“ANALYSIS OF CAESAREAN SECTION RATE BASED ON ROBSON’S TEN GROUP CLASSIFICATION”

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BONAFIDE CERTIFICATE

This is to certify that this dissertation entitled **"ANALYSIS OF CAESAREAN SECTION RATE BASED ON ROBSON'S TEN GROUP CLASSIFICATION"** is the bonafide work done by **DR. SMRITHI.M**, at the department of Obstetrics and Gynaecology, **Institute of Obstetrics and Gynaecology, Madras Medical College, Chennai** during her post graduate study for MS Branch II Obstetrics and Gynaecology (2021-22) under the guidance of Prof. Dr. V. Kasthuri M.D., D.G.O

This dissertation submitted to **THE TAMILNADU Dr.M.G.R MEDICAL UNIVERSITY** in partial fulfilment of the University rules and regulations for the award of MS Degree in Obstetrics and Gynaecology.

Prof. Dr. V.Kasthuri M.D., D.G.O,
Professor
Institute of Obstetrics & Gynaecology,
Madras Medical College, Chennai

Prof. Dr. S.Vijaya, M.D.,D.G.O
Professor & Director
Institute of Obstetrics &Gynaecology,
Madras Medical College, Chennai

Prof. **DR. E.THERANIRAJAN**, MD.,DCH.,MRCPCH(UK).,FRCPCH(UK)
Dean
Madras Medical College, Chennai

DECLARATION

I hereby declare that this dissertation entitled **"ANALYSIS OF CAESAREAN SECTION RATE BASED ON ROBSON'S TEN GROUP CLASSIFICATION"** is a bonafide and genuine research work carried out by me after studying the cases in inpatient department at Institute of Obstetrics and Gynaecology, Madras Medical College, Chennai during the period March 2020 to February 2021, under the direct guidance and supervision of **Dr. Vijaya, M.D.,DGO,** Director of Institute of Obstetrics and Gynaecology, Madras Medical College, Chennai. It is submitted to The Tamil Nadu Dr.M.G.R Medical University, Chennai, in partial fulfilment of its regulation for the award of **M.S. (Obstetrics And Gynaecology)** Degree to be held in May 2022.

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Date:

DR. SMRITHI.M

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CONTENTS

INTRODUCTION

The most important surgical intervention which is essential to save life of mother and the fetus is caesarean section. In both the developing countries and in developed countries, caesarean section is increasing in the past few decades. A drastic rise has been noted in the developed countries like United States of America (USA) from the year 1996-2011 [1].

Similar rise in caesarean section is also noted in South east Asia and the Sub saharan Africa[2,3]. According to the WHO the average caesarean section rate is found to be 8% in India which was found to be 2.4% in the year 1992 and 6.8% in the year 1996[4].The caesarean section is higher not only in the high risk patients but also in the low risk patients like the nulliparous women with term singleton fetus, with vertex presentation without any complications[5].

Previous caesarean section, fetal distress, elderly primigravida, increasing labour induction, caesarean section done based on maternal request, multiple pregnancy all tend to increase the rate of caesarean section[6]. We can understand the CS rate, its consequences and benefits in order to improve the care provided to the mother and the child in a better way and to enable the learning between the delivery units both nationally and internationally. Any region with CS rate more than 10-15% cannot be justified with any reason. Blood transfusion, hysterectomy and death are the common risks associated with caesarean section compared to vaginal delivery. In future pregnancies also, complications like placenta previa, placenta accrete and uterine rupture are common after a caesarean section[7].

Many studies also stated that higher rate of caesarean section is linked with negative consequences to maternal and child health[8,9]. The CS rate increases in both the middle income countries and in the high income countries and was

considered as a major public health concern[10,11]. This increasing trend is not understood because of the lack of internationally standardized classification system. Other than that the action oriented manner also prevents us from understanding the underlying cause[12]. Maternal death were more in the health care facilities where there are no facilities for caesarean section in contrast the rate of Caesarean section which is done in the tertiary care centres.

In 2011 a systematic review was done which finally stated that the Robson's ten group classification system and the women based classification system in general are the two classifications which fulfil both the needs of local and international standards. Micheal Robson in the year 2001 introduced the Robsons Ten Group Classification System (RTGCS) in order to classify the caesarean section into various groups and to analyse it. Robson classification is based on some obstetric parameters like parity, fetal presentation, gestational age, number of fetuses, previous caesarean section and the onset of labour. Each group is then analysed further into the relative size of the obstetric population and its overall contribution to caesarean section.

High Caesarean section (CS) percentage can be identified through the RTGCS and also it can be used as a tool for tracking and comparison for long term. RTGCS has been proposed as the global standard for assessing the caesarean section by WHO statement in the year 2014 in Geneva for monitoring and also comparing it with the health care facilities inside the states and countries [13,14,15].

This method is one of the simple ways to collect the data which is already available in medical records. We can also categorize the groups clearly as it is totally inclusive and mutually exclusive. This classification can be used both in low resource settings and in high resource settings.

Thus this study is performed mainly to classify the Caesarean sections into ten groups and compare it with the guidelines provided by Robson. As there are only few studies and in order to throw light in this area, this study was carried in a tertiary care center.

AIM AND OBJECTIVE

1.To classify women into groups based on Robson's classification and compare the rates with the Robson's guidelines.

REVIEW OF LITERATURE

Over the last decade, there has been a progressive increase in the rate of deliveries by caesarean section (CS) in most countries but the drivers for this trend are not completely understood. [16] Rising CS rates are a major public health concern and cause worldwide debates due to potential maternal and perinatal risks associated with this increase, inequity in access and cost issues. [17, 18]. In order to understand the drivers of this trend and to propose and implement effective measures to reduce or increase CS rates where needed, it is necessary to have a tool to monitor and compare CS rates in a same setting over time and between different settings. [19]

Traditionally, at facility level, there has been variations in CS rates using the overall percentage of deliveries by CS. [20] Variations in this "overall CS rate" between different settings or over time are difficult to interpret and compare because of intrinsic differences in hospital factors and infrastructure (e.g. primary versus tertiary level), differences in the characteristics of the obstetric population ("case-mix") served (e.g. percent of women with previous CS) and differences in clinical management protocols (e.g. conditions for induction or pre-labour CS). [21,22] Ideally, there should be a classification system to monitor and compare CS rates at facility level in a standardized, reliable, consistent and action-oriented manner. [23]

This classification system should be applicable internationally and it should also be useful for clinicians, facility administrators, public health authorities and women themselves. Such a system should be simple, clinically relevant, accountable, replicable and verifiable. [24] The lack of such an internationally recognized system has helped to fuel controversies and to maintain common myths about the causes for increasing CS rates as well as potential risks and benefits of increasing CS rates. [25]

Different authors have created and proposed several types of CS classification systems for use at facility level for different purposes, with the overall aim of providing a consistent and standardized framework to look at CS rates. In 2011 the World Health Organization (WHO) conducted a systematic review that identified 27 different systems to classify CS. These classifications looked at "who" (woman-based), "why" (indication-based), "when" (urgency-based), as well as "where", "how" and "by whom" a CS was performed. [24] This review concluded that women-based classifications in general and the 10-Groups classification in particular, were in the best position to fulfill current international and local needs.

The 10-Groups classification (also known as the "TGCS-Ten Groups Classification System" or the "Robson Classification") was created to prospectively identify well-defined, clinically relevant groups of women admitted for delivery and to investigate differences in CS rates within these relatively homogeneous groups of women. Unlike classifications based on indications for CS, the Robson Classification is for "all women" who deliver at a specific setting (e.g. a maternity or a region) and not only for the women who deliver by CS. It is a complete perinatal classification.

Since this system can be used prospectively and its categories are totally inclusive and mutually exclusive, every woman who is admitted for delivery can be immediately classified, based on a few basic characteristics which are usually routinely collected by obstetric care providers worldwide. The classification is simple, robust, reproducible, clinically relevant, and prospective. It allows the comparison and analysis of CS rates within and across these groups of women. Even before official endorsement by an international institution or formal guidelines recommending its use in 2015, the Robson Classification had been rapidly and increasingly used by many countries all over the world.

In 2014 WHO conducted another systematic review to gather the experience of the users of the Robson Classification, to assess the pros and cons of its adoption, implementation and interpretation, and to identify barriers, facilitators and potential adaptations. This review included 73 publications from 31 countries that reported on the use of Robson Classification between 2000-2013. According to users, most of whom were care providers, the main strengths of this classification are its simplicity, robustness, reliability and flexibility. [25] However, users also reported that missing data, misclassification of women, and lack of definition or consensus on core variables of the classification were challenges in its implementation and use.

In October 2014, WHO after reviewing the evidence, proposed the use of the Robson Classification at facility level in order to establish a common point for comparing maternal and perinatal data within facilities over time and between facilities.

WHO expects that the use of the Robson Classification will help health care facilities to,

• Identify and analyze the groups of women which contribute most and least to overall CS rates.

• Compare practice in these groups of women with other units who have more desirable results and consider changes in practice.

• Assess the effectiveness of strategies or interventions targeted at optimizing the use of CS.

• Assess the quality of care and of clinical management practices by analyzing outcomes by groups of women.

• Assess the quality of the data collected and raise staff awareness about the importance of this data, interpretation and use.

The system classifies all women admitted for delivery into one of 10 groups that are mutually exclusive and totally inclusive. This means that, based on a few basic obstetric variables, every woman admitted to deliver in any facility can be classified into one, and only one, of the 10 groups and no woman will be left out of the classification.

The Robson Classification should be considered as a common starting point for a perinatal classification system that can be further developed. Each of the 10 groups may need to be subdivided or some groups may need to be combined. In addition, more details such as indications for caesarean sections or neonatal morbidity can be added and analysed within the different groups . Other events and outcomes related to

labour and delivery can also be analysed within the group (e.g. oxytocin or epidemiological variables such as age or body mass index).

Moreover, there are several key obstetrical definitions, protocols or procedures which are not included in the classification but should be considered when interpreting the results. These may be specific to each health facility and sometimes standard across countries. They include for example, the criteria used for diagnosis of labour (cervical effacement and dilatation), the guidelines used for management of labour including artificial rupture of membranes, oxytocin regimen used for augmentation (acceleration) and induction, diagnosis and treatment of arrest of labour and dystocia, fetal monitoring techniques, analgesia and one to one care in labour. [26]

Many users of the Robson Classification have suggested subdivisions in the 10 Robson groups. Subdivisions of certain groups (e.g. Groups 2, 4 or 5) may prove to be more meaningful than others, but this can vary from site to site. The objective of the subdivisions is to further increase the uniformity and homogeneity of the groups by stratifying women within that group according to certain relevant characteristics. This can be especially useful when planning the implementation of clinical interventions in specific subgroups. The importance and potential usefulness of these subdivisions will depend on the size of the groups within the specific setting where the classification will be used. However, it is important to remember that the analyses of any subdivision by itself may be misleading if no attention is given to what has been left out. For this reason it is recommended that before looking at subgroups users become accustomed to first analyse the 10 groups. Otherwise, the data may be misinterpreted. [26]

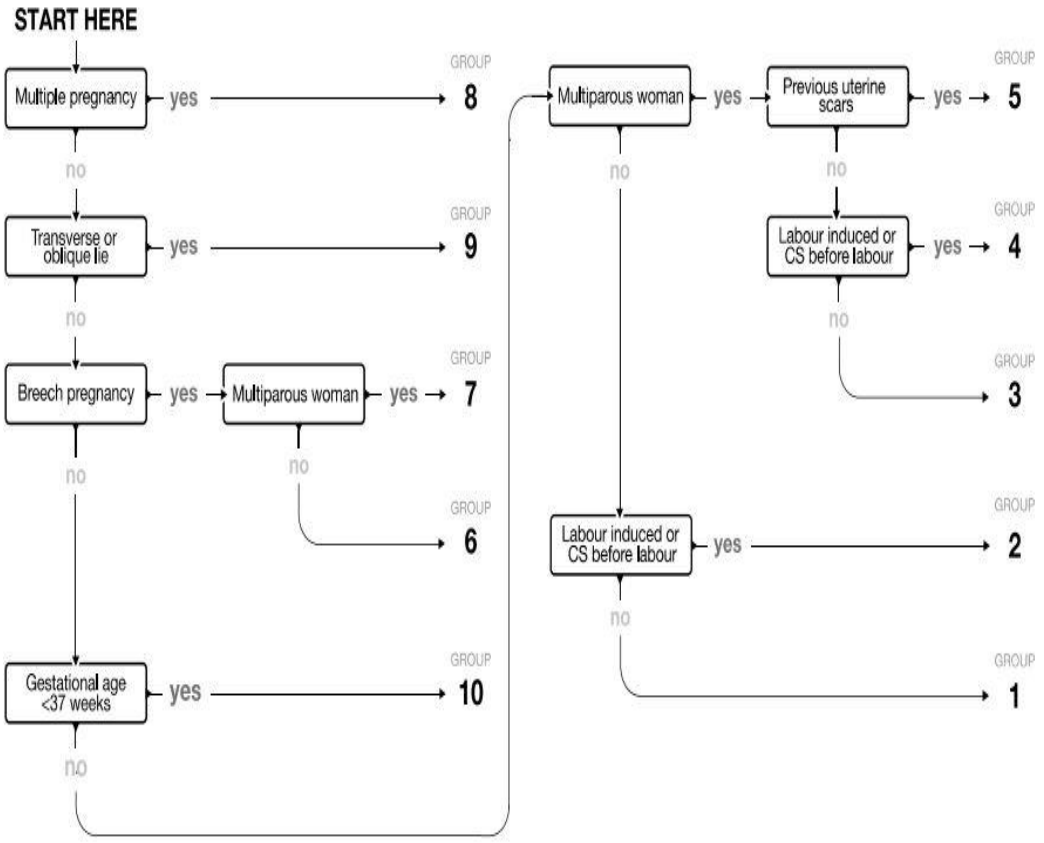
Group	Obstetric population
1	Nulliparous women with a single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour
2	Nulliparous women with a single cephalic pregnancy, ≥37 weeks gestation who had labour induced or were delivered by CS before labour
2a	Labour induced
2b	Pre-labour CS
3	Multiparous women without a previous CS, with a single cephalic pregnancy, ≥37 weeks gestation in spontaneous labour
4	Multiparous women without a previous CS, with a single cephalic pregnancy, ≥37 weeks gestation who had labour induced or were delivered by CS before labour
4a	Labour induced
4b	Pre-labour CS
5	All multiparous women with at least one previous CS, with a single cephalic pregnancy, ≥37 weeks gestation
5.1	With one previous CS
5.2	With two or more previous CSs
6	All nulliparous women with a single breech pregnancy
7	All multiparous women with a single breech pregnancy including women with previous CS(s)
8	All women with multiple pregnancies including women with previous CS(s)
9	All women with a single pregnancy with a transverse or oblique lie, including women with previous CS(s)
10	All women with a single cephalic pregnancy < 37 weeks gestation, including women with previous CS(s)

The 10 groups are based on basic obstetric characteristics that are routinely collected in most pregnancies at admission and on delivery. In cases where the information on one or more of the core variables is missing or illegible in the patient record, it will not be possible to classify the woman in any of the 10 groups. This "unclassifiable group" of women should be reported as part of the Robson Classification Report Table but preferably placed as a footnote at the bottom of this table. It is very important to report this group and its size (absolute N and % over total

deliveries) because it is an indicator of the quality of the data available in any hospital. It is also important to explore which are the exact variables that are missing in this group of women, in order to improve future data collection.

There are different ways that you can use to classify each woman into one of the 10 Groups. It can be as simple as going manually through each patient record looking for the core variables and adding a manual note with a pencil to the cover of the patient record with the number of the Robson group. On the other hand, it can be as complex as asking a team of information specialists to create software which picks the core variables in the electronic patient record and automatically assigns the specific Robson group to each record, based on pre-established formulas. The flow chart in the next page provides guidance about the order in which the categorization can be most easily performed. Cases with missing data (no information in one or more of the six core variables) should be categorized as “Unclassifiable” and the missing variable should be noted to facilitate analyses of these cases.

Flowchart for the classification of women in the Robson classification



Each woman can be classified manually into one of the 10 groups by reviewing and collecting data from each individual record or directly from delivery room registers (log books) if they provide the required variables listed in Table 1 or using the definitions presented in Table 3 . Once the woman is classified, her specific group can be marked in her record or in a newly created column in the delivery room log book. This marking can be used to facilitate periodic (e.g. monthly) calculations of the number of women in each group. To facilitate the classification of each woman, you can print a copy of the flow chart presented in the previous page (Figure 2) and

follow the steps provided in it. This form of classification is possibly superior to the manual collection as it reduces human errors in deciding to which group each woman belongs. However, it requires that each of the basic variables for each woman be typed into an electronic spreadsheet. You could for example set up a spreadsheet table (see Table 4 in the next page) where each row corresponds to a woman and each column corresponds to one of the basic variables with specific possible answers for each variable. You then create an additional last (or first) column called "Group Number" where, by the means of electronic formulas with the rules for classification, each woman would automatically be assigned to a Robson group.

The report table consists of 7 columns as follows,

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7
Group name and/or number and definition (with subdivisions for Groups 2, 4 and 5, if these are of interest to the users)	Total number of CS in each group	Total Number of women delivered in each group	Relative group size to overall facility population. For each of the 10 groups, in percentage	CS rate in each group. For each of the 10 groups, in percentage	Absolute group contribution to overall CS rate. For each of the 10 groups, in percentage	Relative contribution of each of the 10 groups to overall CS rate. For each of the 10 groups, in percentage

The interpretation of the Robson Classification Report Table can lead to useful insights into the quality of data collection, the type of population served by the hospital, the CS rates of each group and how each of the individual 10 groups

contributes to the overall rate of CS in hospital setting, and the overall philosophy of care in a maternity unit.

One of the principles behind the Robson Classification is that no women are excluded from it and before investigating in more detail any one particular group, it is important to assess the sizes of all the 10 groups to ascertain the balance and makeup of the whole obstetric population. Doing this will usually identify any obvious data collection problems (validation) and also identify unique populations. No individual group should be interpreted unless the whole 10 groups are analysed first.

The interpretation of the data provided in the Robson Classification Report Table can be facilitated by following a series of steps that we have divided into three main domains:

1. data quality,
2. type of population and
3. caesarean section rates.

In the “Data Quality” domain, we have a few simple steps that will help to check if we need to improve our data collection. The steps in the “Type of Population” domain will help in understanding the characteristics of the women delivered in a hospital. [26]

This information can be used for trend analyses, i.e. to help to see if this population is stable or has been changing over the course of months or years. In the "CS rates" domain, we will find steps that will help to understand and compare the CS rates of each of the 10 groups and identify which groups contribute most to the overall CS rates in the hospital. [27]

This type of information can be used to analyze changes over time, compare differences between hospitals and to help modify clinical practice to optimize CS rates in specific groups while ensuring good maternal and perinatal outcomes. [28] Safety and quality of care in labour and delivery are ultimately related to maternal and perinatal outcomes, as well as to maternal satisfaction. Ideally, all perinatal outcomes should be analyzed using a standard perinatal classification system and no outcome should be judged in isolation. The Robson Classification can be used as a tool to judge care rather than to recommend care. It is up to the hospital itself to decide appropriate care, based on its results and other available evidence. [29, 30]

The WHO multi country survey (MCS) was a cross sectional study implemented in over 300 health facilities in 29 countries and included over 314,000 women from Africa, Asia, Eastern Mediterranean region, and Latin America. [31, 32] Using data from this survey, a "reference population" was created; this consisted of all the facilities with low CS rates and low intra-partum perinatal mortality. These facilities were assumed to have few unnecessary CS and good maternal and perinatal outcomes. The "reference population" included 42,637 women from 66 health facilities in 22 countries. [33]

For the creation of the "reference population" it was considered that the intrapartum related perinatal mortality (i.e. intrapartum stillbirth plus neonatal deaths that took place in the first postpartum day) was a reasonable indicator of quality of care around the time of birth. It was also assumed that health facilities with low CS rates and low intra-partum perinatal mortality had few unnecessary CS and good maternal and perinatal outcomes and thus this population was selected to serve as "reference". The facilities that had both CS rates and intrapartum perinatal mortality below the percentile 50 in the WHO MCS sample of facilities constituted the "reference population". This specific cut-off (i.e. percentile 50) was selected because the median is commonly used as a reference for defining what is low or high in sufficiently large samples. Among all the facilities in the WHO MCS, the median (50th percentile) for CS rate was 30% and the median (50th percentile) for the intrapartum related perinatal deaths was 6.8 deaths per 1000 livebirths. [30]

The first step in implementing the classification is to designate a person if possible (clinician, nurse, clerk, manager or other) to be in charge of organizing data collection and producing the Robson Report Tables at weekly or monthly intervals. This person can then work with the staff in the labour and delivery wards and coordinate efforts to ensure that all newly admitted patients have all the necessary obstetric variables collected in their record, to allow their classification into one of the 10 Robson groups. According to users, the main strengths of the classification are its simplicity, robustness, reliability and flexibility. However, missing data, misclassification of women and lack of definition or consensus on core variables of the classification may cause problems. [33]

The Robson Classification is not free of challenges and difficulties. The main difficulties pointed by users were,

1. Lack of definition or consensus on the core variables used in the classification: For example, it is necessary to reach an agreement on when labour starts and how to clarify the difference between augmentation (acceleration) versus induction of labour. We therefore recommend that each hospital creates a clear written definition (a glossary) of the variables that may vary in different settings (such as spontaneous onset of labour or induction) and add these definitions as a footnote of the Robson Report Table.
2. Quality of the data used to classify women: If the data used is unreliable, the real value of recommendations based on the classification is questionable. Ensuring good quality of the data should not be taken for granted and it can be challenging even in high resource settings.
3. Misclassification of women in wrong groups: This is a real possibility however you collect your data. In all settings, data collectors need to be carefully trained and audited periodically, for example by another person reviewing and re-classifying a sample of records from women in each of the 10 groups. By looking carefully at the Report Table and following the interpretation rules, users can find important clues about possible misclassification of specific groups.
4. Cases that cannot be classified due to missing data: The size of "Unclassifiable" category is an important indicator of the quality of the data in the individual patient records.

