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Indication of cesarean from the perspective of the puerpera and the clinical criteria prescribed in the records

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# Indication of cesarean from the perspective of the puerpera and the clinical criteria prescribed in the records

Indicación de cesárea desde la perspectiva de la puerpera y los criterios clínicos prescritos en los registros

Indicação da cesariana na perspectiva das puérperas e dos critérios clínicos prescritos nos prontuários

### ABSTRACT

Objective: To evaluate the indication for cesarean from the perspective of postpartum women and the clinical criteria prescribed in the medical records for its performance. Method: Quantitative, cross-sectional study carried out at the Public Maternity Hospital Dona Regina Siqueira Campos, Palmas - TO. Results: Regarding the registration of the indication for cesarean section in the clinical record, it was observed that 3 indications were not in accordance with scientific evidence regarding the indication for cesarean section. Regarding the indication of cesarean section reported by the mothers, in (25%) of the interviews carried out, it was not possible to compare with the indication of the clinical record, among the compared interviews, (58%) of them, the information obtained was in accordance with the criteria clinical report, and in (17%) were distinct. Conclusion: It was observed that the indications for cesarean sections from the perspective of postpartum women and the clinical criteria for its performance were in accordance with the reported clinical criteria, but in some of them they were different.

**DESCRIPTORS:** Cesarean section; Women's Health; Coordinated Medical Record.

### RESUMEN

Objetivo: Evaluar la indicación de cesárea desde la perspectiva de la puérpera y los criterios clínicos prescritos en la historia clínica para su realización. Método: Estudio cuantitativo, transversal realizado en el Hospital Público de Maternidad Doña Regina Siqueira Campos, Palmas - TO. Resultados: En cuanto al registro de la indicación de cesárea en la historia clínica, se observó que 3 indicaciones no estaban de acuerdo con la evidencia científica sobre la indicación de cesárea. En cuanto a la indicación de cesárea reportada por las madres, en (25%) de las entrevistas realizadas, no fue posible comparar con la indicación de la historia clínica, entre las entrevistas comparadas, (58%) de ellas, la información obtenida fue de acuerdo con los criterios del informe clínico, y en (17%) fueron distintos. Conclusión: Se observó que las indicaciones de la cesárea desde la perspectiva de la puérpera y los criterios clínicos para su realización estaban de acuerdo con los criterios clínicos reportados, pero en algunos de ellos eran diferentes.

**DESCRIPTORES:** Cesárea; Salud de la mujer; Historia clínica coordinada.

### RESUMO

Objetivo: Avaliar a indicação da cesariana na perspectiva das puérperas e dos critérios clínicos prescritos nos prontuários para sua realização. Método: Estudo quantitativo, de corte transversal realizado no Hospital e Maternidade Pública Dona Regina Siqueira Campos, Palmas - TO. Resultados: Quanto ao registro da indicação da cesariana em prontuário clínico, observou-se que 3 indicações não estavam de acordo com as evidências científicas quanta indicação da cesariana. Sobre a indicação da cesariana relatada pelas puérperas, em (25%) das entrevistas realizadas não foram possíveis comparar com o registro da indicação do prontuário clínico, dentre as entrevistas comparadas, (58%) delas, a informação obtida estava de acordo com o critério clínico relato, e em (17%) estavam distintas. Conclusão: Observou-se que as indicações das cesarianas na perspectiva das puérperas e os critérios clínicos para a realização da mesma, estavam de acordo com os critérios clínicos relatos, mas em algumas delas estavam distintas.

**DESCRIPTORES:** Cesárea; Saúde da Mulher; Registro Médico Coordenado.

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**INTRODUCTION**

**H**istorically, delivery and birth have shown important changes over time. With the development and incorporation of various technologies in the field of medicine, childbirth, which until previous times was performed by midwives and in home environments, is now considered a surgical procedure, and therefore must be performed by physicians and in a hospital environment.<sup>1,2</sup>

This process of hospitalization for childbirth in Brazil began in the 19th century and more rapidly in the 20th century. As a result of this reality, Brazil stands out in the world scenario for its high rates of cesarean sections added to its high rate of maternal and neonatal mortality.<sup>3</sup>

The frequency of cesarean sections in Brazil has been increasing since 1990, and in 2009, for the first time, the proportion of

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cesarean sections exceeded that of normal births in the country, reaching 52% in 2010, a figure well above that recommended by the World Health Organization (WHO) for 15%. The proportion of cesarean sections is unequal in the country, being higher in older and more educated women, primiparous women, with prenatal care in private services and residing in the South, Southeast and Midwest regions, being determined, in many cases, without clinical indications.<sup>4</sup>

According to data from the State Department of Health of Tocantins, in 2014, 17.122 deliveries were performed throughout the state, of which 9.185 were normal deliveries and corresponding to a percentage of 54% of the total and 7.937 were cesarean deliveries corresponding to 46% of the total.

