

Letter to the Editor

Re: A Five-year Survey of Cesarean Delivery at a Nigerian Tertiary Hospital

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Ugwu *et al.*, 2011^[1] in their publication, in the last issue of the *amhscr*, did remarkably well in pointing out an increase in the rate of cesarean sections. They also noted that “the perinatal outcome is poor especially following emergency cesarean section (94.3%).^[1] Reducing primary cesarean section rate and more encouragement of vaginal birth after one previous cesarean section may reduce the prevalence of two previous cesarean sections, which is the leading indication for cesarean section in the hospital.” While we partially agree with the proffered suggestion for improving these deplorable statistics, it is our belief that an improved perinatal care will lead to less fetal and neonatal wastage just as cesarean section, *per se*, is not a significant cause of birth asphyxia.^[2] The improvement in perinatal care will include experience of the managing obstetrician in the labour ward and the decision to delivery interval. Furthermore, for both booked and unbooked emergencies, the presence of a neonatologist trained in airway management in the theater is particularly critical to perinatal outcome.

Reference

1. Ugwu EO, Obioha K, Okezie OA and Ugwu AO. A five-year survey of cesarean delivery at a Nigerian tertiary hospital. *Ann Med Health Sci Res* 2011; 1:77-83.
2. Uzma DM, Rehana M, Yasmeen M, Farrukh M and Naheed Parveen S. Risk Factors of Birth Asphyxia. *J Ayub Med Coll Abbottabad* 2007; 19(3)67-71.