5. The lack of validation of the interpretation rules: A simple set of rules for interpretation was provided by Robson (14) to help users explore all the information provided by this classification, especially when using it to compare data between different settings or changes over time. However, these rules still need to be validated to ensure that the figures proposed (especially regarding expected CS rates per groups) are associated with good maternal and perinatal outcomes.

Tura AK et al conducted a cross sectional study to analyse caesarean section (CS) using Robson 10-group classification system in an Ethiopian university hospital. About 980 women who underwent CS from January 2016 to April 2017 were included in the study. Robson group 3 (multiparous women with single cephalic full-term pregnancy in spontaneous labour with no history of CS), group 5 (multiparous women with single cephalic full-term pregnancy with history of CS) and group 1 (single cephalic nulliparous women full-term pregnancy in spontaneous labour) were the major contributors to the overall CS at 21.4%, 21.1% and 19.3%, respectively. The three major indications for CS were fetal compromise (mainly fetal distress), obstructed labour (mainly cephalopelvic disproportion) and previous CS. Robson groups 3, 5 and 1 were the major contributors to the overall CS rate. Fetal compromise, obstructed labour and previous CS were the underlying indications for performing CS. Further study is required to assess the appropriateness of the indications and to reduce CS among the low-risk groups (groups 1 and 3). [34]

Mayne L et al conducted a study to determine the main contributors to caesarean section (CS) rates at an Australian tertiary hospital. They conducted a retrospective review of women who delivered in an Australian tertiary hospital between 2014 and 2017. Women were allocated according to a modified Robson Ten-Group Classification System and CS indications were collected in nulliparous women and women with previous CS. The largest contributor to the 35.7% overall CS rate was women with a term cephalic infant and a previous CS (31.5% relative CS rate) and the most common indication was repeat CS.

The group CS rate in nulliparous women with a cephalic term infant was higher when labour was induced compared to occurring spontaneously (36.6% and 18.1% respectively). The primary CS indication for these women was labour dystocia and maternal request was the most common CS indication for nulliparous women with a pre-labour CS. They had used the modified Robson Ten-Group Classification System to identify that women with cephalic term infants who are nulliparous or who have had a previous CS are the largest contributors to overall CS rates. CS rates were higher in these nulliparous women if labour was induced compared to occurring spontaneously and the primary CS indication was labour dystocia. In nulliparous women with a CS prior to labour the most common CS indication was maternal request. Majority of women with a previous CS elected for a repeat CS.

The study results highlight the fact that the future efforts should focus on minimising repeat CS in multiparous women and primary CS in nulliparous women. This may be achieved by redefining the definition of labour dystocia, exploring maternal request CS reasoning and critically evaluating induction timing and

indication. Appropriately promoting a trial of labour in women with a previous CS in suitable candidates may reduce repeat CS incidence. [35]

Mulinganya G et al conducted a facility-based cross-sectional study in 8 health zones (HZ) of South Kivu province in eastern DR Congo. They reviewed patient hospital records, maternity registers and operative protocol books, from January to December 2018. Data on direct conflict fatalities were obtained from the Uppsala Conflict Data Program. Based on conflict intensity and chronicity (expressed as a 6-year cumulative conflict death rate), HZ were classified as unstable (higher conflict death rate), intermediate and stable (lower conflict death rate). To describe the Caesarean section practice, they used the Robson classification system. Based on parity, history of previous CS, onset of labour, foetal lie and presentation, number of neonates and gestational age, the Robson classification categorised deliveries into 10 mutually exclusive groups.

They performed a descriptive analysis of the relative contribution of each Robson group to the overall CS rate in the conflict stratum. Among the 29,600 deliveries reported by health facilities, 5,520 (18.6%) were by CS; 5,325 (96.5%) records were reviewed, of which 2,883 (54.1%) could be classified. The overall estimated population CS rate was 6.9%. The proportion of health facility deliveries that occurred in secondary hospitals was much smaller in unstable health zones (22.4%) than in intermediate (40.25) or stable health zones (43.0%). Robson groups 5 (previous CS, single cephalic, ≥ 37 weeks), 1 (nulliparous, single cephalic, ≥ 37 weeks, spontaneous labour) and 3 (multiparous, no previous CS, single cephalic, ≥ 37 weeks, spontaneous labour) were the leading contributors to the overall CS rate; and represented 75% of all CS deliveries. In unstable zones, previous CS (27.1%) and

abnormal position of the fetus (breech, transverse lie, 3.3%) were much less frequent than in unstable and intermediate (44.3% and 6.0% respectively) and stable (46.7%and 6.2% respectively). Premature delivery and multiple pregnancies were more prominent Robson groups in unstable zones. They concluded that in South Kivu province, conflict exposure is linked with an uneven estimated CS rate at HZ level with at high-risks women in conflict affected settings likely to have lower access to CS compared to low-risk mothers in stable health zones. [36]

Abdo AA et al in their study assessed the caesarean section (CS) rates using Robson's 10-Group Classification System among women who gave birth at Hawassa University Referral Hospital in southern Ethiopia. Cross-sectional study was designed to determine CS rate using Robson's 10-Group Classification System. About 4004 women who gave birth in Hawassa University Referral Hospital from June 2018 to June 2019 were included in the study. The 4004 women gave birth to 4165 babies. The overall CS rate was 32.8% (95% CI: 31.4%-34.3%). The major contributors to the overall CS rates were: Robson group 1 (nulliparous women with singleton pregnancy at term in spontaneous labour) 22.9%; group 5 (multiparous women with at least one previous CS) 21.4% and group 3 (multiparous women without previous CS, with singleton pregnancy in spontaneous labour) 17.3%.

The most commonly reported indications for CS were 'fetal compromise' (35.3%) followed by previous CS (20.3%) and obstructed labour (10.7%). A high proportion of women giving birth at this hospital were given a CS, and many of them were in a low-risk group. Few had trial of labour. More active use of partogram, improving fetal heartbeat-monitoring system, implementing midwife-led care,

involving a companion during labour and auditing the appropriateness of CS indications may help to reduce the CS rate. [37]

Zimmo MW et al performed a population based cohort study to analyse the current situation of caesarean section in Palestine using the Robson Ten Group Classification System (TGCS). The contributions of each group to the study population and to the overall rate of caesarean section were calculated, as well as the rate of caesarean section in each TGCS group. Differences in proportions between study hospitals were assessed by chi-square test. The overall rate of caesarean section was 22.9% (4337 of 18 908), ranging from 20.6% in hospital 1 to 24.6% in hospital 3.

The largest contributors to the overall caesarean section rate were multiparous women with single cephalic full-term pregnancy who had undergone at least one caesarean section (group 5, 42.6%), women with multiple pregnancies (group 8, 11.6%) and those with single cephalic preterm labour (group 10, 8.1%). Statistically significant differences in caesarean section rates between the study hospitals were observed in group 1 (nulliparous women with single cephalic full-term pregnancy and spontaneous labour), group 4 (multiparous with single cephalic full-term pregnancy with induced labour or prelabour caesarean section), group 5 (multiparous with single cephalic full-term pregnancy with previous caesarean section) and in group 7 (multiparous with breech presentation). Women in groups 5, 8 and 10 were the largest contributors to the overall caesarean section rate in the study hospitals. Efforts to reduce the differences in obstetrical care between hospitals need to be directed towards increasing the proportion of vaginal births after caesarean section and by reducing primary caesarean section in multiple pregnancies and preterm labour. [38]

Barcaite E et al in their study analyzed the cesarean section (CS) rates using Robson Ten Group Classification System (TGCS) and to identify the main contributors to the overall CS rate in Lithuania. They conducted a prospective cross-sectional study was carried out. All women who delivered between January 1 and December 31, 2012, in Lithuania were classified using the TGCS. The CS rates overall and in each Robson group were calculated, as was the contribution of each group to the overall CS rate. The CS rate was 26.4% (6697 among 25,373 deliveries) in 2012. Nulliparous women with single cephalic full-term pregnancy in spontaneous labor (Group 1) or who underwent induction of labor or prelabor CS (Group 2) and multiparous women with a previous CS (Group 5) were the greatest contributors (67.7%) to the overall CS rate. In addition, significant variation of CS rates between different institutions was observed, especially in women with single cephalic full-term pregnancy without previous CS (Groups 1-4), showing big differences in obstetric care across country. Women in Groups 1, 2 and 5 were the largest contributions to the overall CS rate in Lithuania. It seems that efforts to reduce the overall CS rate should be directed on increasing vaginal birth after CS and reducing CS rates in nulliparous women with single cephalic full-term pregnancy (Groups 1 and 2). [39]

Jadoon B et al conducted a cross sectional study to analyse the caesarean section rate of Benha University Hospital, Egypt using the standard 10-Group Robson classification system. All women admitted for childbirth were categorised into Robson groups to determine the absolute and relative contribution made by each group to the overall caesarean section rate. Epi Data V.3.1 software programme was used to analyse the data. 850 women gave birth during the study period, 466 (55%) by caesarean section (CS). Robson Group 5 (multiparous, term, cephalic presentation and previous caesarean section) contributed the most (36%) to the overall CS rate.

175/308 (56%) women in this group had previously undergone one caesarean section. Group 6 (all nulliparous women with single breech pregnancy) and Group10 (cephalic preterm pregnancies) were the second and the third greatest contributors toward the overall CS rate, with 4.6% and 2.8% respectively. Groups 5, 6, and 10 were the main contributors to the overall caesarean section rate. We found Robson classification to be clinically relevant and an effective tool to analyse the caesarean section rate even in settings with limited resources. [40]

Geze S et al conducted a cross sectional study to describe the groups contributing to increased CS rates using the Robson classification in two major private hospitals in eastern Ethiopia. All women who gave birth from 9 January 2019 to 8 January 2020 in two major private hospitals in eastern Ethiopia were included. Of 1203 births in both hospitals combined during the study period, 415 (34.5%) were by CS. Women with a uterine scar due to previous CS (group 5), single cephalic term multiparous women in spontaneous labour (group 3) and single cephalic term nulliparous women in spontaneous labour (group 1) were the leading groups contributing 33%, 27.5% and 17.1%, respectively.

The leading documented indications were fetal compromise (29.4%), previous CS (27.2%) and obstructed labour (12.3%). More than three-fourths of CS were performed among Robson groups 5, 3 and 1, indicating inadequate trial of labour after CS or management of labour among relatively low-risk groups (3 and 1). Improving management of spontaneous labour and strengthening clinical practice around safely providing the option of vaginal birth after CS practice are strategies required to reduce the high CS rates in these private facilities. [41]

Matei A et al in their study conducted in Romania, assessed the implementation of Robson classification in a pregnant teenage population and to identify the indications for CS in the adolescent population. This study was designed as a one-year prospective analysis and considered all women younger than 20 years of age who delivered in a tertiary care hospital. Before discharge, women who had caesarean delivery responded to a questionnaire regarding their education, prenatal surveillance, and obstetrical history. Caesarean sections accounted for 47.01% of all births.

A proportion of 24.57% of the participants had at least one previous caesarean section. Group 10 (all women with a single cephalic preterm pregnancy) was second most often identified among women in middle adolescence (14.03%); 32.20% of the participants in late adolescence were in group 5 (multiparas with a scarred uterus, single cephalic term pregnancy). Differences between the two age groups were not statistically different ($p = 0.96$). Abnormal cardiotocographic findings (38.23%), the arrest of descent (19.11%) and arrest of dilation (19.11%), were the most frequent indications for caesareans in Robson group 1. Neonates from mothers in Robson groups 8 (women with a multiple pregnancy) and 7 (multiparas single breech pregnancy) had the most unfavourable outcomes regarding gestational age at delivery and admission to the intensive care unit. We concluded that future focus on obstetrical management is mandatory in Robson groups 7 and 8. Adolescents in Robson group 1 (nulliparas, single cephalic term pregnancy, spontaneous labour) are the primary beneficiaries of strategies to reduce caesarean sections rates. [42]

Makhanya V et al in their study evaluated the utility of the Robson Ten Group Classification System (RTGCS) in determining appropriateness of CS at a regional rural hospital in KwaZulu-Natal Province, South Africa. A retrospective review of the

hospital records of women delivered by CS over a 3-month period was performed. The RTGCS was used to categorise women according to parity, age, past obstetric history, singleton or multiple pregnancy, fetal presentation, gestational age and mode of onset of labour/delivery. There were 2 553 hospital births over the 3-month study period. The CS rate was 42.4% (1 082/2 553). According to the RTGCS, groups 1 (n = 296, 27.4%), 5 (n = 186, 17.2%) and 10 (n = 253, 23.4%) were substantial contributors to the overall CS rate. The main indications for CS were fetal distress (36.5%) and cephalopelvic disproportion (26.8%). The RTGCS is a useful tool with which to identify patient groups warranting interventions to reduce high CS rates in a rural regional hospital setting. Group 1 (nullipara: single cephalic term pregnancy; spontaneous labour) warrants the most attention. Applying stricter criteria and due diligence in decision-making for primary CS may decrease the high CS rates. [43]

In Nepal, a study was conducted by Amatya A et al to review the rates of cesarean sections over five years (2005-2010) and to assess the stratified rates of cesarean sections for audit of intrapartum management in University Teaching Hospital, Institute of Medicine. Data was stratified into 10 mutually exclusive groups, by using the method presented by Michael Robson. A total of 5907 women had under gone caeserean section over a period of five years. The results showed a growing trend of cesarean section rate from 16.6% to 25.4%. The results of this analysis using the Robson classification has shown that group 1(Nulliparous, single cephalic ≥ 37 weeks gestation in spontaneous labour) has the largest number of cesarean deliveries followed by group 3 (Multiparous, single cephalic ≥37 weeks gestation in spontaneous labor, no previous CS), although Robson classification showed that group 5 was the biggest contributor. The growing and uniform distribution (throughout the year) of cesarean section has been observed for five years. This

analysis provides evidence-based data so we can analyze where to aim our preventive measures and focus efforts in reducing the rate of CS. We would like to suggest that all hospitals and health authorities apply this standardized classification system as to monitor their CS rates and find ways to reduce it, and improve quality care. [44]

Roberge S et al performed a secondary analysis of the QUARISMA database, including all deliveries after 24 weeks' gestation from 32 maternity wards in the province of Quebec between 2008 and 2011 (n = 184 952 deliveries). CS rates were reported according to the modified Robson criteria from The Society of Obstetricians and Gynaecologists of Canada with the relative contribution to the total number of CSs. They observed a global CS rate of 22.9%. Women with previous CS and a fetus in cephalic presentation at term accounted for 35% of all Caesarean deliveries. Nulliparous women with cephalic presentation at term accounted for 30% of all CSs. Among nulliparous women with cephalic presentation, women with spontaneous labour contributed to 12% of all CSs, whereas women with an induction of labour contributed to 16% of all CSs. Non-cephalic fetal presentation accounted for 19% of all CSs. Other indications accounted for the remaining 16% of CSs. Most CSs are performed for multiparous women with previous CS; nulliparous women with a cephalic presentation at term, especially those undergoing labour induction; and non-cephalic fetal presentation. [45]

Obstetric outcome, specifically caesarean section rates, among induced term nulliparous and multiparous women without a previous caesarean section were analyzed by Denona B et al in their cross-sectional study using the Robson 10 group classification for the year 2016. In the total number of 8851 women delivered in 2016, the caesarean section rates among nulliparous women in spontaneous and induced

labour, Robson groups 1 and 2A, were 7.84% (151/1925) and 32.63% (437/1339) respectively and among multiparous (excluding those women with a previous caesarean section), Robson group 3 and 4A were 1%(24/2389) and 4.37% (44/1005), respectively. Pre labour caesarean rates for nulliparous and multiparous women, Robson groups 2B and 4B were 3.91% (133/3397) and 2.86% (100/3494), of the respective single cephalic cohort at term. The data suggests that studies on induction of labour should be analyzed by parity as there is a significant difference between nulliparous and multiparous women. [46]

Vila-Candel R et al conducted a retrospective study to assess the levels and trends of CS births between January 1, 2010, and December 31, 2018. All eligible women were allocated in RTGCS to determine the absolute and relative contribution made by each group to the overall CS rate; linear regression and weighted least squares regression analysis were used to analyze trends over time. The risk of CS of women with induced versus spontaneous onset of labor was calculated with an odds ratio (OR) with a 95% CI. About 16,506 women gave birth during the study period, 19% of them by CS. Overall, 20.4% of women were in group 1 (nulliparous, singleton cephalic, term, spontaneous labor), 29.4% in group 2 (nulliparous, singleton cephalic, term, induced labor or caesarean before labor), and 12.8% in group 4 (multiparous, singleton cephalic, term, induced or caesarean delivery before labor) made the most significant contributions to the overall rate of CS; Conclusions: In our study, Robson Groups 1, 2, and 4, were identified as the main contributors to the hospital's overall CS rate. The RTGCS provides an easy way of collecting information about the CS rate, is a valuable clinical method that allows standardized comparison of data, and time point, and identifies the groups driving changes in CS rates. [47]

Chong C et al analyzed the changing trends of cesarean section (CS) birth rates over an 11 year period (2000-2010) using the Robson Ten Group Classification System (RTGCS) to identify the main contributors to the rising CS birth rates at a tertiary teaching hospital in Singapore. Retrospective study was conducted and all women who delivered between 1 January 2000 and 31 December 2010 (hospital maternity database) were included in the study.