The relative indications for cesarean sections are related to conditions that, although they allow vaginal delivery, present better immediate results for the mother-infant

pair. Thus, the following are mentioned, among others: parturient with more than one previous cesarean; primigravid over 35 years of age with previous sterility; adolescent primigravid with reduced vaginal sacs; habitual fetal death; lateral or marginal placenta previa, especially with a live and viable fetus; intrapregnancy and/or intrapartum eclampsia; vulvar varices; relative fetal-pelvic disproportion; twin pregnancy with premis fetuses, with the first twin in breech presentation and the second cephalic and breech presentation with a viable premature fetus.<sup>5</sup>

Cesarean delivery was originally conceived to reduce the risk of maternal and/or fetal complications during pregnancy and labor, in situations where their conditions do not favor vaginal delivery. And despite the contribution of this intervention to better health care and safety for the mother-infant binomial, it is important that its indication be judicious, as it is not an innocuous procedure, and may bring additional risks to the mother and child.<sup>6</sup>

Montenegro and Rezende<sup>7</sup> in relation to maternal indications, they add specific cardiopathies and pneumonias, aortic dissection, conditions associated with increased intracranial pressure and a history of rectovaginal fissure. In relation to fetal ones, they mention cord prolapse, cormic presentation, amniotic twins, macrosomia, fetal and specific malformations and HIV with a viral load lower than 1000.

Elective cesarean section, in seropositive pregnant women whose indication is intended to reduce vertical transmission of HIV, is indicated for those with an unknown viral load or greater than 1000 copies/ml, from 34 weeks of gestation onwards. When the viral load is less than 1000 copies/ml, the route of delivery will be defined exclusively by obstetric criteria.<sup>8</sup>

Studies show that cesarean delivers greater risk of maternal mortality and morbidity, hemorrhage, puerperal infections, pulmonary embolism and anesthetic risks. In relation to newborns, the risks of experiencing respiratory disorders, physiological jaundice, iatrogenic prematurity, hypoglycemia and anoxia are greater. In addition, it interferes with the mo-

ther-child bond, which consequently can make breastfeeding difficult and generate greater consumption of hospital resources, resulting from the procedures, longer hospital stays and consequent morbidity.<sup>6</sup>

The proposals for the humanization of childbirth in the SUS and in the private sector aim to reinvent childbirth as a human experience, creating new possibilities of imagination and exercise of rights, of living motherhood, sexuality, fatherhood and bodily life.<sup>9</sup>

The humanization of care translates into the need to change the understanding of childbirth as a human experience and a transformation in what to do and at what time to do it, given the suffering of the other, for those who attend.<sup>10</sup>

In this context and with this new logic of model, when a cesarean is indicated for a woman, it is of paramount importance that the professional who takes care of the woman in labor considers the benefits and risks of cesarean for the mother and the fetus and that they share this decision with the woman and her family, informing and giving her the opportunity to participate in any decisions about the route of delivery. Article 3 of the Human Rights Charter of the Unified Health System (SUS) states that a woman undergoing a cesarean has the right to adequate care, with quality, at the right time and with guaranteed continuity of treatment, and must be assured about information on your health status, in a clear, objective, respectful and understandable manner, regarding the objectives, risks and benefits of the surgical procedure.<sup>11,12</sup>

Therefore, many health professionals resistant to the new model of practice, where they argue that if patients are informed of some procedures performed during a cesarean, such as the application of forceps, they will not collaborate, however, which occurs most of the time, for lack of information and malpractice during childbirth care is that the woman ends up acquiring a posture of distrust and resistance to medical interventions. The fact is that, whether or not collaborating with the procedures performed, it is a woman's right to be informed about any intervention to be submitted.<sup>13</sup>

