

## ASSESSMENT OF THE FREQUENCY OF CAESAREAN SECTION USING ROBSON'S CLASSIFICATION IN MATERNITY INSTITUTIONS (EXAMPLE OF PERINATAL CENTER OF BUKHARA REGION).

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**Abstract.** This article describes the assessment of caesarean section rates in maternity facilities using the Robson classification.

**Key words:** cesarean section, patient, obstetrician-gynecologist, perinatal, Robson technique, indicator, premature, fetal distress, preeclampsia, eclampsia, placenta.

## ОЦЕНКА ЧАСТОТЫ КЕСАРЕВА СЕЧЕНИЯ ПО КЛАССИФИКАЦИИ РОБСОНА В РОДИЛЬНЫХ УЧРЕЖДЕНИЯХ (НА ПРИМЕРЕ ПЕРИНАТАЛЬНОГО ЦЕНТРА БУХАРСКОЙ ОБЛАСТИ).

**Аннотация.** В статье описывается оценка частоты кесарева сечения в родильных учреждениях по классификации Робсона.

**Ключевые слова:** кесарево сечение, пациентка, акушер-гинеколог, перинатальный, методика Робсона, показатель, недоношенный, дистресс плода, преэклампсия, эклампсия, плацента.

**Importance:** In 2015, the WHO announced that an increase in the frequency of CC above 10% is not associated with a decrease in maternal and newborn mortality, and that this surgical procedure should be performed only according to a serious medical indication. There is no decrease in the frequency of cesarean section, and according to various authors, it is from 11 to 40% or more in the institutions of the maternity care system. In 2001, British obstetrician-gynecologist Michael Robson first published an innovative classification system for caesarean section. In 2015, the classification system was approved by WHO and recommended to be used in obstetric clinics of WHO member states. In accordance with the order of the Minister of Health of the Republic of Uzbekistan dated 07.10.245, the national clinical guide for the introduction of the Robson classification in obstetric practice was approved.

**The purpose of the study:** to evaluate the frequency of cesarean delivery in the perinatal center of Bukhara region using the Robson technique, to determine the possibilities of reducing this indicator.

Identifying groups with the greatest impact on perinatal center caesarean section rates in 2023. Analysis of the dynamics of general caesarean section incidence in each group (according to the 10-group Robson classification) in 2023 and explanation of its causes.

**Research materials and methods:** a retrospective study of 6,916 births in 2023 was conducted in the perinatal center of the Bukhara region, the data was analyzed based on Robson's 10-group scale. According to the principle of classification, each patient can enter only one specific group.

**Results and discussion:** there were 6916 births in the perinatal center of Bukhara region in 2023, of which 5294 (76.5%) were born at term, 1578 (22.8%) premature births, and 44 premature births. (0.6%). During 2022, 2542 caesarean sections were performed, of which 282 were planned, 9.5%, urgent - 2260, 90.5%. The total size of group 1 is 16.8%, the frequency of caesarean section in the group is 10.2%, the share of this group in the total caesarean section is 1.7%.

The main indicators for caesarean section in this group were pelvic-head disproportion, fetal distress, PDNLP. The total size of Group 2 is 4.3%, the frequency of caesarean section in the group is 45.9%, the share of this group in the total caesarean section is 1.97%. In this group, there were pregnant women with preeclampsia and eclampsia, somatic diseases for which caesarean section was indicated. The total volume of group 3 is 24.6%, the frequency of caesarean section in the group is 13.6%, the share of this group in the total caesarean section is 3.4%. The main indicators for caesarean section in this group were pelvic-cephalic disproportion, fetal distress, NJYBK, slow labor activity.

The total volume of group 4 is 7.1%, the frequency of caesarean section in the group is 37.3%, the share of this group in the total caesarean section is 2.6%. In this group, later caesarean section is indicated for preeclampsia, complicated obstetric anamnesis, placenta previa, pregnant women with somatic diseases. The total volume of group 5 is 16.2%, the frequency of caesarean section in the group is 95.5%, the share of this group in the total caesarean section is 15.6%. The main indicators for caesarean section in this group were those with one or more uterine scars. The total volume of group 6 2.8%, the frequency of caesarean section in the group is 74.6%, the share of this group in the total caesarean section is 2.1%.

In this group, the main indications for caesarean section were first-time mothers with large fetuses presenting with breech presentation. The total volume of group 7 is 1.6%, the frequency of caesarean section in the group is 97.3%, the share of this group in the total caesarean section is 1.6%. In this group, the main indications for caesarean section were women with one or more uterine scars presenting with breech delivery. The total size of the 8th group is 3.8%, the frequency of caesarean section in the group is 35.2%, the share of this group in the total caesarean section is 1.3%.

In this group, the main indications for caesarean section were women with multiple pregnancies with one or more uterine scars.

The total volume of the 9th group is 0.3%, the frequency of caesarean section in the group is 62.5%, the share of this group in the total caesarean section is 0.36%. The main indicators for caesarean section in this group are transverse or oblique fetus, one or more uterine scars. 10. The total volume of Group 10 is 22.3%, the frequency of caesarean section in the group is 27.5%, which the share of the group in the total caesarean section is 6.1%. The main indicators for caesarean section in this group. In this group, pregnant women with preeclampsia and eclampsia, PDNLP, severe somatic diseases, and subsequent caesarean section are shown.

**Conclusion:** Reserve 1. The increase in the practice of caesarean section did not lead to a decrease in perinatal mortality. 2nd reserve. Up to 50% of women with a single uterine scar can give birth naturally. 3rd reserve. Pregnant women can give birth to the fetus through natural childbirth up to 3600.0. 4th reserve. Increasing the frequency of caesarean section in premature births reduces perinatal mortality. 5. It is possible to reduce the frequency of diseases such as AAA, somatic diseases, preeclampsia in pregnant women. The table should be completed weekly, which allows timely correction of cases with missing data, followed by a monthly and annual summary.

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