The RTGCS was used to classify these women according to parity, past obstetric history, singleton or multiple pregnancy, fetal presentation, gestational age and mode of onset of labor/delivery. From 2000 to 2010 the CS rate increased from 19.9 to 29.6 per 100 births. Multiparous women with a previous cesarean birth (Group 5) were the greatest contributor to the CS rate, followed by nulliparous women with singleton cephalic full-term pregnancy in spontaneous labor (Group 1). These two groups contributed to 75% of the rise in the CS rate from 2000 to 2010. The increase in CS rate is attributed largely to the rising CS rate in Group 5, followed by Group 1. We propose that future efforts to reduce overall CS rate should be focused on increasing vaginal birth after cesarean and reduce CS rates in nulliparous women with singleton cephalic full-term pregnancy (Groups 1 and 2), which in turn will reduce the number of pregnant women with a previous CS. [48]

In Canada, Kelly S et al conducted a study to determine the groups within the obstetric population contributing most substantially to the Caesarean section rate in five Canadian provinces. Hospital births from five participating provinces were grouped into Robson's 10 mutually exclusive and totally inclusive classification categories. The relative contribution of each group to the overall CS rate, relative size of group, and CS rate were calculated for British Columbia, Alberta, Ontario, Nova

Scotia, and Newfoundland and Labrador for the four-year period from 2007-2008 to 2010-2011. In all five provinces (accounting for approximately 64% of births in Canada), and for all years examined, the group making the largest relative contribution to the CS rate was women with at least one previous CS and a term, singleton, cephalic-presenting pregnancy (Robson Group 5). The CS rate for this group ranged from 76.1% in Alberta to 89.9% in Newfoundland and Labrador in 2010 to 2011, accounting for 11.3% of all deliveries. The rate of CS for Group 5 decreased slightly over the four years, except in Ontario. The next largest contributing group was nulliparous women with a term, singleton, cephalic-presenting pregnancy. Those with induced labour or Caesarean section before labour (Robson Group 2) had CS rates ranging from 34.4% in Nova Scotia to 44.6% in British Columbia (accounting for 13.1% of all deliveries), and those with spontaneous onset of labour (Robson Group 1) had CS rates of 14.5% to 20.3% in 2010 to 2011 (accounting for 23.6% of all deliveries). All hospitals and health authorities can use this standardized classification system as part of a quality improvement initiative to monitor Caesarean section rates. [49]

Tognon F et al conducted a study in Tanzania to to assess the pattern of CS rates according to the Robson classification and describe maternal and perinatal outcomes by group at the Tosamaganga Hospital in rural Tanzania. An observational retrospective study was conducted at St. John of the Cross Tosamaganga Hospital, a referral centre in rural Tanzania. 3012 women who gave birth in Tosamaganga Hospital from 1 January to 30 June 2014 and from 1 March to 30 November 2015 were included in the study. The overall CS rate was 35.2%, and about 90% of women admitted for labour were in Robson groups 1 through 5. More than 40% of the CS carried out in the hospital were performed on nulliparous women at term with a single

fetus in cephalic presentation (groups 1 and 3), and the most frequent indication for the procedure was previous uterine scar (39.2%). The majority of severe neonatal outcomes were observed in groups 1 (27.7%), 10 (24.5%) and 3 (19.1%). The study recorded a high CS rate in Tosamaganga Hospital, particularly in low-risk patients groups (Robson groups 1 and 3). Our analysis of Robson classification and neonatal outcomes suggests the need to improve labour management at the hospital and to provide timely referrals in order to prevent women from arriving there in critical conditions. [50]

Pereira MN et al did a study in Brazil to analyze CS rates in Brazil according to source of payment for childbirth (public or private) using the Robson classification. Data were from the 2011-2012 "Birth in Brazil" study, which used a national hospital-based sample of 23,940 women. They categorized all women into Robson groups and reported the relative size of each Robson group, the CS rate in each group and the absolute and relative contributions made by each to the overall CS rate. Differences were analyzed through chi-square and Z-test with a significance level of < 0.05. The overall CS rate in Brazil was 51.9 % (42.9 % in the public and 87.9 % in the private health sector). The Robson groups with the highest impact on Brazil's CS rate in both public and private sectors were group 2 (nulliparous, term, cephalic with induced or cesarean delivery before labor), group 5 (multiparous, term, cephalic presentation and previous cesarean section) and group 10 (cephalic preterm pregnancies), which accounted for more than 70 % of CS carried out in the country. High-risk women had significantly greater CS rates compared with low-risk women in almost all Robson groups in the public sector only. Public policies should be directed at reducing CS in nulliparous women, particularly by reducing the number of

elective CS in these women, and encouraging vaginal birth after cesarean to reduce repeat CS in multiparous women. [51]

Abubecker FA et al in their study in Ethiopia assessed the rate of CS and perform an analysis based on Robson classification system. A facility-based cross-sectional study was conducted at a tertiary hospital in Addis Ababa, Ethiopia. Data were collected from medical charts of all women who delivered from January-June 2018. The overall CS rate was calculated then women were categorized into one of the ten Robson groups. Relative size of each group, contribution of each group to the overall CS rate, and CS rate within each group were calculated. A total of 4,200 deliveries were analyzed. Of these 1,459 (34.7%) were CS. The largest contributors to the overall CS rate were Group 10 (19.1%), Group 2 (18.3%), Group 5 (17.1%), and Group 4 (15.8%). There was also a high rate of pre-labor CS in Group 2, Group 4, and Group 10. Through implementation of the Robson ten group classification system, we identified the contribution of each group to the overall CS rate as well as the CS rate within each group. Group 10 was the leading contributor to the overall CS rate. This study also revealed a high rate of CS among low-risk groups. These target groups require more in-depth analysis to identify possible modifiable factors and to apply specific interventions to reduce the CS rate. Evaluation of existing management protocols and further studies into indications of CS and outcomes are needed to design tailored strategies and improve outcomes. [52]

Cammu H et al in their study in Finland used the Robson's TGCS to analyze CS rates for the years 1992, 2000, 2008, and 2016, using the Flemish population-based birth register. Between 1992 and 2016, the overall CS rate increased from 11.8% in 1992 to 20.9% in 2016. The major contributors to that increase were (a)

single, cephalic nulliparous women, at term in spontaneous labor (Robson group 1); (b) single, cephalic nulliparous women, at term in induced labor or CS before labor (group 2); and (c) multiparous women with single cephalic at term pregnancy with history of CS (group 5). In the subgroup of the seven clinics where the collective CS rate had decreased from 23.2% in 2008 to 19.3% in 2016, the main contributors to this decrease were Robson groups 1 and 2. The CS increase in Flanders between 1992 and 2016 is mainly the result of the absolute CS increase in the childbirth of nulliparous women with a single cephalic baby at term in spontaneous or induced labor and in women with a single cephalic presentation at term and a previous CS. Further research in these aforementioned groups is needed to identify the real reasons for the CS increase. [53]

Pinto P et al conducted a study in Spain to analyze the impact of the introduction of an internal clinical audit on the cesarean section (CS) rate, evaluated according to the Robson Ten Group Classification System (TGCS), and to identify the main contributors to the overall CS rate in order to plan further interventions. In 2014, an internal clinic audit committee was established in our center. Modifications of clinical management protocols were also implemented. A retrospective review of clinical records was conducted and pre-audit (2011-2014) results were compared against audit (2015-2018) results. Patients were clustered according to the Robson TGCS and the analyzed outcomes were CS rate and maternal and neonatal results. Between January 2011 and December 2018, 12,766 women gave birth at our institution among which 2,281 CS were analyzed. After the establishment of the clinical audit, the overall CS rate decreased from 20.27% to 14.82 % ($p < 0.01$). The major contribution to the overall CS rate in both periods were made by Group 2a (nulliparous with a single cephalic pregnancy at term who underwent labor induction:

4.86 % of all cases), followed by Group 5 (patients with a previous C-section: 3.26 %) and Group 1 (nulliparous with a single cephalic pregnancy at term with spontaneous labor: 2.39 %), representing 59.6 % of all CS. The group that showed the greatest reduction to the overall Cs rate was Group 2 (5.77 % vs 3.96 %, OR 1.48 ($p < 0.01$). No differences in perinatal and maternal results were found between preaudit and audit group. Audit, feedback, and modification of clinical management protocols may be effective in changing clinical practice and reducing CS rates without worsening maternal and neonatal morbimortality. Robson TGCS allowed us to identify which groups had the greatest impact on CS rate in order to establish new strategies that may lead us to optimize the use of this intervention. It seems that efforts to reduce the overall CS rate should be directed on increasing vaginal birth after CS and reducing CS rates in nulliparous women with single cephalic full-term pregnancy. [54]

Tapia V et al in their study conducted in Peru analyzed the evels and trends of delivery by caesarean section using the Robson classification for caesarean section, identify the groups of women with highest caesarean section rates and assess variation of maternal and perinatal outcomes according to caesarean section levels in each group over time. Data from 549,681 pregnant women included in the Peruvian Perinatal Information System database from 43 maternal facilities in three Peruvian geographical regions from 2000 and 2010 were studied. The data were analyzed using the Robson classification and women were studied in the ten groups in the classification. Cochran-Armitage test was used to evaluate time trends in the rates of caesarean section rates and; logistic regression was used to evaluate risk for each classification. The caesarean section rate was 27% and a yearly increase in the overall caesarean section rates from 2000 to 2010 from 23.5% to 30% (time trend $p<0.001$) was observed. Robson groups 1, 3 (nulliparous and multiparas, respectively, with a

single cephalic term pregnancy in spontaneous labour), 5 (multiparas with a previous uterine scar with a single, cephalic, term pregnancy) and 7 (multiparas with a single breech pregnancy with or without previous scars) showed an increase in the caesarean section rates over time. Robson groups 1 and 3 were significantly associated with stillbirths (OR 1.43, CI95% 1.17-1.72; OR 3.53, CI95% 2.95-4.2) and maternal mortality (OR 3.39, CI95% 1.59-7.22; OR 8.05, CI95% 3.34-19.41). The caesarean section rates increased in the last years as result of increased CS in groups with spontaneous labor and in-group of multiparas with a scarred uterus. Women included in groups 1 y 3 were associated to maternal perinatal complications. Women with previous cesarean section constitute the most important determinant of overall cesarean section rates. The use of Robson classification becomes a useful tool for monitoring cesarean section in low human development index countries. [55]

Senanayake H et al in their study aimed at describing the use of a prospective database on hospital deliveries for analysing caesarean section (CS) practices according to the WHO manual for Robson classification, and for developing recommendations for improving the quality of care. An observational study was conducted at the University Obstetric Unit at De Soysa Hospital for Women, the largest maternity unit in Sri Lanka. For every childbirth, 150 variables were routinely collected in a standardised form and entered into a database. Data were routinely monitored for ensuring quality. Information on deliveries occurring from July 2015 to June 2017 were analysed according the WHO Robson classification manual. Findings were discussed internally to develop quality improvement recommendations. 7504 women delivered in the hospital during the study period and at least one maternal or fetal pathological condition was reported in 2845 (37.9%). The CS rate was 30.0%, with 11.9% CS being performed prelabour. According to the Robson classification,

Group 3 and Group 1 were the most represented groups (27.0% and 23.1% of population, respectively). The major contributors to the CS rate were group 5 (29.6%), group 1 (14.0%), group 2a (13.3%) and group 10 (11.5%). The most commonly reported indications for CS included abnormal cardiotocography/ suspected fetal distress, past CS and failed progress of labour or failed induction. These suggested the need for further discussion on CS practices. Overall, 18 recommendations were agreed on. Besides updating protocols and hands-on training, activities agreed on included monitoring and supervision, criterion-based audits, risk management meetings and appropriate information for patients, and recommendations to further improve the quality of data. This study provides an example on how the WHO manual for Robson classification can be used in an action-oriented manner for developing recommendations for improving the QoC, and the quality of data collected. [56]

Globally, Caesarean section (CS) rates are mounting and currently exceed the safe upper limit of 15%. Monitoring CS rates using clinical indications and obstetric sub-group analysis could confirm that women in need have been served. In Bangladesh, the reported CS rate was 31% in 2016, and almost twice that rate in urban settings. Delivering in the private healthcare sector was a strong determinant. This study uses Robson Ten Group Classification System (TGCS) to report CS rates in urban Bangladesh. The clinical causes and determining factors for CS births have also been examined. This record linkage cross-sectional survey was undertaken in 34 urban for-profit private hospitals having CS facilities during the period June to August 2015. Data were supplied by inpatient case records and operation theatre registers. Descriptive analyses were performed to calculate the relative size of each group; the group-specific CS rate, and group contribution to total CS and overall CS rate. CS

indications were grouped into eleven categories using ICD 10 codes. Binary logistic regression was performed to explore the determinants of CS. Out of 1307 births, delivery by CS occurred in 1077 (82%). Three obstetric groups contributed the most to overall CS rate: previous CS (24%), preterm (23%) and term elective groups (22%). The major clinical indications for CS were previous CS (35%), prolonged and obstructed labor (15%), fetal distress (11%) and amniotic fluid disorder (11%). Multiple gestation, non-cephalic presentation, previous bad obstetric history were positive predictors while oxytocin used for labour induction and increased parity were negative predictors of CS. As the first ever study in urban private for-profit health facilities in Bangladesh, this study usefully identifies the burden of CS and where to intervene. Engagement of multiple stakeholders including the private sector is crucial in planning effective strategies for safe reduction of CS. [57]

Litorp H et al in their study analyzed the trends in CS rates and outcomes among a variety of obstetric groups at a university hospital in a low-income country. They conducted a hospital-based panel study at Muhimbili National Hospital, Dar es Salaam, Tanzania. All deliveries between 2000 and 2011 with gestational age ≥ 28 weeks were included in the study. The 12 years were divided into four periods: 2000 to 2002, 2003 to 2005, 2006 to 2008, and 2009 to 2011. Main outcome measures included CS rate, relative size of obstetric groups, contribution to overall CS rate, perinatal mortality ratio, neonatal distress, and maternal mortality ratio. Time trends were analysed within the ten Robson groups, based on maternal and obstetric characteristics. They applied the chi-square test for trend to determine whether changes were statistically significant. Odds ratios of CS were evaluated using multivariate logistic regression, accounting for maternal age, referral status, and private healthcare insurance. They included 137,094 deliveries. The total CS rate rose

from 19% to 49%, involving nine out of ten groups. Multipara without previous CS with single, cephalic pregnancies in spontaneous labour had a CS rate of 33% in 2009 to 2011. Adjusted analysis explained some of the increase. Perinatal mortality and neonatal distress decreased in multiple pregnancies ($p < 0.001$ and $p = 0.003$) and nullipara with breech pregnancies ($p < 0.001$ and $p = 0.024$). Although not statistically significant, there was an increase in perinatal mortality ($p = 0.381$) and neonatal distress ($p = 0.171$) among multipara with single cephalic pregnancies in spontaneous labour. The maternal mortality ratio increased from 463/100, 000 live births in 2000 to 2002 to 650/100, 000 live births in 2009 to 2011 ($p = 0.031$). The high CS rate among low-risk groups suggests that many CSs might have been performed on questionable indications. Such a trend may result in even higher CS rates in the future. While CS can improve perinatal outcomes, it does not necessarily do so if performed routinely in low-risk groups. [58]

Howell S et al applied the Robson Ten Group Classification System (RTGCS) to population based data to identify the main contributors to Queensland's rising CS rate. The RTGCS was applied retrospectively to the Queensland Perinatal Data Collection. CS rates were described for all ten RTGCS groups using data from 2006. Trends were evaluated using data for the years 1997-2006. Public and private sector patients were evaluated separately. In Queensland, in 2006, CS rates were 26.9 and 48.0% among public and private sector patients, respectively. Multiparous women with a previous caesarean birth (Group 5) made the greatest contribution to the CS rate in both sectors, followed by nulliparous women who had labour induced or were delivered by CS prior to the onset of labour (Group 2) and nulliparous women in spontaneous labour (Group 1). CS rates have risen in all RTGCS groups between 1997 and 2006. The trend was pronounced among multiparous women with a

previous caesarean delivery (Group 5), among women with multiple pregnancies (Group 8) and among nulliparous women who had labour induced or was delivered by CS prior to the onset of labour (Group 2). The CS rate in Queensland in 2006 was higher than in any other Australian state. The increase in Queensland's CS rates can be attributed to both the rising number of primary caesarean births and the rising number of repeat caesareans. [59]

Marin DF et al conducted a study to assess the caesarean section (CS) rates before and after the implementation of the Project Appropriate Birth (PPA), based on the Robson ten group classification systems. All pregnant women attending from April 2016 to April 2017 (period 1, pre-implementation of PPA) and from June 2017 to June 2018 (period 2, post-implementation of PPA) were included in the study. Maternal and obstetric characteristics were evaluated, including Robson's classification, based on the characteristics of pregnancy and childbirth. A chi-square test and crude and adjusted relative rates were used to analyse the study variables. The significance level was set at 5%. The CS rate for each group, their contribution to the overall CS rate and the differences in these contributions before and after PPA implementation were analyzed.

The CS rates decreased from 62.4 to 55.6%, which represented a 10.9% reduction after the implementation of the PPA. Pregnant women in Robson classification groups 1-4 had a 21.4% reduction in CS rates, ranging from 49.1 to 38.6%. The greatest contributors to the overall CS rates were group 5 and group 2, accounting for more than 60% of the CS deliveries. The study results suggest that Project Appropriate Birth had an impact on the reduction of CS rates, especially in Robson classification groups 1 through 4, which indicates that providing mothers with

evidence-based interventions for labour and childbirth assistance contributed to reduce CS rates. [60]

Zahumensky J et al analyzed the frequency of cesarean delivery using the Robson 10-group classification. A multicenter retrospective cohort study was conducted at three university hospital labor units in the Slovak Republic. The medical records of all women who gave birth at these centers from January 1 to December 31, 2017, were assessed. In all, 1437 of 3361 (42.8%), 729 of 2795 (26.1%), and 303 of 2080 (14.6%) births recorded at the three centers during the current study period were by cesarean delivery. Among the nulliparous term singleton vertex deliveries (Robson group 1 and 2), the frequency of cesarean delivery at the three centers was 613 of 1653 (37.1%), 278 of 1389 (20.0%), and 91 of 898 (10.1%). Among term multiparas with one fetus in a cephalic position and at least one previous cesarean delivery (Robson group 5), the frequency of cesarean delivery at the three centers was 405 of 418 (96.9%), 261 of 343 (76.1%), and 55 of 115 (47.8%). Analysis of the frequency of cesarean delivery by Robson classification could help to identify possibilities for safely decreasing cesarean delivery rates in the clinic. Robson groups 1, 2, and 5 were the most modifiable groups. [61]

Allen VM et al in their study estimated the contribution of select maternal groups to temporal trends in Caesarean section (CS) rates. Using the Nova Scotia Atlee Perinatal Database, all deliveries by CS during the 24-year period from 1984 to 2007, at the Women's Hospital, IWK Health Centre were identified. Deliveries by CS were classified into groups using parity (nullipara/multipara), plurality (singleton/multiple), presentation (cephalic/breech/transverse), gestational age

(term/preterm), history of previous CS (previous CS/no previous CS), and labour (spontaneous/induced/no labour). CS rates in each group and the contribution of each group to the overall CS rate was determined for three eight-year epochs. The risk of CS in each group over time, accounting for identified maternal, fetal, and obstetric practice factors, was evaluated using logistic regression. Of 113,016 deliveries, 23,232 (20.6%) were identified as deliveries by CS meeting the inclusion and exclusion criteria. The CS rate rose from 16.8% in 1984 to 1991 to 26.8% in 2000 to 2007 ($P < 0.001$). The biggest contributors to the overall CS rate in the last study epoch (2000-2007) were nulliparous women with singleton, cephalic, term pregnancies with spontaneous or induced labour; women with singleton, cephalic, term pregnancies with previous CS; and women with breech presentation. Adjusted analyses explained some increases in the rate of CS and demonstrated reduced risks in others. Only some temporally increased CS rates in select maternal groups remain increased after adjusting for confounding variables. The identification of potentially modifiable maternal risk factors, re-evaluation of the indications and techniques for induction of labour in nulliparous women, provision of clinical services for vaginal birth after Caesarean section, and external cephalic version for selected breech presentation are important clinical management areas to consider for safely lowering the Caesarean section rate. [62]

Colais P in their study assessed whether adjustment for Robson's Ten Group Classification System (TGCS), and clinical and socio-demographic variables of the mother and the fetus is necessary for inter-hospital comparisons of CS rates. The study population included 64,423 deliveries in Emilia-Romagna between January 1,

2003 and December 31, 2004, classified according to theTGCS. Poisson regression was used to estimate crude and adjusted hospital relative risks of CS compared to a reference category. Analyses were carried out in the overall population and separately according to the Robson groups (groups I, II, III, IV and V-X combined). Adjusted relative risks (RR) of CS were estimated using two risk-adjustment models; the first (M1) including the TGCS group as the only adjustment factor; the second (M2) including in addition demographic and clinical confounders identified using a stepwise selection procedure. Percentage variations between crude and adjusted RRs by hospital were calculated to evaluate the confounding effect of covariates. The percentage variations from crude to adjusted RR proved to be similar in M1 and M2 model. However, stratified analyses by Robson's classification groups showed that residual confounding for clinical and demographic variables was present in groups I (nulliparous, single, cephalic, ≥37 weeks, spontaneous labour) and III (multiparous, excluding previous CS, single, cephalic, ≥37 weeks, spontaneous labour) and IV (multiparous, excluding previous CS, single, cephalic, ≥37 weeks, induced or CS before labour) and to a minor extent in groups II (nulliparous, single, cephalic, ≥37 weeks, induced or CS before labour) and IV (multiparous, excluding previous CS, single, cephalic, ≥37 weeks, induced or CS before labour). [63]

Lee YY et al in their study assessed the recent hospital caesarean section (CS) rates in New South Wales, adjusted for case mix; to quantify the amount of variation that can be explained by case mix differences; and to examine the potential impact on the overall CS rate of reducing variation in practice. Population-based record linkage study of births in 81 hospitals in New South Wales, 2009-2010, using the Robson

classification to categorise births, and multilevel logistic regression to examine variation in hospital CS rates within Robson groups was done. The overall CS rate was 30.9%, ranging from 11.8% to 47.4% (interquartile range, 23.9%-33.1%) among hospitals. The three groups contributing most to the overall CS rate all comprised women with a single cephalic pregnancy who gave birth at term, including: those who had had a previous CS (36.4% of all CSs); nulliparous women with an elective delivery (prelabour CS or labour induction, 23.4%); and nulliparous women with spontaneous labour (11.1%). After adjustment for case mix, marked unexplained variation in hospital CS rates persisted for: nulliparous women at term; women who had had a previous CS; multifetal pregnancies; and preterm births. If variation in practice was reduced for these risk-based groups by achieving the "best practice" rate, this would lower the overall rate by an absolute reduction of 3.6%, from 30.9% to 27.3%. Understanding hospital heterogeneity in performing CS and implementing evidence-based practices may result in improved maternity care. We have identified five risk-based groups as priority targets for reducing practice variation in CS rates. [64]

MATERIALS AND METHODS

Study site

Institute of Obstetrics and Gynaecology, Egmore, Chennai.