The biggest challenge present in the relationship between the health professional and the patient is to improve communication between them, and for that, it is necessary to overcome paternalistic models (where the professional only informs the patient about their health and about the possibilities of treatment) and the so-called informative model (where the patient is informed about the disease itself, the risks that are up to him, and based on this information, the final decision of the treatment), thus incorporating a unilateral communication model to one bilateral, entitled communicational. In this model, the health professional offers an empathetic and participative relationship that helps the patient to decide on the best option.<sup>14</sup>

Given the above, that every citizen has the right to information about all procedures that are submitted during hospital intervention, including women who are in a pregnancy-puerperal period, this study is justified, as it will assess whether the information is conveyed in a clear, precise manner and according to the woman's understanding, which are fundamental characteristics of good practices recommended in childbirth and birth.

In this sense, the present study aimed to evaluate the indication of cesarean from the perspective of postpartum women and the clinical criteria prescribed in the medical records for its performance.

## METHODS

This is a quantitative and transversal research. The study was carried out at the Hospital and Maternity Dona Regina, located in the city of Palmas – TO.

The period investigated would comprise three consecutive months, but it took another 3 months to complete the number of defined interviews, thus taking place in the period from October 2014 to March 2015. Data collection took place over a period of 24 weeks. On average, 10 interviews were carried out per week, respecting the researcher's availability, thus totaling 239 interviews at the end of the study.

The research subjects were randomly

chosen postpartum women who had their children at the Obstetric Center of the aforementioned hospital. Postpartum women who underwent cesarean delivery at the institution were included. The postpartum women who underwent cesarean section due to elective or urgent indications, cases of maternal/fetal deaths and fetal malformation were excluded from the sample. As an exclusion criterion, the elective or urgent indication was adopted because it removes the surprise nature of the surgery, causing data bias, as well as the impossibility of data collection by the researcher. The adoption of the maternal death criterion occurred because it made it impossible to carry out an interview with the postpartum woman and the criteria for fetal death and fetal malformation because they are situations of vulnerability for women.

To determine the sample size, the formula for calculating finite populations was applied: Adopting a confidence coefficient of 95%, a prevalence of 50% and a maximum allowable error of 6%.

Data collection took place through semi-structured interviews and document analysis, which took place through consultations in the medical record. The interview addressed issues that characterize the puerperal woman, the indication for cesarean section, as well as the woman's knowledge about the indication of the obstetric procedure and also through the analysis of justified clinical records in the medical records for her indication.

The interviews took place in the rooming-in area of the Hospital and Maternity Dona Regina, 12 hours after the postpartum period, where the postpartum woman was approached by the researcher, in her own bed, and informed about the research objectives and the free consent form. When the mother was out of bed or asleep, the researcher sought her out at another time. The interview lasted 15 minutes, varying according to the needs of each interviewee, took place after 10 am where the main routine activities had already been carried out, so that the research did not change the institution's routine, changing accordingly with the needs of the hospital and especially of the woman.

With regard to ethical aspects, this research complied with the standards established by Resolution No. 466 of December 12th, 2012 of the Ministry of Health. In this sense, the study was submitted to the Ethics Committee for Research with Human Beings of the Federal University of Tocantins (UFT), being approved by opinion No. 084/2014. Thus, all postpartum women selected to participate in the study, through verbal acceptance, signed an Informed Consent Term.

The analysis of quantitative data performed used simple descriptive statistics (absolute and relative frequency, mean and standard deviation) after being organized and processed in the Statistical Package for Social Sciences (SPSS) statistical program.

