Caesarean Section Today - “Caesarology in the 21st Century”

Caesarean Section (CS) is a major surgical procedure that should be performed according to medically obstetric (≥90%) and nonobstetrics (<10%) indications with 80% emergency and 20% elective CS. The relationship between elective CS and urgent CS has become inverted, as has the relationship between the existence of nonobstetric indications and real obstetric indications in extremely high ≥30% CSs where they are performed.

CS has remained a clinically justified procedure as a life-saving surgical procedure for mother and/or baby but recently it has become a fashionable procedure as a consequence of various non-medical indications. Non–medical indicated CS has become a public health, epidemiologic, perinatal, pediatric, juristic, and deontological problem worldwide as it burdens the healthcare system and is beyond the reach of good clinical practice. Generally known, with increased rates of CS, incidence of previal and/or morbid invasive malplacentaent in nulliparous increases from 5% to 67% in pregnant women with >4 CSs, while surgery, especially unplanned laparotomy and hysterectomy, as well as hemorrhagic obstetric shock, are direct predictors of severe maternal morbidity and mortality. Today, when CS has become the most common obstetric operation, even more common than episiotomy, any clinical evaluation of this procedure is worth publishing: repeated CS, vaginal birth after CS, evaluation of CSs techniques, CS in twin pregnancies, ethical dilemas in CS etc.

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