Study Design

Cross sectional study

Study Period

March 2020 to February 2021

Selection of study population

All the consecutive women who delivered with gestational age more than 28 weeks including both normal delivery and caesarean section, alive or dead with or without malformations were the study population.

Inclusion criteria

- Gestational weeks >28 weeks
- Mothers delivered through both normal and caesarean section, alive or dead ,with or without malformations

Exclusion Criteria

- <28 weeks of gestation

The patient baseline characteristics were obtained from the Parturition register and from the Patient information sheet. Obstetric information like parity, mode of previous deliveries, previous caesarean section, gestational age, onset of labour - spontaneous or induced, fetal presentation, number of fetuses were recorded which will then be classified into Robson classification.

5.8 Data Collection Method:

a. Data collection was done in the study area after obtaining permission from the Dean, Madras Medical college, Chennai and the Head of the Department,

Department of Obstetrics and Gynecology and approval from the Institute Ethical Committee(Annexure).

b. All the consecutive women who delivered with gestational age more than 28 weeks including both normal delivery and caesarean section, alive or dead with or without malformation will be the study population
c. Robson classification was used to classify into the respective groups

Study Methods

- The patients who have satisfied inclusion and exclusion criteria will be included in the study.
- Detailed information taken as per the proforma with regard to parity, previous obstetric history, onset of labour, gestational age, fetal lie and fetal presentation and previous caesarean section.

Sample Size

All the study participants who fit the inclusion and exclusion criteria were recruited until study period duration. Thus the maximum sample attained is 1032.

Sampling Method

Convenient (non-probability) sampling method was used

Data collection tools:

Robson Classification:

There are 10 groups in Robson classification. Six variables were used to classify it. They are as follows:

- Parity: Nullipara and Multipara

- Previous Caesarean section: Yes or No
- Onset of Labour: Spontaneous or induced or no labour
- Number of Fetuses: Singleton or Multiple
- Gestational Age: Preterm or Term
- Fetal Lie and presentation: Cephalic, Breech, Transverse or oblique lie

The 10 Groups of the Robson Classification includes:

- **Group 1**: Nulliparous women with single cephalic pregnancy >37 weeks GA in spontaneous labour
- **Group 2**: Nulliparous women with single cephalic pregnancy >37 weeks GA who either had labour induced or were delivered by CS before labour.
- **Group 3**: Multiparous women without a previous uterine scar with a single cephalic pregnancy >37 weeks GA in spontaneous labour.
- **Group 4**: Multiparous women without a previous uterine scar, with a single cephalic pregnancy >37 weeks GA who either had labour induced or were delivered by CS before labour.
- **Group 5**: All multiparous woman with at least one previous uterine scar, with single cephalic pregnancy >37 weeks.
- **Group 6**: All nulliparous women with single breech pregnancy
- **Group 7**: All multiparous women with a single breech pregnancy including women with previous uterine scars.
- **Group 8**: All women with multiple pregnancy including women with previous uterine scars.
- **Group 9**: All women with a single pregnancy with a transverse lie/oblique lie including women with previous uterine scars.

- **Group 10**: All women with single cephalic pregnancy <37 weeks GA including women with previous scars.

Statistical Analysis

Descriptive statistics was done for all data and were reported in terms of mean values and percentages. statistical tests of comparison were done. Continuous variables were analysed with the unpaired t test. Categorical variables were analysed with the Chi-Square Test and Fisher Exact Test. Statistical significance was taken as $P < 0.05$. The data was analysed using SPSS Version 16. Microsoft Excel 2007 was used to generate charts

Ethical Considerations

The following ethical guidelines were put into place for the research period:

- The dignity and wellbeing of patients was protected at all times.
- Research data is kept confidential throughout the research process, and researchers have obtained permission from patients to use their real names in research reports.

Research protocol was presented in Institutional Ethical review Board and due permission was obtained to undertake the study

Conflict of interest

Study runs on your own with the support of the institution.. There is no commercial or conflict of interest

Operation definitions:

- **Caesarean delivery:**

  It is defined as a surgical procedure through which a baby is delivered by an incision done in abdomen or uterus.

Null Hypothesis:

H0:There is no association between the Caesarean section rate of our study group and the Caesarean section rate of the group in the Robson's classification

H1: There is an association between the Caesarean section rate of our study group and the Caesarean section rate of the group in the Robson's classification

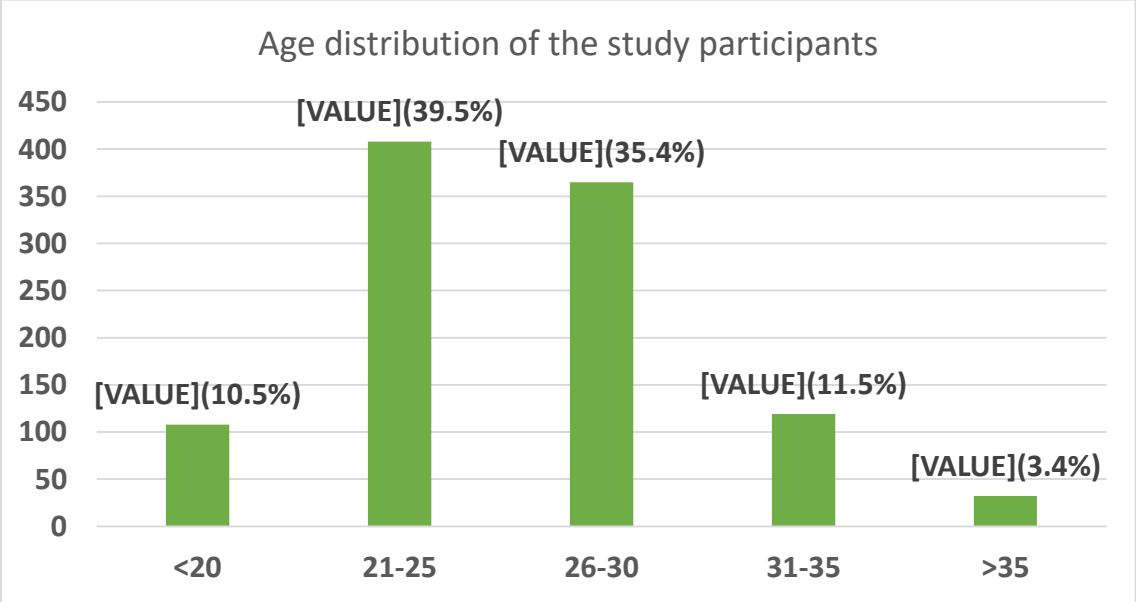
RESULTS

This study was carried out in the institute of Obstetrics and Gynaecology among the 1032 study participants recruited within the study period.

Table 1:Age distribution among the study participants

Age range	Number	Percentage (%)
<20	108	10.5
21-25	408	39.5
26-30	365	35.4
31-35	119	11.5
>35	32	3.4

Chart for Table 1

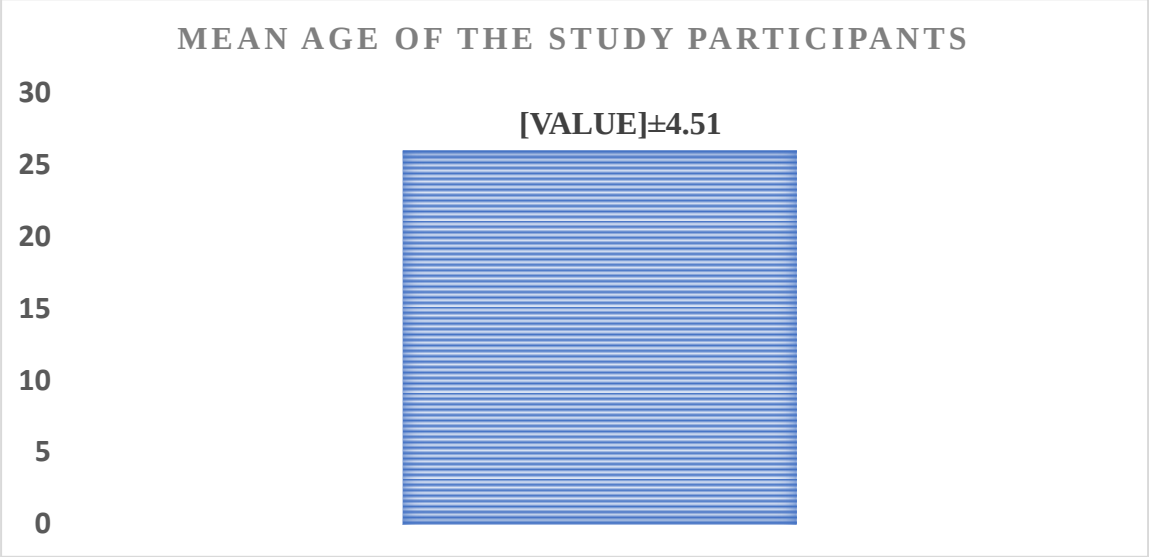


Among the study participants majority of the study participants 408(39.5%) belongs to 21-25 years of age followed by 26-30 years of age 365(35.4%) .Only 32(3.4%) among the study participants were more than 35 years of age

Table 2:Mean age of the study participants:

Mean age	SD
25.96	**4.51**

Chart for table 2

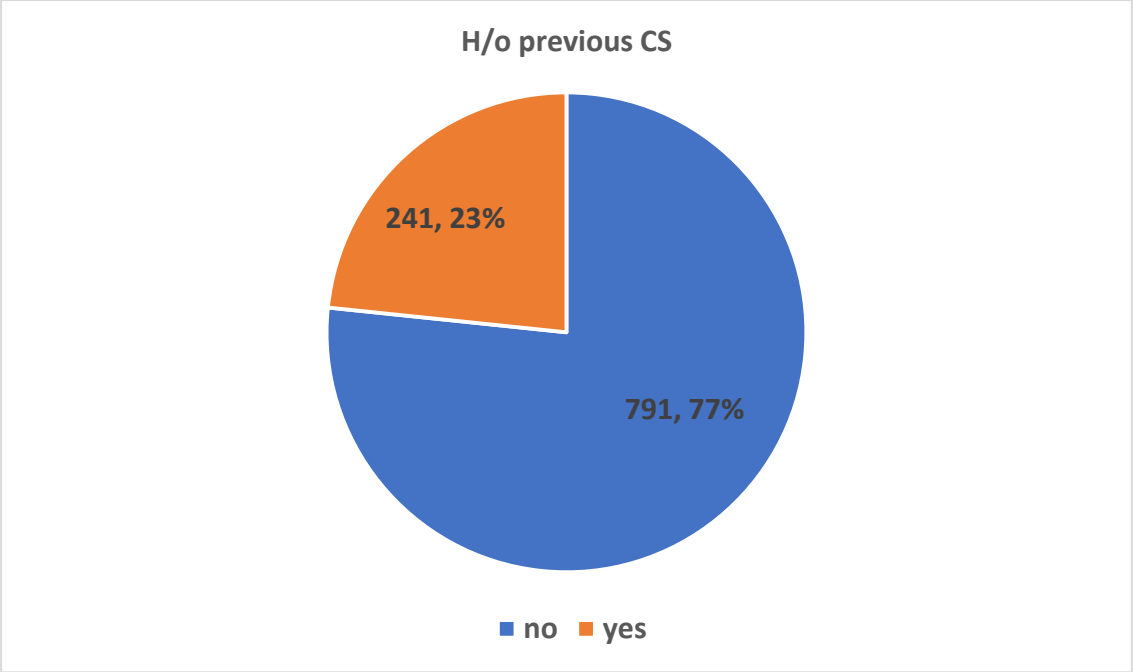


The mean age of the study participants was 25.96±4.51

Table 3 :History of previous caesarean section (N=1032)

Previous h/o caesarean section	Number(N)	Percentages(%)
No	791	76.6
Yes	241	23.4
Total	1032	100

Chart for Table 3

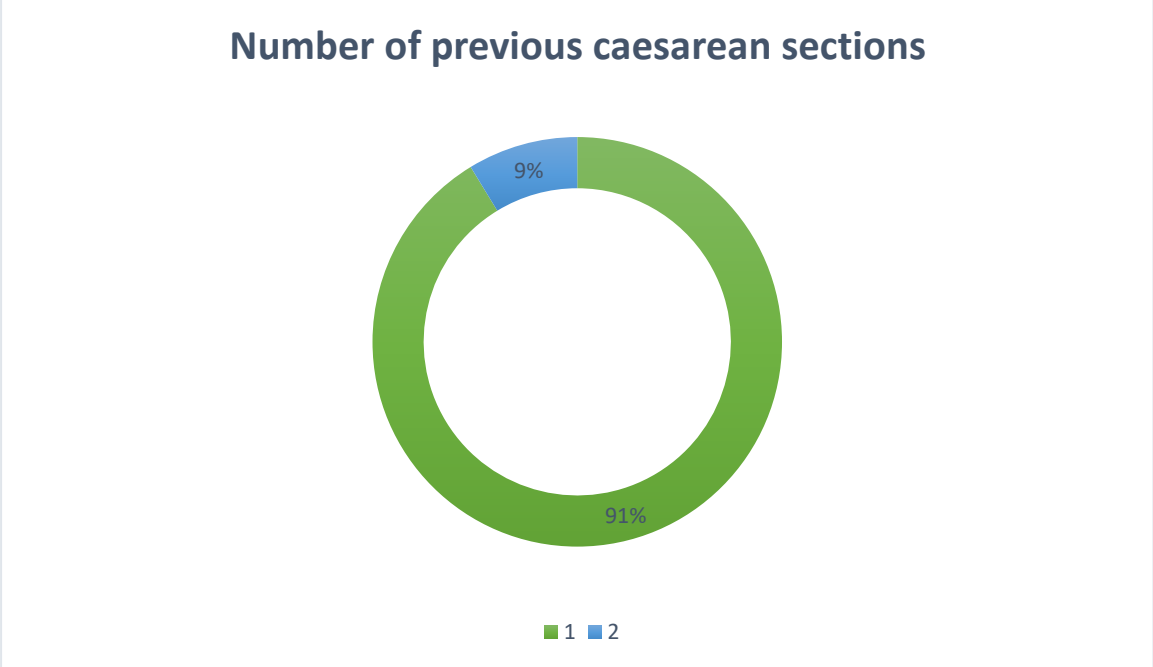


Among the study participants 241(23.4%) had history of previous Caesarean while the rest do not have 791(76.6%).

Table 4:No. of caesarean sections among the study participants(N=241)

No. of caesarean section	Number(N)	Percentages(%)
1	220	91.3
2	21	8.7
Total	241	100

Chart for Table 4

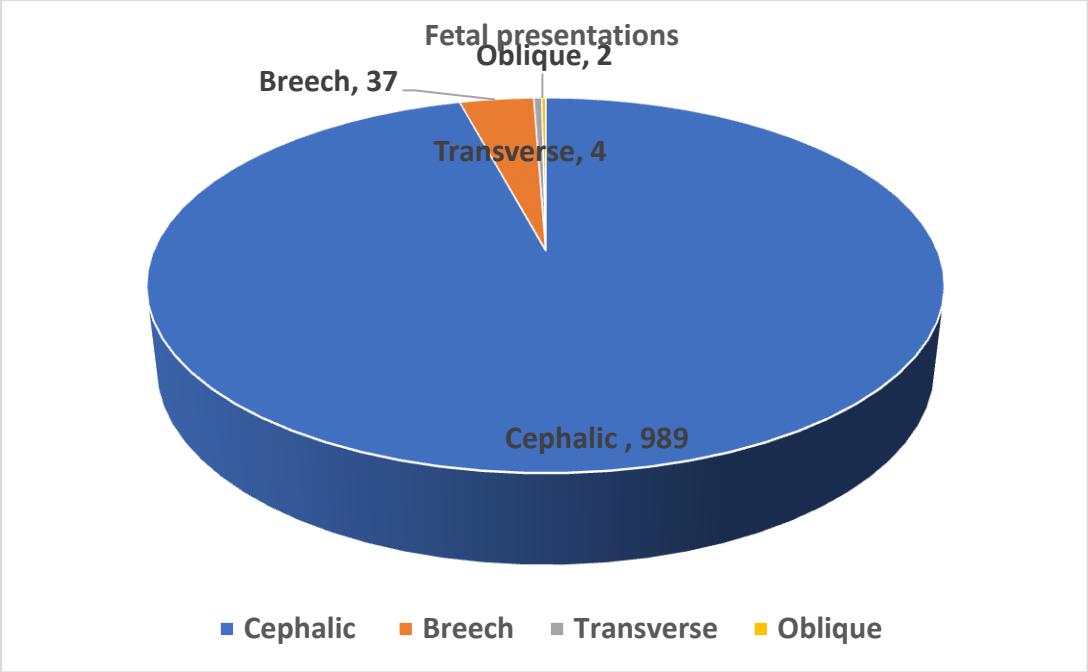


Among the study participants majority had history of 1 caesarean 220(91.3%) whereas the remaining has history of 2 caesarean 21(8.7%)

Table 5:Fetal presentations among the study participants

Fetal presentations	Number(N)	Percentages(%)
Cephalic	989	95.8
Breech	37	3.6
Transverse	4	0.4
Oblique	2	0.2
Total	1032	100

Chart for Table 5

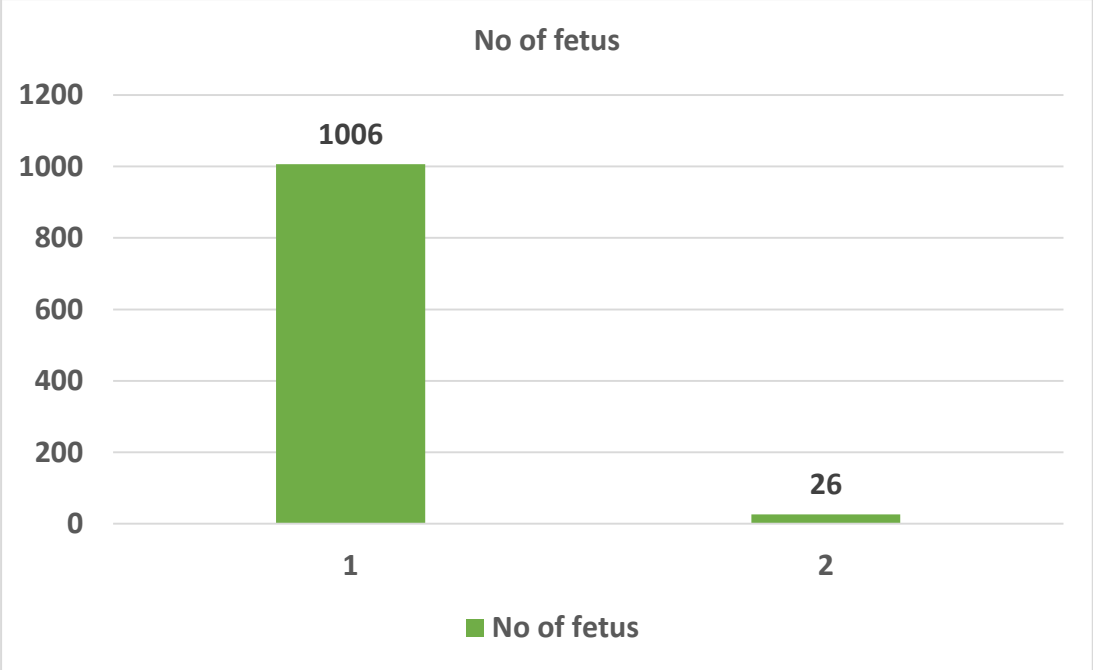


The common presentation is Cephalic presentation 989(95.8%) followed by the Breech 37(3.6%).