## RESULTS

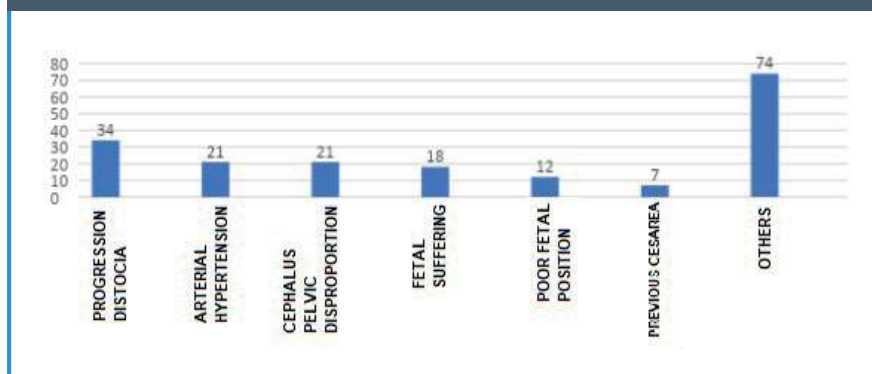
According to the socio-demographic characteristics described in table 1, the age of the mothers ranged from 14 to 42 years old, with a predominance of age groups from 21 to 30 years old, which represents 57% of the population studied. Most of the interviewees, with 41%, studied up to high school, but did not complete it and only 02 mothers reported not having had any type of study, 77,9% are married or live with their partners and the majority, 59% of them were from the state of Tocantins, 18.8% from Maranhão and 8,4% from Pará.

Among the explanations obtained by postpartum women about performing their cesarean sections, the most reported were categorized in the following indications: progression dystocia (34%), hypertension (21%), cephalopelvic disproportion (21%), fetal distress (18%), fetal malposition (12%) and previous cesarean section (7%). Indications with a frequency lower than 5% were categorized as other indications: obesity, gestational diabetes, heart disease, sickle cell anemia, toxoplasmosis, thrombopenia, among others.

The indication of progression dystocia was identified in some of the mothers' statements as "I didn't have dilation", there was no passage", "the baby didn't go down"; the cephalopelvic disproportion in the speeches "the baby was big", "the baby's size was different from my pelvis", "the baby was fat"; fetal distress, in addition to the term itself, in the words "I had green liquid inside me", "the baby pooped", "no respiratory movement", "his breathing was slowed", "his heart was beating weakly" and In the fetal malposition category, information is reported such as "was not well-fitted", "was crossed", "was sitting".

Among the medical records that obtained justified indications, 216 of them were in accordance with the clinical criteria and 03 were not within the justifiable clinical criteria. It is important to emphasize that analyzing such justifications as acceptable or not was the main difficulty of this work, as in addition to the process of delivery and birth being a very unique phenomenon, the little information, or most of the times,

Graph 1 – Distribution of indications for Cesarean delivery reported by mothers at the Dona Regina Public Hospital and Maternity Hospital. October 2014 to March 2015. Palmas – TO.



the total lack of information contained in the medical records of how these processes took place, limited their analysis in a more detailed and secure manner. Justifications that do not appear in the most recent bibliographic references and scientific papers on the subject, such as "women's non-cooperation" or "urinary tract infection", were considered justifications outside the acceptable clinical criteria, in addition to those that appear in references and scientific papers as not recommended as "sterilization".

The graph above illustrates the results found about the indication of cesarean section reported by the mothers being consistent with those recorded in the clinical records. In 60 (25%) of the interviews, it was not possible to compare the registration of the indication of the clinical record with those reported by the puerperal women, in some cases because she had not received the information, in other cases because this information was not described in the medical record and some others, for both reasons. Among the interviews purchased, 139 (58%) of them, the information obtained was in accordance with the clinical criteria reported, and in 40 (17%) of them,

they were distinct, sometimes not being adequate even to the obstetric history of the patient. In an interview, it was possible to perceive as an indication for cesarean in a clinical record the previous cesarean and in the mother's speech to verify that that reason was not suitable for her reality since she had already had 3 previous deliveries, and the three were normal.

**DISCUSSION**

Inaki et al. 16 when verifying in his work the most frequent indications for cesarean delivery, he found similar indications to this study, highlighting pre-eclampsia, previous cesarean section and acute fetal distress as the most frequent ones.

