

## **P170. Reasons for planned, urgent and immediate cesarean sections and actions to prevent unnecessary cesareans**

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**Objective:** To analyze the reasons for cesarean sections in order to define actions to prevent unnecessary cesareans.

**Study design:** A retrospective study of women undergoing planned, urgent and immediate cesarean sections between the early 1990s and 2015 in Sweden.

**Results:** The cesarean section rate increased concomitantly with increasing labor induction and decreasing instrumental deliveries. Most of the planned cesareans 2015 were carried out for psychosocial/non-medical reasons and the prevalence increased from 0.6% to 4.6% of all deliveries between the early 1990s and 2015 ( $p < 0.001$ ). Secondary fear of vaginal delivery after a negative birth experience was reported by a majority of these women. The second most common indication previous uterine scar (two or more cesareans or pathological placentation) increased from 1.2% to 2.3% ( $p < 0.001$ ). Most of the urgent cesareans 2015 were performed because of prolonged labor and the rate increased from 2.1% to 5.4% of all deliveries between the early 1990s and 2015 ( $p < 0.001$ ). The second most common indication for urgent and immediate cesareans imminent fetal distress decreased from 4.4% to 2.6% between 2005 and 2015 ( $p < 0.001$ ).

**Conclusions:** Unnecessary urgent cesareans would be prevented through reduced labor induction, evidence-based management of labor, structured support during delivery and by performing instrumental deliveries instead of cesareans. Such actions, taken together with systematic counseling and support during pregnancy would reduce planned cesareans for psychosocial/non-medical reasons, repeated cesareans or pathological placentation.

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