Table 6:Number of fetus of the study participants

Number of Fetus	Number(N)	Percentages(%)
1	1006	97.5
2	26	2.5
Total	1032	100

Chart for table 6



Majority has single fetus 1006(97.5%) followed by the multiple fetus 26(2.5%)

Table 7:Mode of delivery

Mode of delivery	Number (N)	Percentage (%)
Caeserean section	**585**	**56.7%**
Labour naturalis	**447**	**43.3%**

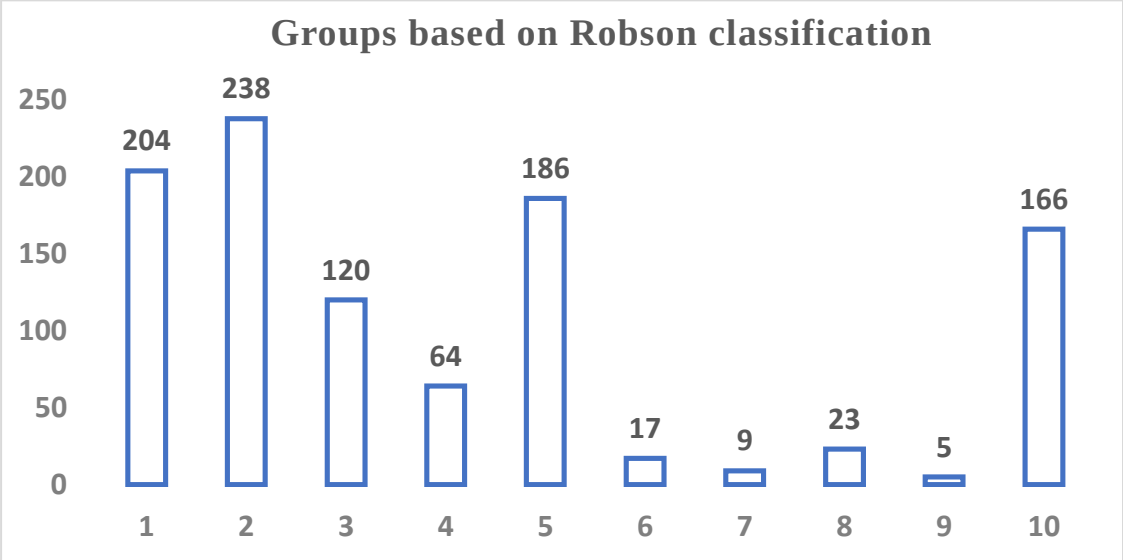
Chart for Table 7

Majority of the study participants underwent Caesarean section 585(56.7%) and the remaining Labour Naturalis 447 (43.3%).

Table 8: Groups classified based on Robson classification

Group's classification	Number (N)	Percentage(%)
1	204	19.8%
2	238	23.1%
3	120	11.6%
4	64	6.2%
5	186	18%
6	17	1.6%
7	9	0.9%
8	23	2.2%
9	5	0.5%
10	166	16.1%

Chart for Table 8



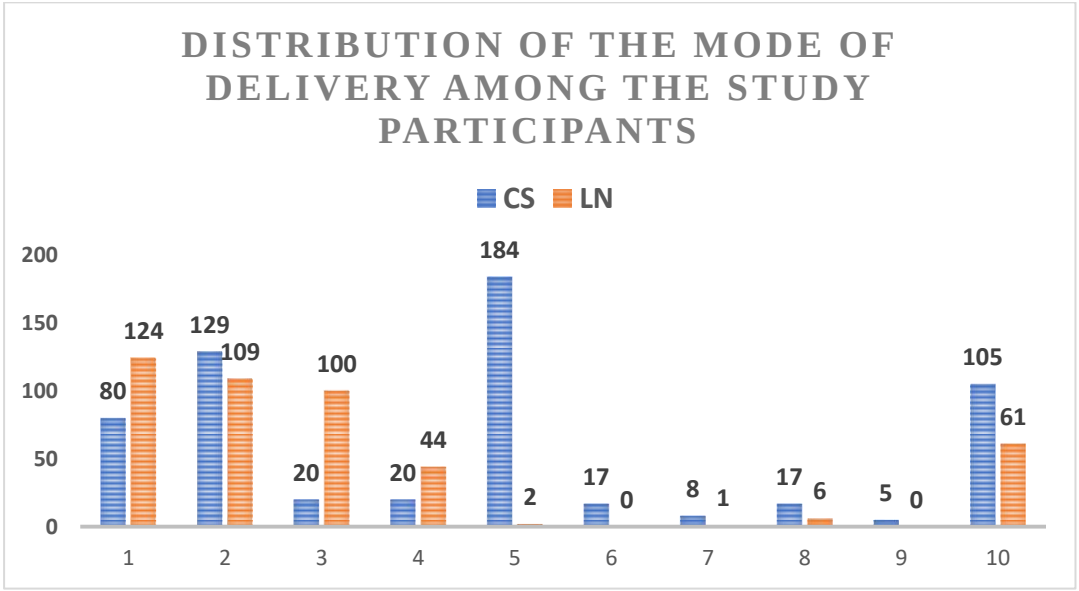
Among the study participants majority belongs to group 2 (238) followed by group 1(204).Group 9 is least among the study participants (5)

Around 23.1% belongs to Group 2 followed by 19.8% in Group 1, 18% belongs to group 5.

Table 9:Mode of delivery among the study participants

Groups	No of Caesarean	No of labour naturalis	Total
1	80(39%)	124(61%)	204(100%)
2	129(54%)	109(46%)	238(100%)
3	20(17%)	100(83%)	120(100%)
4	20(31%)	44(69%)	64(100%)
5	184(99%)	2(1%)	186(100%)
6	17(100%)	0(0%)	17(100%)
7	8(89%)	1(11%)	9(100%)
8	17(74%)	6(26%)	23(100%)
9	5(100%)	0(0%)	5(100%)
10	105(63%)	61(37%)	166(100%)

Chart for Table 9



Among the study participants more number of cesarean sections were done in Group 5 followed by Group 2.

Among the study participants majority 238 were in Group 2 followed by 204 in Group 1. All the participants in Group 9 (5) and Group 6 all (17) underwent C section.

Table 10:Overall specification of the study participants:

Group	Parity	H/O Previous CS	Number of Foetus	Fetal Presentation	Gestational age	Onset of Labour
1	0	No	1	Cephalic	>=37	Spontaneous
2	0	No	1	Cephalic	>=37	Induced or CS before labour
3	>=1	No	1	Cephalic	>=37	Spontaneous
4	>=1	No	1	Cephalic	>=37	Induced or CS before labour
5	>=1	Yes	1	Cephalic	>=37	Any
6	0	No	1	Breech	Any	Any
7	>=1	Any (Yes/No)	1	Breech	Any	Any
8	Any (0,1,2,3)	Any (Yes/No)	>=2	Any	Any	Any
9	Any (0,1,2,3)	Any (Yes/No)	1	Transverse or Oblique	Any	Any
10	Any (0,1,2,3)	Any (Yes/No)	1	Cephalic	<37	Any

The overall specification of the study participants include Parity status, Gestational age, Number of Foetus, Foetal Presentation and onset of labour.

Table 11:Robson's classification table

Group	Number of CS in Group	Number of women in group	Group Size (%)*	Group CS rate(%)#	Absolute Group contribution to overall CS rate(%)^	Relative contribution to overall CS rate(%)!
1	80	204	19.8	39.2	7.75	13.6
2	129	238	23.1	54.2	12.5	22.1
3	20	120	11.6	16.6	1.93	3.41
4	20	64	6.2	31.25	1.93	3.41
5	184	186	18	98.92	17.82	31.4
6	17	17	1.6	100	1.6	2.91
7	8	9	0.9	88.88	0.775	1.36
8	17	23	2.2	73.91	1.64	2.91
9	5	5	0.5	100	0.48	0.85
10	105	166	16.1	63.25	10.17	17.9
Total	**585** Total no of CS	**1032** Total no of women delivered	**100%**		**56.7%** Overall CS rate	**100%**

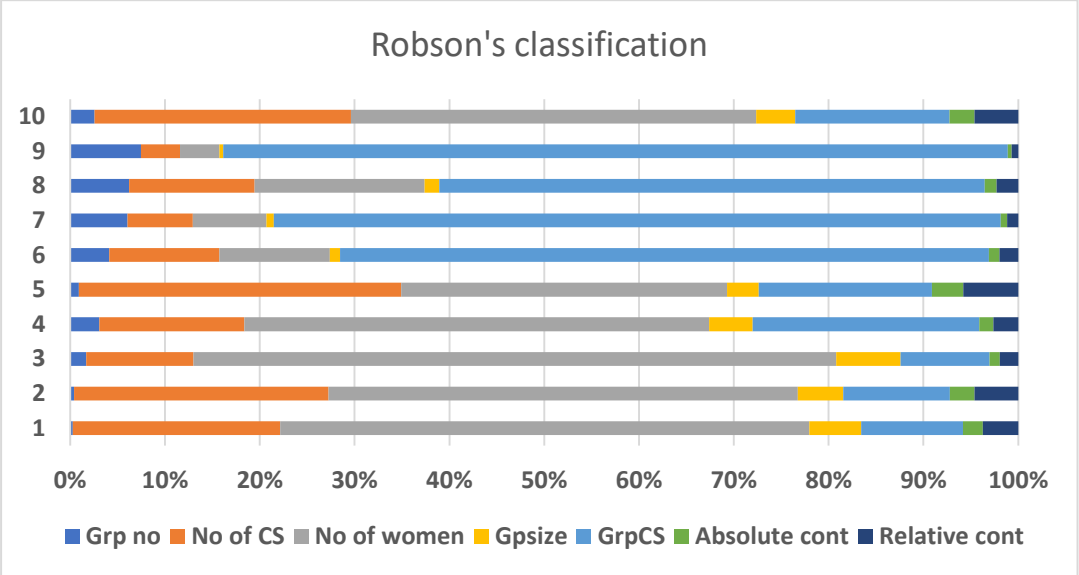
*Group size (%) = n of women in the group /total N women delivered in the hospital x 100

#Group CS rate (%) = n of CS in the group / total N of women in the group x 100

^Absolute contribution (%) = n of CS in the group / total N of women delivered in the hospital x 100

!4. Relative contribution (%) = n of CS in the group / total N of CS in the hospital x 100

Chart for Table 11



According to Robsons classification Group 1 should be less than 10% but in our study population it is more 39.2%.In group 2 the CS rate was 54.2% which is also higher as it should range from 20-35% according to Robson. In Group 3 the CS rate was found to be 16.6% and in Group 4 it is found to be 31.25% which is higher than the robson classification where the Group 3 should be <3% and Group 4 <15%.

In group 5 the CS rate is 98.92% which is higher compared to the robson classification where it should be 50-60% .This may be due to large group with women more than 2 previous CS. In Group 8 the CS rate is found to be 73.91% which is higher than the Robson where it should be around 60%.This variation may be due to

the ratio of nulliparous and the multiparous women and based on with or without previous scar. In Group 10 it is of 63.25 which is to be around 30%.This is due to high risk pregnancies like preeclampsia and fetal growth retardation.

When we are adding the relative contribution of Group 1,2 and 5 we get 67.1 which is similar to the robson classification. In all tertiary care centres and in the maternity wing these group of study participants should be focussed more.

The absolute contribution of the study participants of group 5 is 17.82 which contribute more to the CS. This is responsible for the 28.9% of the CS. Thus its high value indicates that in previous year more number of caesarean sections were done in Group 1 and Group 2.

Assessing the quality of data:

When we analyse the total number of caesarean sections and to the total women delivered it is identical which reveals us that our data doesn't contain missing data or incorrect data. In our group 9, the size of the group is 0.5% which is less than 1%.This states us that we didn't misclassify the breech presentation as transverse or oblique presentation. The CS rate of the Group 9 is also found to be 100% which is equal to the rate given by the robson classification.

Table 12:Assessing the population using Robson classification

Groups	No. of CS	Group size (Derived)	Group size (Robson)
Group 1 + 2	204+238	43%	35-42%
Group 3 + 4	120+64	18%	30%
Group 5	186	18%	<10%
Group 6 + 7	17+9	2.5%	3-4%
Group 8	23	2%	1.5-2%
Group 10	166	16%	<5%

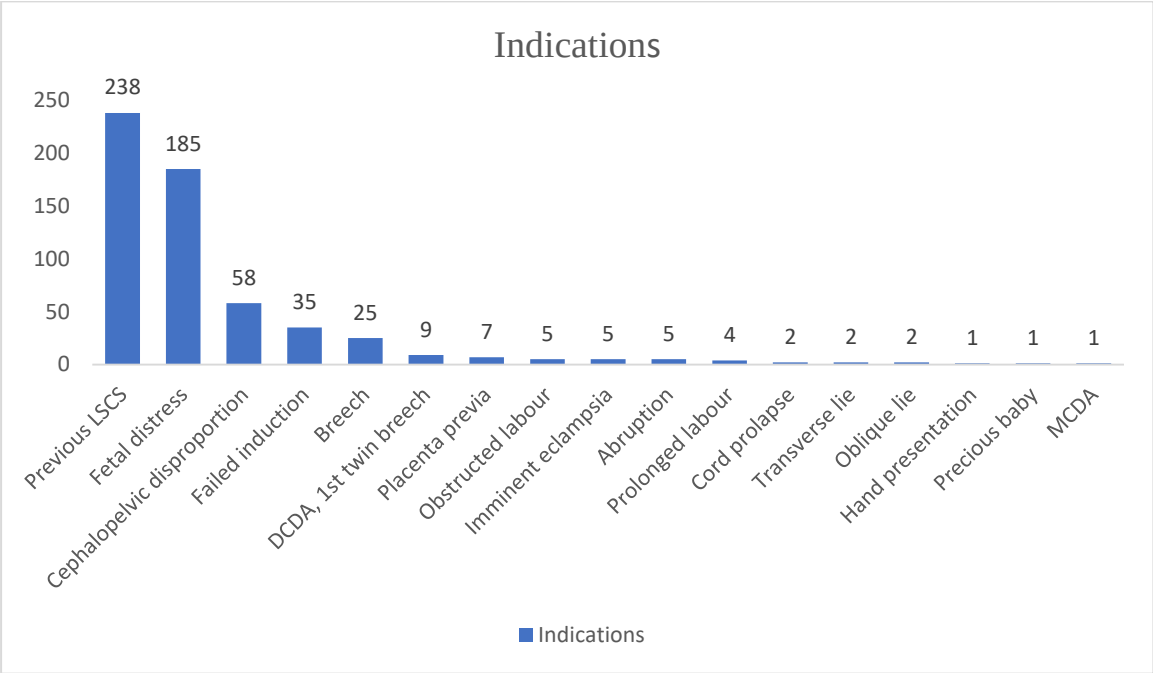
The group size of Group 1 and Group 2 is more or less equal as our group size is 43% which tells that in our study majority were having one child and nulliparous women. The size of Group 3 and Group 4 is 18% which is low compared to the Robson classification. The reason is may be due to the large Group 5 size and high overall caesarean rate. The group 5 is larger i.e 18% which is more than the Robson classification 10%.This rate tells that the caesarean section was more in the past years in the Group 1 and Group 2. The size of Group 6 and 7 is found to be 2.5% which is

lesser than the robson as it states 3-4%. The size of Group 8 was 2% which is similar to the Robson guideline as it is a tertiary care center. The Size of the Group 10 is 16% which is higher than the expected Robson guideline <5%. This is because it is a tertiary care centre and the preterm birth is more in this hospital.

Table 13:Indications of caesarean section in our study participants:

Indications	Number	%
Previous LSCS	238	40.6
Fetal distress	185	31.8
Cephalopelvic disproportion	58	10
Failed induction	35	6
Breech	25	4.3
DCDA, 1st twin breech	9	1.6
Placenta previa	7	1.2
Obstructed labour	5	0.8
Imminent eclampsia	5	0.8
Abruption	5	0.8
Prolonged labour	4	0.6
Cord prolapse	2	0.4
Transverse lie	2	0.4
Oblique lie	2	0.4
Hand presentation	1	0.1
Precious baby	1	0.1
MCDA	1	0.1
Total	**585**	**100**

Chart for Table 13



The most common indication for Caesarean section in our study population is previous LSCS (40.6%) followed by fetal distress (32%). The third common indication for the CS is cephalopelvic disproportion (10%).

Table 14:Indications of CS among the study groups

Indications/ Group	1	2	3	4	5	6	7	8	9	10
Previous LSCS					185			3		50
Fetal distress	58	64	13	14				3		33
Failed induction		27		4						4
Breech						17	8			
CPD	21	28	2							7
Prolonged labour		1	3							
Placenta previa		1	1	1						4
Precious baby	1									
Abruption		1						1		3
Cord prolapse	1	1								
Imminent Eclampsia		1								4
Obstructed Labour	1	4								
Pulmonary HTN			1							
DCDA, 1st twin breech								9		
MCDA								1		
Transverse lie									2	
Oblique lie									2	
Hand presentation									1	

In Group 1 the most common indication for CS is Fetal distress (58) followed by cephalopelvic disproportion (21).In Group 2 the first three common indications for CS were fetal distress(64), CPD(28) and failed induction(27). Fetal distress, prolonged labour and CPD(13,3,2) were the most common indication in Group 3 to perform CS. Fetal distress, failed induction and placenta previa(14,3,2) were the indications in Group 4 for Caesarean section.

In Group 8, DCDA, 1st twin breech (9), fetal distress (3) and Previous LSCS (3) were the common indications for LSCS. In Group 9 Transverse lie (2),Oblique lie (2) and hand presentation (1) were the indications for CS. Previous LSCS, fetal distress and CPD (50,33,7) were the most common reasons for CS in Group 10.

DISCUSSION

The most important indicator to assess the essential obstetric care is the Caesarean section. For classifying the caesarean section many classification systems have been proposed. Robson's Ten Group classification system was introduced by Robson in the year 2001. In systematic reviews which was done by WHO helped in identifying the classification system which can meet both the local and the international needs. WHO in Geneva 2014 stated that the Robson classification can be used to globally assess, monitor and compare the CS rate within the health care facilities[17].

Through Robson's classification we can compare the CS rate between the hospitals at national level, international level and also at global level. The C-section rate is more in tertiary care centres whereas in areas where the facility is not available maternal deaths were more.

