009	Highly Significant
2	Gender	0.132	1	0.716	Not Significant
3	Educational Qualification	0.536	4	0.970	Not Significant
4	Total Years of Clinical Experience	0.397	3	0.941	Not Significant
5	Experience in Present Station	0.655	3	0.884	Not Significant
6	Current Working Department	12.968	3	0.005	Highly Significant
7	Type of Employment	9.669	2	0.008	Highly Significant
8	Source of Knowledge	6.400	4	0.171	Not Significant

*p<0.05, S – Significant, N.S – Not Significant, p>0.05

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