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Trend of caesarean deliveries in Egypt and its associated factors: Evidence from national surveys, 2005-2014**Rami H Al-Rifai**

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Statement of the Problem: The continued rise in Caesarean section (C-section) deliveries raises a major public health concern worldwide.

Methodology & Theoretical Orientation: The trend of C-section deliveries was tracked from 2005 to 2014 and the factors associated with a rise in C-section deliveries among the Egyptian mothers, from 2005 to 2014 were examined by place of delivery. Total samples of over 29,000 Egyptian mothers were surveyed in 2005, 2008 and 2014.

Finding: Institutional-based C-sections increased by 40.7 points from EDHS-2005 to EDHS-2014 (aOR, 3.46, 95% CI: 3.15-3.80, P-trend<0.001). Compared to mothers with low Socioeconomic Status (SES), mothers with high SES had higher odds (aOR, 1.78, 95% CI: 1.25-2.54, P=0.001) for C-section, but only in EDHS-2005. The adjusted trend of C-sections was found to be 4.19-time (95% CI: 3.73-4.70, P<0.001) higher in private sector while that in public sector it was 2.67-time (95% CI: 2.27-3.13, P=0.001) higher, in EDHS-2014 relative to EDHS-2005. This increase in the private sector is explained by significant increases among mothers who are potentially at low risk for C-sections; mothers aged 19-24 years vs. ≥35 years (aOR: 0.31; 95% CI: 0.21-0.45; in EDHS-2005 vs. 0.43, 95% CI: 0.33-0.56, in EDHS-2014, P<0.001); primigravida mothers vs. mothers with ≥4 children (aOR: 1.62; 95% CI: 1.12-2.34, in EDHS-2005 vs. 3.76, 95% CI: 2.94-4.80 in EDHS-2014) and among normal compared to high risk birth weight babies (aOR: 0.79, 95% CI: 0.62-0.99 in EDHS-2005 P<0.05 vs. 0.83; 95% CI: 0.65-1.04 in EDHS-2014, P>0.05).

Conclusion: The steady rise in C-sections in Egypt has reached an alarming level in recent years. This increase appears to be associated with a shift towards delivery in private health care facilities. More vigilance of C-section deliveries, particularly in the private sector, is warranted.

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