Around 1032 women who delivered during the study period were recruited in the study. Out of the study participants 585 (56.7%) were delivered through Caesarean section and 447 (43.3%) were delivered through the Vaginal birth which is higher than the study done by Arpita et al [65]where 2782 (44.61%) delivered through the caesarean section and 3454 (55.38%) delivered through vaginal birth. It may be due to lack of C-Section availability and blood transfusion facilities in the primary care center and also due to last minute referrals. The higher caesarean section rate reflects the hospital section rate and not the population section rate. In

many studies like Ferreira et al[66] ,Samba and Mumuni [67] the caesarean section was less than our study 46.4%, 46.9%

In our study, Group 1 and 2 were the fourth and second largest contributors to the caesarean section rate respectively. Group 1 contributed 7.75% and group 2 contributed 12.5% and the overall contribution of group 1 and 2 to the CS rate was 20.2%. Whereas in the Study done by Arpita et al [65] the Group 1 and Group 2 contribute second and third largest to the CS rate. The overall contribution to the CS rate was 13.6% which is lesser than our study. The first and second group are very important in the obstetric population because there is a wide range of management and outcome. In order to reduce the CS rate, it is essential to diagnose appropriately and manage correctly in the first and second stage of the labour. Proper use of partogram and interpretation and training in interpretation of the foetal cardiotocographic recordings plays major role in reducing the primary caesarean section rate. Many studies state that induction of labour in Group 2 helps in reducing the CS rate.

Group 3 and Group 4 together contributed to 3.8% of the CS rate which is higher than the Arpita et al study where Group 3 and Group 4 contributed <3% of the CS rate. The common indications of caesarean section were foetal distress, failed induction and non-progress of labour. Overdiagnosis of fetal distress was found to be the reason for unnecessary CS section in this group.

In our study the Group 5 is the largest contributor to the CS rate i.e 17.82%. Similar results also seen in the study conducted by Arpita et al [65] where the CS rate of the Group 5 was found to be 18.6%.Similarly the contribution of the CS rate by Ray et al was 8.29-28.9%, Prameela et al was 8.48-25.80. The CS rate was more in Group 5 - 17.82%. Vaginal birth after one Caesarean section can be opted safely. The fear for the uterine rupture has slowly decreased the practice of VBAC in the recent years.

The caesarean section rate in groups 6,7,8 and 9 was high in our study groups but its contribution to the overall caesarean section was low. Group 6 and Group 9 had 100% caesarean section rate. Dhodapkar SB et al[65] also stated that women in group 6 delivered by CS. This expresses us the fear or reluctance on part of surgeon for assisted vaginal breech delivery or external cephalic version. Teaching ECV skills and assisted breech delivery and their reinforcement will decrease the need for CS in the breech delivery.The contribution of these groups to the Group 6,7,8 and 9 was 1.6%,0.77%,1.64% and 0.48%.To reduce the caesarean section of the study population we have to perform external cephalic version and it can be started from 36 weeks of gestation unless there are contraindications.

Group 10 was the third largest contributor of the caesarean section rate which id 10.17%. Ferrira et al [66]study in brazil found that group 10 contributed 7.7% to the overall caesarean section which is lesser than ours.

The overall caesarean section rate was 56.7% and it was noted that Group 1,2,5 and10 were the major contributors. In a similar study by Abdo AA[37] et al study where group 1,3 and 5 contributed more to the study participants.In Geze et al [41]study also Group 1,3 and 5 contributed to the CS .

In our study the most common indications for the CS was fetal distress, CPD and previous LSCS. In Abdo AA et al study the most common indications noted was fetal compromise (35.3%),previous CS (20.3%) and the obstructed labour(10.7%). Similar findings also seen in Geze et al study. In our study the breech presentations also contributed to more caesarean section but we have to offer vaginal breech birth by offering external cephalic version to all the eligible women and to all suitable cases.

Thus this classification system can be used by all health authorities and hospitals as a part of quality improvement initiative to monitor CS rates.

SUMMARY

The study was carried out in the Institute of Obstetrics and Gynaecology among the 1032 participants recruited within the study period based on their inclusion and the exclusion criteria.The results of the study are summarized as follows:

- Among the study subjects majority 428(39.5%)falls in the age group of 21-25 years of age
- The second most common age group 365(35.4%)of the study participants is 26-30 years of age
- The mean age of the study participants was 25.96±4.51
- Most 585(56.7%) of the study participants underwent caesarean section
- Around 447(43.3%) of the study participants underwent labour naturalis.
- Majority of the study participants 238(23.1%)belongs to the Group 2 according to the Robson's classification.
- The second most common group of the study participants 204(19.8%) is Group 1 .
- The least number is present in Group 9 which contributes to 0.5% of the total CS.
- 241(23.4%) have a history of previous caesarean section
- Among them majority 220(91.3%) have the history of first Caesarean section whereas in 21(8.7%) it has more than two Caesarean section history.
- Majority of the study participants have cephalic presentation 989(95.8%) followed by breech presentation 37(3.6%)
- Single fetus was present in 1006(97.5%) of the study participants
- Multiple fetus was present in 26(2.5%)

- Majority of the study participants 238 belongs to the Group 2 followed by 204 in Group 1
- All the participants (5) in the Group 9 and Group 6 underwent Caesarean section.
- According to Robson classification the Group 1 should constitute <10% but in our study it is 39.2%
- In Group 2 the CS rate should be ranging from 20-35% but in our study it is 54.2%
- In Group 3 CS rate should be less than 3% whereas in our study it was 16.6%
- CS rate in Group 4 should be <15% whereas in our study it is 31.25%
- The group 5 according to the Robson's classification should be ranging from 50-60 which is more than our study 98.92%
- In Group 8 the CS rate should be within 60% but in our study it is 73.91%
- It should be around 30% in Group 10 but in our study it is 63.85% and it may be due to high risk pregnancies like preeclampsia and growth retardation.
- We get relative contribution of 67.8% after adding the Group 1,2 and 5 which is similar to the Robson's classification
- More of CS is contributed by the Group 5 where the absolute contribution alone is 17.82%
- This high value indicates that more Caesarean sections were done in Group 1 and Group 2 in the previous years.
- The size of the Group 9 in our study is 0.5% which is lesser than the 1% according to the Robson's classification which indicates that we didn't misclassify the transverse or the oblique presentation or the breech presentation

- While assessing the population the Group size of 1 and 2 together constitute the 43% where majority constitute the nulliparous women with single fetus.
- The group size of 3 and 4 together is 18 which is lesser compared to the Robson's classification
- The group size of the 5 should be less than 10% according to the Robson classification which is more in our study 18.
- The size of Group 6 and 7 should be of less than 3-4% but in our study it is less and constitute 2.5%
- The size of the Group 8 was similar to the Robson's classification and it constitute 2%
- The Group 10 size should be less than 5% but in our study it is more i.e 16%
- The increase in the Group 10 size may be due to preterm birth which is more in the hospital.

CONCLUSION

For a pregnant women there are many reasons to deliver through caesarean section but it is the obstetrician's sole decision to do a caesarean section for the mother and baby betterment. This classification is used for collecting information with ease regarding the Caesarean section rate and also we can classify the women's group which is inclusive totally and exclusive mutually. This classification can be used at the time of delivery for critical assessment and we can also change practice if used continuously. Decreasing the primary caesarean section rate is the key to decrease the overall caesarean section. The norms can be changed for the non - progress labours and fetal distress by encouraging the obstetricians and training them to perform version when it is not contraindicated so that the caesarean section rate can be changed.

LIMITATIONS

- The main limitation of this study is that with this Robson's classification we can classify the groups but we will not be able to analyze the indications which leads to the Caesarean section.
- Misclassification of the antenatal mothers can lead to bias
- Terms should be defined

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PROFORMA

Name:

Age: IP No : Date & Time of Admission:

Address:

OBSTETRIC CODE :

LMP: EDD:

Gestational Age:

OBSTETRIC VARIABLES

1) **Parity**
   - ☐ Nullipara
   - ☐ Multipara
2) **Previous CS**
   - ☐ No
   - ☐ 1
   - ☐ 2
3) **Onset of labour**
   - ☐ Spontaneous
   - ☐ Induced
   - ☐ No labour (Prelabour CS)
4) **Number of foetuses**
   - ☐ Single
   - ☐ Multiple
5) **Gestational Age**
   - ☐ Term (37 weeks or more)
   - ☐ Preterm (less than 37 weeks)
6) **Fetal lie and Presentation**
   - ☐ Cephalic presentation
   - ☐ Breech presentation
   - ☐ Transverse lie

GROUP:

MODE OF DELIVERY:

- ☐ Vaginal delivery
  - Labour natural
  - Assisted – (forceps / vacuum)
- ☐ Caesarean section

  Indication:

INFORMATION SHEET

- We are conducting a study on **"ANALYSIS OF CAESAREAN SECTION RATE BASED ON ROBSON'S TEN GROUP CLASSIFICATION"** among patients attending Institute of obstetrics and gynaecology, Chennai and for that your clinical details may be valuable to us.

- We are selecting certain patients and if you are found eligible, we may be using your clinical details in such a way so as to not affect your final report or management.

- The privacy of the patients in the research will be maintained throughout the study. In the event of any publication or presentation resulting from the research, no personally identifiable information will be shared.

- Taking part in this study is voluntary. You are free to decide whether to participate in this study or to withdraw at any time; your decision will not result in any loss of benefits to which you are otherwise entitled.

- The results of the special study may be intimated to you at the end of the study period or during the study if anything is found abnormal which may aid in the management or treatment.

Signature of investigator Signature of participant

Date: .

CONSENT FORM

STUDY TITLE: "ANALYSIS OF CAESAREAN SECTION RATE BASED ON ROBSON'S TEN GROUP CLASSIFICATION"

STUDY CENTRE : Institute of Obstetrics and Gynaecology
Madras Medical College,
Chennai.

PARTICIPANT NAME : AGE: SEX:
MRD.NO:

I confirm that I have understood the purpose of procedure for the above study, I have the opportunity to ask the question and all my questions and doubts have been answered to my satisfaction.

I have been explained about the possible complications that may occur during the procedure, I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving any reason.

I understand that investigator, regulatory authorities and the ethics committee will not need my permission to look at my health records both in respect to the current study and any further research that may be conducted in relation to it, even if I withdraw from the study. I understand that my identity will not be revealed in any information released to third parties of published, unless as required under the law. I agree not to restrict the use of any or results that arise from the study.

I hereby consent to participate in this study of "ANALYSIS OF CAESAREAN SECTION RATE BASED ON ROBSON'S TEN GROUP CLASSIFICATION"

Signature of Investigator: **Place :**
Date

Study Investigator:

Signature / Thumb Impression of patient

INFORMED CONSENT FORM

STUDY PLACE: Institute of Obstetrics and Gynaecology

TITLE OF THE STUDY: ANALYSIS OF CAESAREAN SECTION RATE BASED ON ROBSON'S TEN GROUP CLASSIFICATION

NAME OF THE INVESTIGATOR : Dr. SMRITHI M

NAME OF THE PARTICIPANT: AGE: SEX:

HOSPITAL NUMBER:

1. I have read and understood this consent form and the information provided to me regarding the participation in the study.
2. I have had the consent document explained to me.
3. I have been explained about the nature of the study.
4. I have been explained about my rights and responsibilities by the investigator
5. I have been advised about the risks associated with my participation in this study.
6. I agree to cooperate with the investigator and I will inform him/her immediately if I suffer unusual symptoms.
7. I have not participated in any research study in the past.
8. I am aware of the fact that I can opt out of the study at any time without having to give any reason and this will not affect my future treatment in this hospital.
9. I am also aware that the investigator may terminate my participation in the study at any time, for any reason, without my consent.

10. I hereby give permission to the investigators to release the information obtained from me as result of participation in this study to the sponsors, regulatory authorities, Govt. agencies, and IEC. I understand that they are publicly presented.
11. I have understand that my identity will be kept confidential if my data are publicly presented
12. I have had my questions answered to my satisfaction.
13. I have decided to be in the research study.

I am aware that if I have any question during this study, I should contact the investigator. By signing this consent form I attest that the information given in this document has been clearly explained to me and understood by me, I will be given a copy of this consent document.

Name and signature / thumb impression of the participant

Name _____ Signature_____

Date_____

Name and Signature of impartial witness:

Name _____ Signature_____

Date_____

Name and Signature of the investigator or his representative obtaining consent:

Name _____ Signature_____

Date_____

<u>ஆய்வு தகவல் படிவம்</u>

ஆய்வின் தலைப்பு : முதல் குழந்தை அறுவை சிகிச்சையின் மூலம் பிறந்தோர்க்கு, கருப்பை வாய் வழியாக டியூப் போட்டு அல்லது மாத்திரை வைத்து இரண்டாவது மும்மாதத்தில் (13 முதல் 26 வாரங்கள்) கருக்கலைப்பு செய்வது பற்றிய ஒரு ஆய்வு

பங்கு பெறுபவரின் பெயர் :

ஆய்வாளரின் பெயர் : டாக்டர்.கா.புவனேஷ்வரி,
அரசு மகப்பேறு மகளிர் நோயியல் மற்றும் அரசு
தாய்சேய் நல மருத்துவமனை, எழும்பூர்,
சென்னை – 600 008.

நீங்கள் இந்த ஆய்வில் பங்கு பெற வரவேற்கப்படுகிறீர்கள், இந்த தாளில் அளிக்கப்பட்டுள்ள விவரங்கள் நீங்கள் ஆய்வில் பங்கு பெறுவது குறித்து தீர்மானிக்க உதவும், சந்தேகங்கள் மற்றும் கேள்விகள் தயக்கமின்றி வரவேற்கப்படுகின்றன.

நாங்கள் இந்த ஆய்விற்காக தலைமை நெறிமுறை குழுவின் (Institutional Ethics Committee) அனுமதி பெற்றுள்ளோம்.

கர்ப்ப காலத்தின் இரண்டாவது மும்மாதத்தில் பல்வேறு மருத்துவ காரணங்களுக்காக (குறைபாடு உள்ள குழந்தை, இதய துடிப்பு இல்லாமல் போவது, கருவிலேயே இறந்து போவது, வளர்ச்சி குறைபாடாக இருப்பது) சமூக காரணங்களுக்காக (கருத்தடை செயலிழப்பு) மனித நேய காரணங்களுக்காக கருக்கலைப்பு செய்ய வேண்டியது அவசியமாகிறது.

முதல் குழந்தை அறுவை சிகிச்சை மூலம் பிறந்தோர்க்கு கருக்கலைப்பு செய்வதில் அதிக சிக்கல் உள்ளது. அவர்களுக்கான சிறந்த கருக்கலைப்பு முறையை தேர்ந்தெடுப்பது ஆய்வின் நோக்கமாகும்.

உங்கள் தகவல் குறித்த நம்பிக்கை

உங்களை பற்றிய தகவல் (பரிசோதனை விவரங்கள்) எவருக்கும் தெரிவிக்கப்படமாட்டாது. இந்த ஆய்விலிருந்து அறியப்படும் விவரங்கள் கூட்டங்களில், பத்திரிக்கைகளில் இடப்படும் போது உங்களைப் பற்றிய தனிப்பட்ட தகவல்கள் இரகசியம் காக்கப்படும்.

நீங்கள் இந்த ஆய்வில் பங்கு கொள்ளாவிட்டாலும் உங்களுடைய மருத்துவ சிகிச்சையோ அல்லது ஆய்வாளருடன், மருத்துவமனையுடன் உங்களது உறவு பாதிக்கப்படாது. இதனால் உங்களுக்கு கிடைக்கப்பெற இருக்கும் எந்த ஒரு சிகிச்சை முறையிலும் மாறுதல் ஏற்படாது, நீங்கள் இந்த ஆய்வில் பங்கு பெறுவது உங்களுடைய விருப்பம். எந்த நேரத்திலும், எந்த விளக்கமும் அளிக்காமல் நீங்கள் விலகிக் கொள்ள உரிமை உண்டு.

ஆய்வாளரின் கையொப்பம்:

பங்கேற்பவரின் கையொப்பம்

நாள்:

இடம்:

PLAGIARISM CERTIFICATE

This is to certify that this dissertation work titled **"ANALYSIS OF CAESAREAN SECTION RATE BASED ON ROBSON'S TEN GROUP CLASSIFICATION"** of the candidate **DR. SMRITHI.M, REG. NO. 221916897,** for the award of M.S in the branch of **OBSTETRICS AND GYNAECOLOGY**. I personally verified the urkund.com website for the purpose of plagiarism check. I found that the uploaded thesis file contains from introduction to conclusion pages and the result shows 4% of plagiarism in the dissertation (D126907981)

Signature and Seal of the Guide

Prof. Dr. V.KASTHURI M.D., D.G.O,
Professor,
Institute of Obstetrics & Gynaecology,
Madras Medical College,
Chennai-08

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI 600 003

EC Reg.No.ECR/270/Inst./TN/2013/RR-16
Telephone No.044 25305301
Fax: 011 25363970

CERTIFICATE OF APPROVAL

To
Dr.SMRITHI M,
Post Graduate –MS (Obstetrics and Gynaecology),
Madras Medical College,
Chennai - 600003.

Dear Dr. SMRITHI M,

The Institutional Ethics Committee has considered your request and approved your study titled **"ANALYSIS OF CAESAREAN SECTION RATE BASED ON ROBSON'S TEN GROUP CLASSIFICATION – A PROSPECTIVE STUDY"NO.30102020.** The following members of Ethics Committee were present in the meeting held on **06.10.2020** conducted at Madras Medical College, Chennai 3.

1. Prof.P.V.Jayashankar :Chairperson
2. Prof.N.Gopalakrishnan,MD.,DM., FRCP, Director, Inst.of Nephrology,MMC,Ch : Member Secretary
3. Prof. K.M.Sudha, Prof. Inst. of Pharmacology,MMC,Ch-3 : Member
4. Prof. Alagarsamy Jamila ,MD, Inst. of Patholoy, MMC, Ch-3 : Member
5. Prof.Rema Chandramohan,Prof.of Paediatrics,ICH,Chennai : Member
6. Prof.S.Lakshmi, Prof. of Paediatrics ICH Chennai :Member
7. Tmt.Arnold Saulina, MA.,MSW., :Social Scientist
8. Thiru S.Govindasamy, BA.,BL,High Court,Chennai : Lawyer
9. Thiru K.Ranjith, Ch- 91 : Lay Person

We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

Member Secretary – Ethics Committee

MEMBER SECRETARY
INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE
CHENNAI-600 003.