It is important to point out that most of the indications found have relative indications for cesarean sections, because, in dystocia progression, for example, vaginal delivery can occur through correction of uterine contractility, but in cases where cephalopelvic disproportion is diagnosed, by use careful partograph, cesarean section is indicated. In the case of fetal malposition, it can sometimes be corrected by

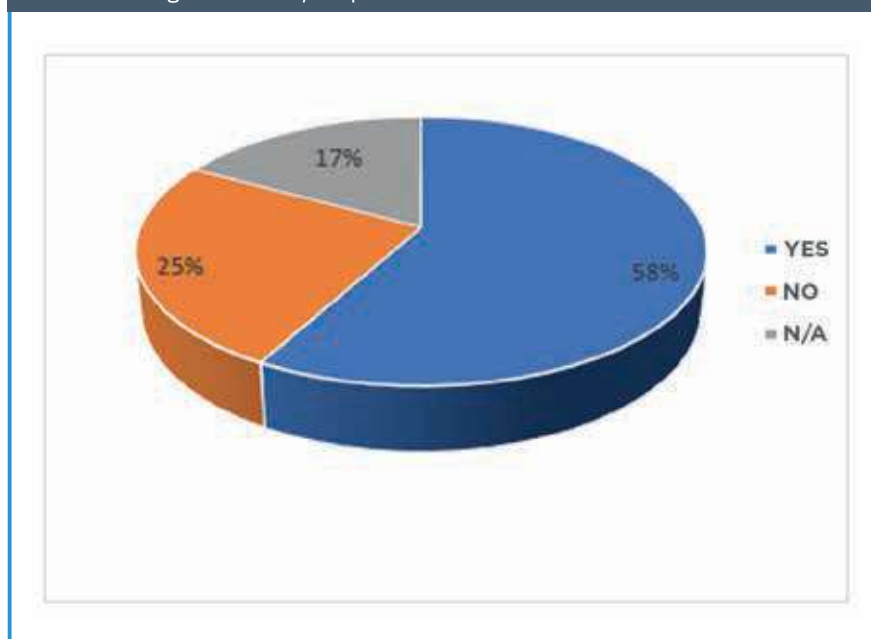
means of external cephalic version (ECV), in cases of failure or failure to perform the maneuver, the route of delivery must be discussed with the pregnant woman. In clinical practice in the face of fetal distress, it is advisable to perform a fetal blood sample, in an attempt to reduce cesarean rates by an altered intrapartum cardiotocography, and that other parameters be evaluated, such as the aspect of the amniotic fluid, degree of dilation, height of pelvic presentation and variety of position.<sup>11</sup>

According to the Guidelines for Pregnant Women: the cesarean operation, from the Ministry of Health<sup>16</sup> in case of breech presentation, and in the absence of contraindications, external cephalic version is recommended from 36 weeks of gestation onwards. Among the contraindications for performing this procedure are: labor, fetal compromise, vaginal bleeding, ruptured bag, maternal obesity, previous cesarean section, inexperience of the professional, among others. In cases where the cephalic version should not be performed, the scheduled cesarean operation is recommended after 39 weeks, suggesting that you wait for the signs of labor.

Regarding previous cesarean, the guidelines recommend counseling on the mode of birth with pregnant women who have already had a previous cesarean, considering the woman's priorities, the risks and benefits of cesarean section and vaginal delivery after a cesarean. They should also be clarified as to the increased risk of uterine rupture with vaginal delivery after a previous cesarean.<sup>17</sup>

According to data from cesarean sections recorded in clinical records, in his work Fortes,<sup>18</sup> when analyzing the knowledge of 81 postpartum women about the indication of their cesarean, it was observed that 36% of the women were not adequately informed about the reason for having undergone a cesarean. The number of studies involving the clinical indication of cesarean section and the postpartum women's knowledge of this indication is quite small, which makes it difficult to compare this study with other studies on the subject.

Graph 2- Distribution of the indication for cesarean section recorded in the clinical record consistent with the knowledge of the puerperal woman about its performance in the Dona Regina maternity hospital. October 2014 to March 2015. Palmas-TO.



## CONCLUSION

When evaluating the indication for cesarean section from the perspective of postpartum women and the clinical criteria for carrying it out, it was found that most of the interviewees, the information obtained was in accordance with the reported clinical criteria, but in some of them they were different, happening, sometimes, of

not being adequate even for the patient's obstetric history. In a considerable part of the interviews it was not possible to carry out such an analysis since some medical records did not have information about the indications for cesarean sections or in other situations they had not been passed on to the puerperal woman and in other cases both situations occurred.

Regarding the clinical criteria recor-

ded in the medical records for performing the cesarean section, it was found that the information recorded was in accordance with the main scientific evidence, with the exception of the indications for tubal ligation, non-cooperation of the woman and urine infection, in addition to a part considerable number of medical records do not contain records, which limited their analysis and consequently the study. ■

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