

UNIVERSIDADE FEDERAL DE SANTA CATARINA
CENTRO DE CIÊNCIAS DA SAÚDE
DEPARTAMENTO DE TOCOGINECOLOGIA
CURSO MEDICINA

Juliana Toledo Gieburowski

**Avaliação das taxas de cesárea do Brasil e de Santa Catarina a partir da
classificação de Robson**

Florianópolis

2019

RESUMO

Objetivo: verificar as taxas de cesárea de cada grupo de Robson, suas contribuições relativas e a série histórica no Brasil e em Santa Catarina (SC). Métodos: estudo epidemiológico descritivo dos dados tipo de parto e classificação de Robson obtidos do SINASC no período de 2014 a 2017. Resultados: a taxa de cesárea no Brasil foi de 55,95% e em SC de 58,65%. A distribuição dos grupos de Robson e sua evolução temporal em SC e no Brasil foram semelhantes, com grupos 1 e 3 maiores no Brasil e 2 e 4 maiores em SC. Nos dois locais estudados, o grupo com maior contribuição para a taxa de cesárea e com tendência de crescimento foi o grupo 5 (múltiparas com cesárea prévia), o que se relaciona a realização de cesarianas eletivas, em um ciclo de retroalimentação em que gestantes submetidas a um primeiro parto abdominal apresentam alta probabilidade de nova cesariana em outras gestações. Conclusão: as taxas de cesárea são elevadas, com uma maior contribuição do grupo 5 tanto no Brasil quanto em SC e uma maior participação de induções e cesarianas antes do trabalho de parto em SC (grupos 2 e 4).

Palavras-chave: Cesárea 1. Parto Abdominal 2. Classificação 3.

ABSTRACT

Objective: to verify the cesarean section rates of each Robson group, their relative contributions to C-section rates and the historical series in Brazil and Santa Catarina (SC). **Methods:** a descriptive epidemiological study using data of the type of delivery and Robson classification, obtained from SINASC between 2014 and 2017. **Results:** the cesarean section rate was 55.95% in Brazil and 58.65% in Santa Catarina. The distribution of Robson groups and their temporal evolution in SC and Brazil were similar, with groups 1 and 3 larger in Brazil and 2 and 4 larger in SC. In both sites studied, the group with the highest contribution to C-section rates and with a growth trend was group 5, multiparous with previous cesarean section, what is probably related to the high frequency of elective C-sections, in a feedback loop in which pregnant women who perform the first C-section are likely to have a new C-section. **Conclusion:** caesarean section rates are high, with the main contribution of group 5 in Brazil and SC. A greater participation of induction and caesarean section before labor occurs in SC (groups 2 and 4).

Keywords: Cesarean Section 1. Classification 2.

REFERÊNCIAS

1. Zugaib M, Francisco RPV. Cesárea. In: Zugaib *Obstetrícia*. 3ª. Barueri, SP: Manole; 2016. p. 425–46.
2. Betrán AP, Ye J, Moller AB, Zhang J, Gülmezoglu AM, Torloni MR. The increasing trend in caesarean section rates: Global, regional and national estimates: 1990-2014. *PLoS One*. 2016;
3. WHO. Appropriate technology for birth. *Lancet*. 1985;
4. Ye J, Zhang J, Mikolajczyk R, Torloni MR, Gülmezoglu AM, Betran AP. Association between rates of caesarean section and maternal and neonatal mortality in the 21st century: A worldwide population-based ecological study with longitudinal data. *BJOG An Int J Obstet Gynaecol*. 2016;
5. Ye J, Betrán AP ila., Guerrero Vela M, Souza JP, Zhang J. Searching for the optimal rate of medically necessary cesarean delivery. *Birth*. 2014;
6. Betran AP, Torloni MR, Zhang J, Ye J, Mikolajczyk R, Deneux-Tharaux C, et al. What is the optimal rate of caesarean section at population level? A systematic review of ecologic studies. Vol. 12, *Reproductive Health*. 2015.
7. WHO. WHO Statement on Caesarean Section Rates. *Hum Reprod Program*. 2015; 1–8.
8. Keag OE, Norman JE, Stock SJ. Long-term risks and benefits associated with cesarean delivery for mother, baby, and subsequent pregnancies: Systematic review and meta-analysis. *PLoS Med*. 2018;15(1).
9. Lewis JA. Timing of Elective Repeat Cesarean Delivery at Term and Neonatal Outcomes. *MCN, Am J Matern Nurs*. 2009;
10. Torloni MR, Betran AP, Souza JP, Widmer M, Allen T, Gulmezoglu M, et al. Classifications for cesarean section: A systematic review. *PLoS ONE*. 2011.
11. Robson MS. Classification of caesarean sections. *Fetal and Maternal Medicine Review*. 2001.
12. Hehir MP, Ananth C V., Siddiq Z, Flood K, Friedman AM, D’Alton ME. Cesarean delivery in the United States 2005 through 2014: a population-based analysis using the Robson 10-Group Classification System. *Am J Obstet Gynecol*. 2018;219(1).
13. Vogel JP, Betrán AP, Vindevoghel N, Souza JP, Torloni MR, Zhang J, et al. Use of the robson classification to assess caesarean section trends in 21 countries: A secondary analysis of two WHO multicountry surveys. *Lancet Glob Heal*. 2015;