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Sources included in the report

SA	**DR.JISHMA JOSE_OBG_AN AUDIT ON CS RATES BASED ON RTGCS.docx** Document DR.JISHMA JOSE_OBG_AN AUDIT ON CS RATES BASED ON RTGCS.docx (D58101302)	3
W	URL: https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/robson-classification/en/ Fetched: 2020-11-16T17:21:50.2630000	1
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Sl no.	Name	Age	IP No	Date of delivery	Parity 0/>-1	Prev CS	No. Of Fetus	Fetal presentation or lie - Cephalic, breech, transverse or oblique	Gestational age </>37 wks	Onset of labour - Spont/ induced/ pre labour CS	Group	Outcome NVD/CS	Ind for CS
1	sangeetha	24	2627	1\2\2021	0	-	1	cephalic	>	sp	1	NVD	
2	janani	27	2385	1\2\2021	0	-	1	cephalic	>	sp	1	CS	CPD
3	archana	26	2567	1\2\2021	0	-	1	cephalic	>	ind	2	NVD	
4	durga	24	2637	1\2\2021	0	-	1	cephalic	>	sp	1	NVD	
5	sheeba	23	2559	1\2\2021	1	-	1	cephalic	>	sp	3	NVD	
6	uma maheswari	32	2595	1\2\2021	1	-	1	cephalic	>	sp	3	NVD	
7	anitha	34	2483	1\2\2021	2	1	1	cephalic	>	plcs	5	CS	
8	amala	29	2609	1\2\2021	1	-	1	cephalic	>	sp	3	CS	FD
9	venda	25	2504	1\2\2021	0	-	1	cephalic	>	sp	1	CS	FD
10	narmada	21	2551	1\2\2021	1	1	1	cephalic	>	plcs	5	CS	
11	MANJULA	27	2614	1\2\2021	0	-	1	cephalic	>	SP	1	CS	MSL
12	KAVITA	30	2681	1\2\2021	1	1	1	cephalic	<(30)		10	CS	
13	JEEVA	22	2721	1\2\2021	1	-	1	cephalic	>	SP	3	NVD	
14	SANDHYA	32	2682	1\2\2021	1	1	1	cephalic	>	plcs	5	CS	
15	YAMUNA	25	2686	1\2\2021	1	1	1	cephalic	>	plcs	5	CS	
16	SAMMUNDI	29	2752	1\2\2021	2	-	1	cephalic	<(36)	SP	10	CS	ABRUPTION
17	ANANDA BHAIRAVI	31	2691	1\2\2021	0	-	1	cephalic	>	IND	2	CS	OLIGO\FD
18	MANJULA	20	2677	1\2\2021	0	-	1	cephalic	>	SP	1	CS	CPD
19	PRIYA	23	2486	1\2\2021	0	-	1	cephalic	>	IND	2	CS	CPD
20	RESHMA	24	2746	1\2\2021	0	-	1	cephalic	>	SP	1	NVD	
21	SUBHASHINI	21	2646	1\2\2021	0	-	1	cephalic	>	SP	1	CS	FD
22	NAGA LAKSHMI	26	2561	1\2\2021	0	-	1	breech	>	SP	6	CS	BREECH
23	ASAI	27	2666	02-02-2021	1	-	1	cephalic	>	SP	3	NVD	
24	SHIVA RANJINI	23	2528	02-02-2021	0	-	1	cephalic	>	IND	2	NVD	
25	MUPPUDATHI	23	2579	02-02-2021	1	1	1	cephalic	<(36)		10	CS	
26	GOMATHI	24	2774	02-02-2021	0	0	1	cephalic	>	SP	1	NVD	
27	DIVYA	19	2599	02-02-2021	0	0	1	cephalic	>	IND	2	NVD	
28	ASHWINI	28	2089	02-02-2021	3	3	1	cephalic	<(36)		10	CS	
29	KANAMAZHI	37	2731	02-02-2021	1	0	1	cephalic	>	IND	4	NVD	
30	THENMOZHI	26	2713	02-02-2021	0	0	1	cephalic	<(36)	SP	10	CS	FD
31	GOMATHI	24	2786	02-02-2021	1	1	1	cephalic	>	plcs	5	CS	
32	KEERTHANA	22	2699	02-02-2021	0	0	1	cephalic	>	IND	2	CS	FD
33	NITHYA	28	2723	02-02-2021	1	1	1	cephalic	>	plcs	5	CS	
34	DEEPA	23	2802	02-02-2021	1	1	1	cephalic	<(36)		10	CS	
35	JAGATHA	20	2805	02-02-2021	1	1	1	cephalic	>	plcs	5	CS	
36	LALITHA	22	2701	02-02-2021	0	0	1	cephalic	>	SP	1	LSCS	NRCTG,OLIGO
37	UTHARA	24	2781	02-02-2021	1	1	1	cephalic	>	plcs	5	CS	
38	JAYA	26	2811	02-02-2021	0	0	1	cephalic	>	SP	1	CS	CPD

39	ANITHA	26	2726	02-02-2021	0	0	1	cephalic	<(36)	IND	10	CS	FAILED IND
40	KRISHNA KUMARI	36	1703	02-02-2021	1	1	1	cephalic	<(27)		10	CS	
41	MOUNIKA	24	2848	02-03-2021	1	0	1	cephalic	>	SP	3	NVD	
42	RADHA	24	2662	02-03-2021	1	1	1	cephalic	>	plcs	5	CS	
43	CHITRA	35	2730	02-03-2021	1	0	1	cephalic	<(36)	SP	10	CS	NRCTG
44	VINODHA	25	2704	02-03-2021	0	0	1	cephalic	>	IND	2	CS	CPD
45	SUDHA RANI	30	2303	02-03-2021	2	1	1	cephalic	>	plcs	5	CS	
46	JAGADEESWARI	27	2075	02-03-2021	2	0	1	cephalic	>	SP	3	NVD	
47	PRIYANKA	21	2565	02-03-2021	0	0	1	cephalic	>	IND	2	NVD	
48	SHIVA RANJINI	21	2865	02-03-2021	1	0	1	cephalic	>	SP	3	CS	Placenta previa
49	VIJAYALAKSHMI	26	2711	02-03-2021	1	1	1	cephalic	>	plcs	5	CS	
50	GRACY	25	1498	02-03-2021	2	0	1	cephalic	>	SP	3	CS	FD
51	GIRIJA	35	2683	02-03-2021	2	1	1	cephalic	<(36)		10	CS	
52	LOKESWARI	26	2688	02-03-2021	0	0	1	cephalic	>	IND	2	CS	FAILED IND
53	NANDINI	27	2706	02-03-2021	1	0	1	cephalic	<(35)	IND	10	LN	
54	ISWARYA	22	2293	02-03-2021	0	0	1	cephalic	>	SP	1	NVD	
55	PANDI LAKSHMI	28	2898	02-03-2021	1	1	1	cephalic	>	plcs	5	CS	
56	ANUSHA	25	2493	02-03-2021	0	0	1	breech	<(35)	SP	6	CS	BREECH
57	ESWARI	31	2867	02-03-2021	2	2	1	cephalic	>	plcs	5	CS	
58	ABHIRAMI	23	2675	02-03-2021	0	0	1	cephalic	>	SP	1	CS	FD
59	VINEETA	26	2876	02-03-2021	0	0	1	cephalic	>	SP	1	CS	MSLFD
60	RAJYALAKSHMI	27	2936	02-04-2021	1	0	1	cephalic	>	SP	3	NVD	
61	THEMOZHI	24	2928	02-04-2021	0	0	1	cephalic	<(33)	SP	10	NVD	
62	KEERTHIKA	24	2902	02-04-2021	0	0	1	cephalic	>	SP	1	NVD	
63	THARISANA	32	2671	02-04-2021	0	0	1	cephalic	>	SP	1	NVD	
64	PRIYANKA	23	2948	02-04-2021	3	0	1	cephalic	>	SP	3	NVD	
65	PRIYA	24	2570	02-04-2021	0	0	1	cephalic	>	SP	1	CS	FD
66	THANGAMANI	26	2866	02-04-2021	1	0	1	cephalic	<(30)	SP	10	NVD	
67	RADHIKA	28	2670	02-04-2021	1	0	1	cephalic	>	PLCS	4	CS	FD
68	MISA	27	2919	02-04-2021	0	0	1	cephalic	>	SP	1	CS	NRCTG
69	KALPANA	25	2851	02-04-2021	0	0	1	cephalic	>	SP	1	CS	FD
70	DURGA	22	2324	02-04-2021	1	1	1	cephalic	>	plcs	5	CS	
71	DEVI	20	2623	02-04-2021	0	0	1	cephalic	>	IND	2	NVD	
72	MANIMYLAI	28	2698	02-04-2021	0	0	1	cephalic	>	IND	2	NVD	
73	SRI DIVYA BHARATHI	22	2904	02-04-2021	0	0	1	cephalic	>	IND	2	CS	CPD
74	SHAMILI	23	2905	02-04-2021	0	0	1	cephalic	>	IND	2	CS	FAILED IND
75	AKHILA	34	2980	02-04-2021	0	0	1	cephalic	>	SP	1	CS	MSL
76	LALITHA	26	2992	02-04-2021	2	1	1	cephalic	>	plcs	5	CS	
77	VIDHYA	27	2892	02-04-2021	1	1	1	cephalic	>	plcs	5	CS	
78	DURGA DEVI	21	2882	02-04-2021	0	0	1	cephalic	>	IND	2	NVD	
79	RAJALAKSHMI	32	2950	02-05-2021	3	0	1	cephalic	>	IND	4	CS	FAILED IND
80	MAHALAKSHMI	27	2945	02-05-2021	0	0	1	cephalic	>	SP	1	NVD	
81	KOUSALYA	25	3032	02-05-2021	0	0	1	cephalic	>	SP	1	NVD	
82	SHANTHI	26	2893	02-05-2021	0	0	1	cephalic	>	IND	2	CS	FAILED IND
83	RAMYA	32	3055	02-05-2021	2	0	1	cephalic	>	SP	3	NVD	
84	LAVANYA	20	2885	02-05-2021	0	0	1	cephalic	>	SP	1	CS	MSL
85	KALAIVANI	29	2880	02-05-2021	0	0	1	cephalic	>	IND	2	CS	FAILED IND
86	HARINI	23	2672	02-05-2021	1	1	1	cephalic	>	plcs	5	CS	
87	SANGEETHA	27	3065	02-05-2021	1	1	1	cephalic	>	plcs	5	CS	
88	DEEPA	26	2903	02-05-2021	1	1	1	cephalic	>	plcs	5	CS	
89	PAVITHRA	18	3078	02-05-2021	0	0	1	cephalic	>	IND	2	NVD	
90	DIVYA BHARATHI	30	3010	02-06-2021	0	0	1	cephalic	>	IND	2	NVD	
91	SHOBANA	23	3100	02-06-2021	0	0	1	cephalic	>	SP	1	NVD	
92	MURUGAVALLI	30	3107	02-06-2021	1	0	1	cephalic	>	SP	3	NVD	
93	SRIRANJINI	19	2884	02-06-2021	0	0	1	cephalic	>	SP	1	NVD	
94	VALLI	25	3118	02-06-2021	2	0	1	cephalic	>	SP	3	NVD	

95	SANDHYA	28	2990	02-06-2021	0	0	1	cephalic	>	IND	2	NVD	
96	SHANMUGA VALLI	31	3008	02-06-2021	0	0	1	cephalic	<(35)	PLCS	10	CS	FD
97	DHANALAKSHMI	24	3090	02-06-2021	1	0	1	cephalic	>	SP	3	NVD	
98	SHOBANA	25	2888	02-06-2021	1	1	1	cephalic	>	plcs	5	CS	
99	ARCHANA	26	2799	02-06-2021	0	0	2	BREECH	<(35)	SP	8	CS	1ST BREECH
100	BHAVANI	36	2981	02-06-2021	0	0	1	cephalic	>	PLCS	2	CS	
101	KEERTHIKA	22	3122	02-06-2021	0	0	1	cephalic	>	SP	1	CS	CPD
102	SHAMEENA	24	2815	02-06-2021	0	0	1	cephalic	>	IND	2	NVD	
103	PAVITHRA	25	3002	02-06-2021	1	1	1	cephalic	>	plcs	5	CS	
104	SUDHA	32	3162	02-06-2021	1	1	1	cephalic	<(36)		10	CS	
105	SASIKALA	32	2664	02-06-2021	1	1	1	cephalic	<(36)		10	CS	
106	KUVVARAPU AHALYA	21	3153	02-06-2021	1	1	1	cephalic	>	plcs	5	CS	
107	LATHA PRIYA	21	3081	02-06-2021	0	0	1	cephalic	>	SP	1	CS	OLIGO NRCTG
108	CATHERINE ASHA	27	3089	02-06-2021	0	0	1	cephalic	>	SP	1	NVD	
109	DEVI	21	3189	02-06-2021	0	0	1	cephalic	>	SP	1	NVD	
110	PAVITHRA	23	3005	02-06-2021	0	0	1	cephalic	>	SP	1	CS	CPD
111	SWETHA	22	2881	02-06-2021	0	0	1	cephalic	>	IND	2	CS	FAILED IND
112	SHAMEENA	19	3183	02-06-2021	1	0	1	cephalic	>	PLCS	4	CS	FD
113	JANANI	20	3006	02-07-2021	0	0	1	cephalic	<(32)	SP	10	CS	FD
114	DIVYA	26	3059	02-07-2021	0	0	1	cephalic	>	SP	1	CS	CPD
115	MOHAMADA BEE	29	3027	02-07-2021	0	0	1	cephalic	<(36)	SP	10	CS	MSL
116	AROKIYAMANU	29	3166	02-07-2021	0	0	1	cephalic	>	SP	1	CS	FD
117	MARGARET	24	3106	02-07-2021	0	0	1	cephalic	>	IND	2	NVD	
118	DURGA	22	3198	02-07-2021	1	0	1	cephalic	>	SP	3	CS	CPD
119	LAVANYA	27	3219	02-07-2021	0	0	1	cephalic	>	SP	1	NVD	
120	MAHALAKSHMI	30	3218	02-07-2021	0	0	1	cephalic	>	SP	1	CS	MSL
121	JAYANTHI	42	3070	02-07-2021	1	1	1	cephalic	>	plcs	5	CS	
122	SELVI	26	3145	02-07-2021	1	1	1	cephalic	>	plcs	5	CS	
123	KALAIARASI	24	3232	02-08-2021	0	0	1	cephalic	<(28)	PLCS	10	NVD	
124	MARISELVI	26	3149	02-08-2021	0	0	1	cephalic	>	IND	2	NVD	
125	KIRUTHIGA	22	3163	02-08-2021	0	0	1	cephalic	>	IND	2	NVD	
126	PRISULA	24	3236	02-08-2021	1	0	1	cephalic	>	IND	4	NVD	
127	UMA	22	3241	02-08-2021	1	0	1	cephalic	>	IND	4	NVD	
128	RATNA	24	3215	02-08-2021	0	0	1	cephalic	>	IND	2	NVD	
129	AFRIA FATHIMA	23	3188	02-08-2021	1	0	1	cephalic	>	IND	4	NVD	
130	PAVITHRA	20	3104	02-08-2021	0	0	1	cephalic	>	IND	2	CS	CPD
131	KALPANA	25	2899	02-08-2021	2	2	1	cephalic	>	plcs	5	CS	
132	NAGESWARI	22	3230	02-08-2021	0	0	1	cephalic	>	IND	2	NVD	
133	MOUNITHA	25	3068	02-08-2021	1	0	1	cephalic	>	IND	4	NVD	
134	REVATHI	33	2380	02-08-2021	0	0	1	cephalic	<(33)	IND	10	CS	FD
135	PUNITHA	26	3296	02-08-2021	1	0	1	BREECH	>	SP	7	CS	BREECH
136	NANDINI	24	3300	02-08-2021	1	1	1	cephalic	>	plcs	5	CS	
137	USHA	23	3308	02-08-2021	1	1	1	cephalic	>	plcs	5	CS	
138	SUGANYA	27	3082	02-08-2021	0	0	1	cephalic	>	IND	2	NVD	
139	BAGYALAKSHMI	26	3013	02-08-2021	0	0	1	cephalic	<(33)	IND	10	CS	Imminent eclampsia
140	vasanta kumari	26	3299	02-09-2021	1	0	1	cephalic	>	sp	3	NVD	
141	banu priya	21	3302	02-09-2021	1	0	1	cephalic	>	ind	4	NVD	
142	saranya	34	3252	02-09-2021	1	1	2	cephalic	<(28)		10	NVD	
143	soni singh	26	3267	02-09-2021	0	0	1	cephalic	>	ind	2	cs	msl
144	mamatha	32	2697	02-09-2021	1	1	1	cephalic	>	plcs	5	cs	
145	sarala	38	2998	02-09-2021	1	1	1	cephalic	>	plcs	5	cs	
146	aswini	30	2665	02-09-2021	1	1	1	cephalic	>	plcs	5	CS	
147	nivetha	23	3244	02-09-2021	0	0	1	cephalic	>	IND	2	NVD	
148	nafeesa	24	3368	02-09-2021	1	0	1	cephalic	>	iND	4	CS	FAILED IND
149	keerthana	24	3283	02-09-2021	1	0	1	cephalic	>	IND	4	CS	FD
150	HEMALATHA	33	3220	02-09-2021	0	0	1	BREECH	>	SP	6	CS	BrEECH
151	BHAVANI	26	3416	02-09-2021	3	0	1	cephalic	>	SP	3	NVD	
152	KIRUTHIKA	21	3307	02-09-2021	0	0	1	cephalic	>	IND	2	NVD	

153	JANANI	23	3348	02-09-2021	0	0	1	cephalic	>	IND	2	CS	SEVERE OILIGO
154	PRIYA	26	3393	02-09-2021	1	1	1	cephalic	>	plcs	5	CS	
155	KANTHAMMA	35	3186	02-09-2021	0	0	1	cephalic	>	IND	2	CS	NRCTG
156	SALMA	28	3388	02-09-2021	2	0	1	cephalic	>	IND	4	NVD	
157	LAXMI	24	3421	9/2/2021`	1	0	1	cephalic	>	IND	4	NVD	
158	RIYANA	18	2977	02-09-2021	0	0	1	cephalic	<(36)	IND	10	NVD	
159	BATHURUNNA	31	3428	02-09-2021	0	0	1	cephalic	>	IND	2	CS	NRCTG
160	PRIYADARSHINI	27	3269	02-10-2021	0	0	1	cephalic	>	IND	2	NVD	
161	KALAIVANI	22	3343	02-10-2021	0	0	1	cephalic	>	IND	2	NVD	
162	DIVYA	24	3360	02-10-2021	0	0	1	cephalic	>	IND	2	NVD	
163	MARIKANNU	21	3022	02-10-2021	0	0	1	cephalic	>	IND	2	NVD	
164	ANNU	21	3342	02-10-2021	1	0	1	cephalic	>	SP	3	NVD	
165	THIRUMALA	29	3457	02-10-2021	1	0	1	cephalic	>	IND	4	NVD	
166	nitya	23	3268	02-10-2021	1	1	1	cephalic	<36		10	CS	
167	kanni amazh	32	3443	02-10-2021	1		1	cephalic	>	sP	3	NVD	
168	kousalya	24	3298	02-10-2021	1	1	1	cephalic	>	plcs	5	CS	
169	santhi	34	3398	02-10-2021	0	0	1	cephalic	<36	plcs	10	CS	OLIGO NRCTG
170	devi	33	3294	02-10-2021	0	0	1	cephalic	>	ind	2	CS	f ind
171	shyny	20	3223	02-10-2021	0	0	1	cephalic	>	sp	1	NVD	
172	gayathri	33	3333	02-10-2021	0		1	cephalic	>	ind	2	NVD	
173	anita	26	3353	02-10-2021	1	1	1	cephalic	>	plcs	5	CS	
174	anita	24	3436	02-10-2021	0	0	1	cephalic	<36	ind	10	NVD	
175	sarala	23	3257	02-10-2021	2	1	1	cephalic	>	plcs	5	CS	
176	munita	29	3305	02-10-2021	0	0	1	cephalic	>	ind	2	NVD	
177	vanaja	23	3314	02-10-2021	0	0	1	cephalic	<36	ind	10	CS	FD
178	nishantini	24	3520	02-10-2021	1	1	1	cephalic	>	plcs	5	CS	
179	aasiya	25	3291	02-10-2021	1	0	1	cephalic	>	PLCS	4	CS	oligo fd
180	selvi	24	3495	02-10-2021	1	0	1	cephalic	>	sp	3	NVD	
181	saroja	18	3221	02-10-2021	0	0	1	cephalic	>	ind	2	NVD	
182	raathi	23	3227	02-10-2021	0		1	cephalic	>	ind	2	CS	fd nrctg
183	sandhya	24	3546	02-11-2021	0	0	1	cephalic	>	sp	1	NVD	
184	nishantini	20	3552	02-11-2021	1	0	1	cephalic	>	sp	3	NVD	
185	gomathi	23	3558	02-11-2021	0	0	1	cephalic	>	sp	1	NVD	
186	meenakshi	18	3211	02-11-2021	1	0	1	cephalic	<36	sp	10	NVD	
187	subha	25	3076	02-11-2021	0	0	1	cephalic	<36	sp	10	CS	cpd
188	ria	23	3521	02-11-2021	0	0	1	cephalic	>	sp	1	NVD	
189	vidya	27	3555	02-11-2021	1		1	cephalic	>	SP	3	NVD	
190	sharmila	25	3601	02-11-2021	1	0	1	cephalic	>	SP	3	NVD	
191	priya	32	3581	02-11-2021	1	1	1	cephalic	>	plcs	5	cs	
192	saranya	30	3596	02-11-2021	1	1	1	cephalic	>	plcs	5	cs	
193	rinita	30	3144	02-11-2021	0	0	1	cephalic	>	IND	2	NVD	
194	dhanam	32	3568	02-11-2021	1	0	1	cephalic	>	IND	4	NVD	
195	manjula	26	3566	02-11-2021	1	0	1	cephalic	>	SP	3	NVD	
196	divya	30	3031	02-11-2021	1	1	1	cephalic	>	plcs	5	CS	
197	chitra	35	3499	02-11-2021	1	1	1	cephalic	>	plcs	5	CS	
198	varsha	21	3611	02-12-2021	1	0	1	cephalic	>	SP	3	NVD	
199	tamizh selve	30	3321	02-12-2021	2	2	1	cephalic	>	plcs	5	CS	
200	gayathri	30	2817	02-12-2021	2	0	1	cephalic	<34	SP	10	NVD	
201	aasha	26	3501	02-12-2021	1	1	1	cephalic	>	plcs	5	CS	
202	usha	24	3597	02-12-2021	0	0	1	cephalic	>	SP	1	NVD	
203	gangammal	33	3598	02-12-2021	0	0	1	cephalic	>	SP	1	CS	msl
204	revati	24	3502	02-12-2021	0	0	1	cephalic	>	IND	2	CS	cpd
205	jasmine	30	3606	02-12-2021	0	0	1	cephalic	>	IND	2	CS	NRCTG
206	jeevita	25	3602	02-12-2021	0	0	1	cephalic	>	IND	2	CS	cpd
207	sumera	22	3378	02-12-2021	0	0	1	cephalic	<31	plcs	10	CS	Imminent eclampsia
208	santhoshini	19	3659	02-12-2021	0	0	1	cephalic	>	IND	2	CS	cpd
209	bhuvaneswari	23	3671	13/2/2021	0	0	1	cephalic	>	SP	1	NVD	
210	chitra	28	3662	13/2/2021	1	1	1	cephalic	>	plcs	5	CS	
211	priyanka	22	3071	13/2/2021	0	0	1	cephalic	>	plcs	2	CS	Placenta previa

