

tioner performed 97.6%. Robson group 1 (30.0%), 5 (29.5%), and 3 (27.1%) were the major CS indications. The complication rate was 7.6%. Surgeons registered 29 (5.8%) intraoperative bleeds, 4 (0.8%) bladder injuries, 5 (1.0%) postpartum hemorrhages, 3 (0.6%) functional ileus, 3 (0.6%) superficial surgical site infections, and 7 (1.4%) endometritis.

**Conclusion:** The frequency of CS is optimal at the University Clinics of Bukavu. Its indications are evolving with time.

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### The trends of the indications and outcomes of cesarean section in Bukavu - A single-center cross-sectional study

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**Introduction:** Cesarean sections (CS) can avert maternal and fetal death and disability. The CS rate varies considerably around the world. While in underserved regions, CS rates are low, in higher income settings, there appears to be too many CS. The objective of this study was to describe the temporal evolution of the indications, practice, and outcomes of CS in Bukavu, Democratic Republic of Congo.

**Methods:** This cross-sectional study was conducted using the hospital records of women who delivered by CS from January 01, 2014, to December 31, 2017, at the University clinics of Bukavu. Summary descriptive, bivariate, and regression analyses were conducted. The threshold of significance of the alpha was set at 0.05.

**Results:** Out of the 3,772 women who gave birth, 502 delivered by CS (CS rate=13.3%). The mean age of the women was  $26.1 \pm 6.4$  years, mean gravidity was  $3.5 \pm 3.0$ , and the mean parity was  $3.3 \pm 2.7$ . Both gravidity ( $p=0.007$ ) and parity ( $p=0.013$ ) were significant variables in the regression model. 98.2% of CS were emergent, and a general practi-