

Considerations on the Problem of Lowering Caesarean Section Rates

Illia R*

*Buenos Aires University, Hospital Alemán, Buenos Aires, Argentina.

Corresponding Author:

Ricardo Illia, Buenos Aires University, Hospital Alemán, Buenos Aires, Argentina,

E-mail: arhillia@gmail.com

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INTRODUCTION

In this trial of a retrospective cohort, we have a tendency to showed that in a very cluster of 184 twin pregnancies, there have been twelve cases of second vertebrate in cross lie state of affairs that were delivered by internal version and nice rear of barrel extraction (VIGEP) with none harm of this fetuses [1].

Of course that to perform these maneuvers, the specialist must be all right trained to deliver the vertebrate while not inflicting harm of neither the vertebrate nor the mother. Also, he ought to grasp that is that the best anesthetic procedure to raise the medical specialist to implement it and relax the female internal reproductive organ.

But, isn't not possible to be told this techniques. is simpler to be told it 1st attempting to perform the VIGEP in a very second vertebrate throughout a c section. to be told to acknowledge the vertebrate feet, once and the way to drag out and therefore the right maneuvers to deliver the vertebrate (Rojas to shoulders, Pajot for the arms, Moriceau for the head) and to not commit the error of pull a vertebrate hand. All of this might be learned throughout c sections for twin pregnancies before to undertake to perform it by duct to deliver a second vertebrate in cross lie state of affairs.

It is not weird to suspect that it can be some downside with the second vertebrate and forecast that the extraction can be dangerous, however there square measure resources like ultrasound to verify what happens [2].

it's potential to estimate the vertebrate weight, the scale of the top, and therefore the presence of some obstacle associated up to perform an external version to place the vertebrate in cephalad or rear of barrel position to facilitate the extraction [3].

These resources square measure a part of the obstetric resources to help a troublesome delivery while not going directly for activity a abdominal delivery. I mean: this is often not theoretical, is 100 percent sensible and potential.

But, alas, generally we have a tendency to receive some suggestions from the theorists (with all my respect) concerning some obstetric resources that aren't while not serious risks for the sensible physicians however don't imply any risk for them.

For example, the sensible community cannot perceive however the theorists have approved and touched to the help medication the faux conclusions of the trial concerning breech birth done by Hanna et al. [4].

Thirty years ago, we have a tendency to accepted as a result of it absolutely was all right documented, the risks related to the delivery of breeches in nulliparous ladies. it's clear and extremely apprehensible. But, settle for the conclusions of the Hanna trial once any vertebrate death happens throughout delivery and every one the vertebrate deaths happened within the time of life and not for causes connected with delivery square measure terribly troublesome to simply accept.

But, is harder to simply accept the world message to undertake to decrease the speed of c sections and at an equivalent time proposes that every one fetuses in rear of barrel ought to be delivered by c section. it's out of the scope of this editorial to research intimately the Hanna's trial, however I mean solely 2 things: 1st, according with what I actually have aforementioned antecedently concerning breech birth in nulliparas is there aren't enough obstetricians qualified as specialists in helping breech's and second as happens in some countries, UN agency goes to simply accept to participate in a very trial if there aren't baby medical aid unit within the place of the rear of barrel delivery?

Another serious contradiction from the theorists is that the trial of delivery when a c section, as a result of it's not while not risks for them however there square measure lots of risks for sensible obstetricians. for a few reason in USA the trial have slashed within the last years from seventieth to half-hour, I mean, patients square measure delivered by channel means that provided that the patients come back to the hospital with advanced labor. the remainder undergo a c section, that is incredibly clear.

The rate of female internal reproductive organ rupture isn't over I Chronicles if the female internal reproductive organ scar is cross, except for people who suffer the rupture it's 100 percent and besides that with ruinous outcomes for the vertebrate and generally for the mother too, while not forgetting the legal issues for the doc [5].

So, i feel that's time to talk clearly. Theorists ought to consider the implications of their recommendations and not solely in their conclusions and applied mathematics resources to point out what quantity they understand statistics, as a result of the issues square measure suffered by patients and physicians UN agency aided them. embody their conclusions concerning the prices of the delivery procedures that ought to be balanced against the prices created to stay a replacement born with brain harm due to a female internal reproductive organ rupture. These conclusions square measure aforementioned while not recognizing that the medicine and sanitariat analysis square measure of top importance to unify the ideas and exert or try and exert the simplest medication, in spite of there's not continually proof for all medical issues.

So and at last, i feel that obstetric help {is terribly| is extremely| is incredibly} troublesome and that we need to analyse very deeply each call to help a sophisticated delivery. The future target is to urge a healthy new born enough to be incorporated below

the simplest conditions for the society. This target generally has nothing to try and do with what the theorists say.

REFERENCES

1. Illia R, Uranga Imaz M, Lobenstein G, Manrique G, Fiameni F, et al. (2017) Results of the implementation of the internal version and great pelvic extraction for delivery of the second twin in transverse position. *EC Gynecol* 5: 50-53.
2. Hehir MP, Breathnach FM, Hogan JL, McAuliffe FM, Geary MP, et al. (2017) Prenatal prediction of significant intertwin birth weight discordance using standard second and third trimester sonographic parameters. *Acta Obstet Gynecol Scand* 96: 472-478.
3. Boggess KA, Chisholm CA (1997) Delivery of the non-vertex second twin: A review of literature. *Obstet Gynecol Surv* 52: 728-735.
4. Hofmeyr GJ, Hannah M, Lawrie TA (2015) Planned caesarean section for term breech delivery. *Cochrane Database Syst Rev* 21: CD000166.
5. Lindblad Wollmann C, Ahlberg M, Saltvedt S, Johansson K, Elvander C, et al. (2018) Risk of repeat cesarean delivery in women undergoing trial of labor: A population-based cohort study. *Acta Obstet Gynecol Scand* 97: 1524-1529.