14. Instituto Brasileiro de Geografia e Estatística. Panorama Brasil/Santa Catarina [acesso em 23 nov 2019]. Disponível em: <https://cidades.ibge.gov.br/brasil/sc/panorama>.
15. Nakamura-Pereira M, Do Carmo Leal M, Esteves-Pereira AP, Domingues RMSM, Torres JA, Dias MAB, et al. Use of Robson classification to assess cesarean section rate in Brazil: The role of source of payment for childbirth. *Reprod Health*. 2016;13.
16. Guida JPS, Pacagnella RC, Costa ML, Ferreira EC, Cecatti JG. Evaluating vaginal-delivery rates after previous cesarean delivery using the Robson 10-group classification system at a tertiary center in Brazil. *Int J Gynecol Obstet*. 2017 Mar 1;136(3):354–5.
17. Brennan DJ, Robson MS, Murphy M, O’Herlihy C. Comparative analysis of international cesarean delivery rates using 10-group classification identifies significant variation in spontaneous labor. *Am J Obstet Gynecol*. 2009;
18. Dias MAB, Domingues RMSM, Schilithz AOC, Nakamura-Pereira M, Do Carmo Leal M. Factors associated with cesarean delivery during labor in primiparous women assisted in the Brazilian Public Health System: Data from a National Survey. *Reprod Health*. 2016;
19. Souza JP, Betran AP, Dumont A, De Mucio B, Gibbs Pickens CM, Deneux-Tharaux C, et al. A global reference for caesarean section rates (C-Model): A multicountry cross-sectional study. *BJOG An Int J Obstet Gynaecol*. 2016;
20. Nakamura-Pereira M, Esteves-Pereira AP, Gama SGN, Leal M. Elective repeat cesarean delivery in women eligible for trial of labor in Brazil. *Int J Gynecol Obstet*. 2018;143(3):351–9.
21. Slavin V, Fenwick J. Use of a Classification Tool to Determine Groups of Women That Contribute to the Cesarean Section Rate: Establishing a Baseline for Clinical Decision Making and Quality Improvement. *Int J Childbirth*. 2012;
22. Triunfo S, Ferrazzani S, Lanzone A, Scambia G. Identification of obstetric targets for reducing cesarean section rate using the Robson Ten Group Classification in a tertiary level hospital. *Eur J Obstet Gynecol Reprod Biol*. 2015;189.
23. Lafitte AS, Dolley P, Le Coutour X, Benoist G, Prime L, Thibon P, et al. Rate of caesarean sections according to the Robson classification: Analysis in a French perinatal network – Interest and limitations of the French medico-administrative data (PMSI). *J Gynecol Obstet Hum Reprod*. 2018 Feb 1;47(2):39–44.

24. Freitas PF, Fernandes TMB. Associação entre fatores institucionais, perfil da assistência ao parto e as taxas de cesariana em Santa Catarina. *Rev Bras Epidemiol.* 2016;
25. Pedraza DF. Qualidade do Sistema de Informações sobre Nascidos Vivos (Sinasc): análise crítica da literatura. *Ciênc saúde coletiva.* 2012;17.
26. WHO. *Robson Classification: Implementation Manual.* 2017. 1–51 p.
27. Betrán AP, Temmerman M, Kingdon C, Mohiddin A, Opiyo N, Torloni MR, et al. Interventions to reduce unnecessary caesarean sections in healthy women and babies. Vol. 392, *The Lancet.* 2018.
28. Yilmaz SD, Bal MD, Beji NK, Uludag S. Women's preferences of method of delivery and influencing factors. *Iran Red Crescent Med J.* 2013;
29. Loke AY, Davies L, Li SF. Factors influencing the decision that women make on their mode of delivery: The Health Belief Model. *BMC Health Serv Res.* 2015;
30. Amyx M, Gibbons L, Xiong X, Mazzoni A, Althabe F, Buekens P, et al. Sources of influence on pregnant women's preferred mode of delivery in Buenos Aires, Argentina. *Birth.* 2018;
31. Asher E, Dvir S, Seidman DS, Greenberg-Dotan S, Kedem A, Sheizaf B, et al. Defensive Medicine among Obstetricians and Gynecologists in Tertiary Hospitals. *PLoS One.* 2013;
32. Dweik D, Girasek E, Mészáros G, Töreki A, Keresztúri A, Pál A. Non-medical determinants of cesarean section in a medically dominated maternity system. *Acta Obstet Gynecol Scand.* 2014;
33. Visser GHA, Ayres-de-Campos D, Barnea ER, de Bernis L, Di Renzo GC, Vidarte MFE, et al. FIGO position paper: how to stop the caesarean section epidemic. Vol. 392, *The Lancet.* 2018. p. 1286–7.