212	bhavani	23	3586	13/2/2021	1	1	1	cephalic	>	plcs	5	CS	
213	rnjaani	27	2787	13/2/2021	1	0	1	cephalic	>	IND	4	CS	fd
214	KALPANA	24	3710	13/2/2021	1	1	1	cephalic	>	plcs	5	CS	
215	thenmozhi	26	3691	13/2/2021	0	0	1	cephalic	<34	plcs	10	CS	FD
216	shalini	21	3667	13/2/2021	2	0	1	cephalic	>	ind	2	NVD	
217	kokila	21	3512	13/2/2021	1	1	1	cephalic	>	plcs	5	CS	
218	ambika	24	3720	13/2/2021	1	1	1	cephalic	<36		10	CS	
219	venela	24	3229	14/2/2021	0	0	1	cephalic	>	sp	1	NVD	
220	priyanka	20	3663	14/2/2021	0	0	1	cephalic	>	ind	2	CS	fd, nrctg
221	nitya	23	3755	14/2/2021	1	0	1	cephalic	>	sp	3	NVD	
222	revathi	27	3713	14/2/2021	0	0	1	cephalic	>	sp	1	NVD	
223	kokila	26	3752	14/2/2021	0	0	1	cephalic	>	sp	1	NVD	
224	sangeetha	24	3753	14/2/2021	1	1	1	BREECH	<30		7	CS	Fd
225	manjula	24	3749	14/2/2021	0	0	1	transverse	<32	PLCS	9	CS	Transverse lie
226	raevathi	26	3524	14/2/2021	1	0	1	cephalic	<36	ind	10	CS	NRCTG
227	renju krishnan	29	3757	14/2/2021	1	1	1	cephalic	>	plcs	5	CS	
228	madhumati	25	3666	14/2/2021	0	0	1	cephalic	>	sp	1	NVD	
229	alekya	30	3513	14/2/2021	1	1	1	cephalic	>	plcs	5	CS	
230	selvi	26	3708	14/2/2021	2	0	1	cephalic	>	ind	4	NVD	
231	divya bharati	22	3751	14/2/2021	0	0	1	cephalic	>	ind	2	CS	f ind
232	archana	25	3773	14/2/2021	0	0	1	cephalic	>	sp	1	CS	fd
233	subhashini	24	3747	14/2/2021	0	0	1	cephalic	>	IND	2	NVD	
234	kannagi	30	3769	14/2/2021	3	0	1	cephalic	>	IND	4	NVD	
235	yogeswari	24	3711	15/2/2021	1	0	1	cephalic	>	IND	4	NVD	
236	anita	27	3782	15/2/2021	0	0	1	cephalic	>	sp	1	NVD	
237	kanaga	30	3407	15/2/2021	1	0	1	cephalic	>	sp	3	NVD	
238	Senthuradevi	26	3686	15/2/2021	1	0	1	cephalic	>	sp	3	CS	Prolonged labour
239	Sasirekha	23	2803	15/2/2021	1	1	1	cephalic	>	plcs	5	CS	
240	Priya	23	3715	15/2/2021	1	1	1	cephalic	>	plcs	5	CS	
241	Indumathi	24	3816	15/2/2021	1	-	1	cephalic	>	sp	3	NVD	
242	ABHIRAMI	27	2804	15/2/2021	0	-	1	cephalic	>	IND	2	CS	FD
243	Niroshini	30	3187	15/2/2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
244	Lavanya	32	3736	15/2/2021	1	-	1	cephalic	<(36)	SP	10	NVD	
245	Sonia	22	3592	15/2/2021	1	-	1	cephalic	>	SP	3	CS	FD
246	Jayanti	25	3865	15/2/2021	1	1	1	cephalic	>	plcs	5	CS	
247	Sadika	19	3825	15/2/2021	0	-	1	cephalic	>	IND	2	NVD	
248	Indumathi	28	3500	15/2/2021	0	-	1	cephalic	>	SP	1	NVD	
249	Ambika	22	3832	15/2/2021	0	-	1	cephalic	<(36)	IND	10	CS	Imminent eclampsia
250	Asida begum	19	3722	16-2-2021	1	-	2	BREECH	<34	SP	8	CS	Dcda,breech,prom
251	parameswari	26	3824	16-2-2021	1	-	1	cephalic	>	SP	3	CS	FD
252	sujita	23	3733	16-2-2021	0	-	1	cephalic	>	SP	1	CS	MSL
253	Satyavati	26	3385	16-2-2021	0	-	1	cephalic	<(36)	SP	10	CS	FD
254	CHITRA	28	3872	16-2-2021	1	-	1	cephalic	>	IND	4	NVD	
255	priya	25	3527	16-2-2021	1	-	1	cephalic	>	SP	3	NVD	
256	HEMALATHA	29	3840	16-2-2021	0	-	1	cephalic	>	IND	2	NVD	
257	gayathri	27	3954	16-2-2021	1	1	1	cephalic	>	plcs	5	CS	
258	Abinaya	21	3502	16-2-2021	0	-	1	cephalic	>	SP	1	NVD	
259	Ria	23	3850	17-2-2021	2	-	1	cephalic	>	SP	3	NVD	
260	JANANI	23	3966	17-2-2021	0	-	1	cephalic	>	IND	2	NVD	
261	sharmila	43	3304	17-2-2021	1	-	1	cephalic	<(30)	IND	10	NVD	
262	Sujithra	30	3712	17-2-2021	1	1	1	cephalic	>	plcs	5	CS	
263	Vaishali	25	3750	17-2-2021	1	-	1	cephalic	>	SP	3	NVD	
264	Kalandar	28	3868	17-2-2021	2	-	1	cephalic	>	SP	3	NVD	
265	Nazira	31	3924	17-2-2021	1	1	1	cephalic	>	plcs	5	cs	
266	Devi Priya	23	3660	17-2-2021	0	-	1	cephalic	>	IND	2	CS	FAILED IND
267	manjula	26	3721	17-2-2021	0	-	1	cephalic	<(36)	IND	10	CS	FD
268	Kamala	30	3765	17-2-2021	3	1	1	cephalic	<(33)	-	10	CS	

269	Kavita	23	3725	17-2-2021	0	-	1	cephalic	>	IND	2	CS	FD
270	Haripriya	21	3984	17-2-2021	1	-	1	cephalic	>	SP	3	NVD	
271	mani megalayi	29	3947	17-2-2021	1	1	1	cephalic	>	plcs	5	CS	
272	Mery	30	4023	17-2-2021	1	1	1	cephalic	>	plcs	5	CS	
273	methi	28	4057	17-2-2021	0	-	1	BREECH	>	SP	6	CS	BREECH
274	Jayalakshmi	22	4019	17-2-2021	1	1	1	cephalic	<(36)	-	10	CS	
275	Sonia	23	2810	17-2-2021	0	-	1	cephalic	>	IND	2	CS	CPD,fd
276	Santana Lakshmi	30	3845	17-2-2021	2	-	1	cephalic	>	SP	3	CS	MSL
277	Sunita	22	3826	18-2-2021	1	-	1	cephalic	>	SP	3	NVD	
278	sathiya	28	4092	18-2-2021	1		1	cephalic	>	sp	3	NVD	
279	tamilarasi	23	3962	18-2-2021	0		1	cephalic	>	sp	1	NVD	
280	nirosha	25	3882	18-2-2021	0		1	cephalic	>	sp	1	NVD	
281	sandhya	21	4087	18-2-2021	0	-	1	cephalic	>	sp	1	NVD	
282	jancy	26	4085	18-2-2021	1		1	cephalic	>	sp	3	NVD	
283	pavidhra	27	3935	18-2-2021	0		1	cephalic	>	IND	2	NVD	
284	nandhini	27	3937	18-2-2021	1	1	1	cephalic	>	plcs	5	CS	
285	kowsalya	23	3820	18-2-2021	0		1	cephalic	>	sp	1	NVD	
286	deepa	30	3858	18-2-2021	2	1	1	cephalic	>	plcs	5	CS	
287	bhavani	28	3665	18-2-2021	1	1	1	cephalic	>	plcs	5	CS	
288	preethi	20	3936	18-2-2021	0		1	cephalic	>	IND	2	NVD	
289	thenmozhi	25	4115	18-2-2021	1		1	cephalic	>	sp	3	NVD	
290	sathyapriya	29	3576	18-2-2021	2	1	1	cephalic	>	plcs	5	CS	
291	lalitha	27	3819	18-2-2021	1	1	1	cephalic	>	plcs	5	CS	
292	ramya	29	4006	18-2-2021	1	1	1	cephalic	>	plcs	5	CS	
293	mageswari	25	4140	18-2-2021	1	1	1	cephalic	<(36)		10	CS	
294	jamida	22	4041	18-2-2021	0		1	cephalic	>	sp	1	NVD	
295	anitha	22	4002	18-2-2021	0		1	cephalic	<(32)		10	CS	NRCTG
296	gayathri	19	4076	18-2-2021	0		1	cephalic	>	SP	1	NVD	
297	marjiya	25	4150	18-2-2021	2	1	1	cephalic	<(30)		10	CS	
298	Nirmala	23	3717	18-2-2021	0		1	cephalic	>	sp	1	CS	MSL
299	karthika	24	3851	18-2-2021	0		1	cephalic	>	ind	2	cs	Failed induction
300	Hanna mercy	30	4058	19-2-2021	1	1	1	cephalic	<(35)	-	10	CS	
301	Rohini	25	3594	19-2-2021	0	-	1	cephalic	>	ind	2	CS	NRCTG
302	Vino bharathi	23	4071	19-2-2021	0	-	1	cephalic	>	SP	1	NVD	
303	Hemavathi	24	4181	19-2-2021	1	-	1	cephalic	>	SP	3	CS	Prolonged labour
304	Saraswathy	28	4141	19-2-2021	2	2	1	cephalic	>	plcs	5	CS	
305	Mahalakshmi	29	4169	19-2-2021	2	-	1	cephalic	>	SP	3	NVD	
306	Revathy	31	4139	19-2-2021	1	1	1	cephalic	>	plcs	5	CS	
307	Kalaiarasi	24	3841	19-2-2021	0	-	1	cephalic	<(33)	SP	10	CS	FD
308	Shaheen Banu	32	4216	19-2-2021	1	1	1	cephalic	>	plcs	5	CS	
309	Saradambal	23	3928	19-2-2021	0	-	1	cephalic	>	SP	1	CS	FD
310	Jayanthi	26	3866	19-2-2021	1	1	1	cephalic	>	plcs	5	CS	
311	Kalaiselvi	32	3821	19-2-2021	0	-	1	cephalic	>	SP	1	CS	FD
312	Amudha	21	4138	19-2-2021	0	-	1	cephalic	>	IND	2	CS	FD
313	Alamelu	27	4163	19-2-2021	1	-	1	cephalic	>	IND	4	CS	FD
314	nisha	22	4026	19-2-2021	0	-	1	cephalic	>	IND	2	CS	FD
315	Ameena begum	27	4156	19-2-2021	2	-	1	cephalic	>	IND	4	NVD	
316	Abirami	22	4042	19-2-2021	0	-	1	cephalic	>	IND	2	CS	FD
317	divya	27	4206	19-2-2021	1	1	1	cephalic	>	plcs	5	CS	
318	Saranya	24	3828	19-2-2021	0	-	1	cephalic	>	SP	1	CS	MSL
319	DEVI	28	4137	19-2-2021	0	-	1	cephalic	>	IND	2	NVD	
320	Sneha	19	4235	20-2-2021	1	1	1	cephalic	>	plcs	5	CS	
321	Geeta	25	4013	20-2-2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
322	Sk.tasmin	29	4135	20-2-2021	1	-	1	cephalic	>	IND	4	CS	Failed induction
323	Mahalakshmi	26	4214	20-2-2021	1	-	1	cephalic	>	SP	3	NVD	
324	uma maheswari	23	4073	20-2-2021	1	-	1	cephalic	<(29)	IND	10	NVD	
325	Parvathi	20	4254	20-2-2021	0	-	1	cephalic	>	SP	1	NVD	
326	Jamina	25	3848	20-2-2021	0	-	1	cephalic	>	IND	2	CS	CPD
327	Kanchana	34	4124	20-2-2021	0	-	1	cephalic	>	IND	2	NVD	

328	aswini	25	3822	20-2-2021	1	1	1	cephalic	<(36)	-	10	CS	
329	Niveda	27	3956	20-2-2021	0	-	1	cephalic	<(36)	sp	10	CS	CPD
330	Nasrin Bhanu	32	4219	20-2-2021	1	-	1	cephalic	<(36)	PLCS	10	CS	fd
331	kousalya	18	4221	20-2-2021	0	-	1	cephalic	>	IND	2	NVD	
332	panchaaksharam	35	3352	20-2-2021	0	-	1	cephalic	<(29)	IND	10	NVD	
333	Rashmi begum	24	4286	20-2-2021	1	1	1	cephalic	>	plcs	5	CS	
334	Vasanti	30	4012	20-2-2021	0	-	1	cephalic	>	IND	2	NVD	
335	subhashini	27	4285	20-2-2021	3	-	1	breech	>	sp	7	CS	BREECH
336	Deepika	23	4297	20-2-2021	1	-	1	cephalic	>	sp	3	NVD	
337	Sk Amman	23	3270	20-2-2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
338	priyanka	18	4136	21-2-2021	0	-	1	cephalic	>	IND	2	NVD	
339	lavanya	22	4310	21-2-2021	0	-	1	cephalic	>	sp	1	NVD	
340	narmatha	25	3931	21/2/2021	0	-	1	cephalic	>	sp	1	NVD	
341	KALPANA	29	4316	21/2/2021	1	-	1	cephalic	>	ind	4	NVD	
342	bhavani	30	4038	21/2/2021	0	-	1	cephalic	>	sp	1	CS	fd
343	shoba	22	3883	21/2/2021	0	-	1	cephalic	<(33)	sp	10	CS	fd
344	nandhini	24	4295	21/2/2021	2	-	1	cephalic	>	sp	3	NVD	
345	lakshmi	24	3830	21/2/2021	0	-	1	cephalic	<(36)	SP	10	CS	fd
346	anitha	24	4335	21/2/2021	1	-	1	cephalic	>	PLCS	4	CS	FD
347	meena	24	4201	21/2/2021	1	-	1	cephalic	>	PLCS	4	CS	FD
348	meenakshi	20	4333	21/2/2021	0	-	1	cephalic	>	PLCS	2	CS	OLIGO ,FD
349	vasanthi	31	4325	22/2/2021	1	-	1	cephalic	>	SP	3	NVD	
350	shalini	21	4011	22/2/2021	1	-	1	cephalic	>	ind	4	NVD	
351	yuvarani	18	4037	22/2/2021	0	-	1	cephalic	>	ind	2	CS	Failed induction
352	dhanabakiyam	24	3823	22/2/2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
353	parameswari	38	3146	22/2/2021	0	-	1	cephalic	<(36)	SP	10	CS	CPD
354	divya	23	1396	22/2/2021	0	-	2	transverse	<(36)	PLCS	8	CS	MCDA
355	priya	27	4363	22/2/2021	0	-	1	cephalic	>	IND	2	NVD	
356	gunavathi	24	4090	22/2/2021	0	-	1	cephalic	<(30)	SP	10	NVD	
357	puja	22	4296	22/2/2021	0	-	1	cephalic	>	SP	1	CS	cPD
358	ramya	21	4234	22/2/2021	0	-	1	cephalic	>	IND	2	CS	fd,msl
359	prema	28	4125	22/2/2021	0	-	1	breech	>	sp	6	CS	BREECH
360	komathi	29	4422	22/2/2021	1	1	1	cephalic	>	plcs	5	CS	
361	sathya	25	4433	22/2/2021	1	1	1	cephalic	>	sp	5	CS	
362	DHANALAKSHMI	25	4382	22/2/2021	1	1	1	cephalic	>	sp	5	CS	
363	dhillirani	23	4395	22/2/2021	0	-	1	cephalic	>	SP	1	cs	MSL
364	anandhi	33	4050	22/2/2021	0	-	1	cephalic	<(30)	PLCS	10	CS	FD
365	abitha	20	4379	22/2/2021	0	-	1	cephalic	>	SP	1	CS	FD
366	jenifer	32	3873	23/2/2021	1	-	1	cephalic	>	SP	3	NVD	
367	chanthiraleka	21	4467	23/2/2021	0	-	1	cephalic	>	SP	1	NVD	
368	thamaiyanthi	28	4451	23/2/2021	0	-	1	cephalic	>	IND	2	NVD	
369	devi	33	2996	23/2/2021	0	-	1	cephalic	<(36)	IND	10	CS	Failed induction
370	sangeetha	28	4482	23/2/2021	0	-	1	cephalic	>	SP	1	NVD	
371	lokeswari	22	4018	23/2/2021	1	-	1	cephalic	>	IND	4	NVD	
372	sumathy	28	4432	23/2/2021	0	-	1	cephalic	>	IND	2	CS	MSL
373	ranjitha	26	4436	23/2/2021	1	-	1	cephalic	>	SP	3	NVD	
374	Haripriya	20	4481	23/2/2021	0	-	1	cephalic	>	SP	1	CS	MSL
375	aruna	28	4051	23/2/2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
376	pavithra	27	4392	23/2/2021	0	-	1	cephalic	>	IND	2	CS	NRCTG
377	KALAIVANI	32	4132	23/2/2021	0	-	1	cephalic	>	sp	1	CS	FD
378	anjali	27	4513	23/2/2021	2	-	1	cephalic	<(34)	PLCS	10	cs	Placenta previa
379	marthal	29	4455	23/2/2021	0	-	1	cephalic	>	IND	2	cs	FD
380	sasirekha	40	4418	23/2/2021	2	-	1	cephalic	<(29)	IND	10	NVD	
381	arasi	34	4443	23/2/2021	1	-	1	cephalic	>	IND	4	NVD	
382	nandhini	22	4047	23/2/2021	0	-	1	cephalic	<(36)	IND	10	NVD	
383	Revathy	26	4454	23/2/2021	0	-	1	cephalic	>	sp	1	CS	MSL
384	gajalakshmi	28	4435	23/2/2021	0	-	1	cephalic	>	IND	2	NVD	

385	pakyalakshmi	29	3706	23/2/2021	0	-	1	cephalic	<(35)	PLCS	10	CS	FD
386	Parvathi	28	4491	23/2/2021	0	-	1	cephalic	>	PLCS	2	CS	Imminent eclampsia
387	kousalya	24	4480	24/2/2021	0	-	1	cephalic	<(36)	sp	10	NVD	
388	hasiena	19	4533	24/2/2021	0	-	1	cephalic	>	IND	2	NVD	
389	savitha	23	4399	24/2/2021	1	-	1	cephalic	>	ind	4	NVD	
390	vimala	28	4565	24/2/2021	1	-	1	cephalic	>	sp	3	NVD	
391	shakira banu	20	4339	24/2/2021	0	-	1	cephalic	>	ind	2	NVD	
392	samun deswani	24	4386	24/2/2021	1	-	1	cephalic	>	ind	4	NVD	
393	charumathi	25	4271	24/2/2021	0	-	1	cephalic	>	sp	1	CS	MSL
394	saranya	21	4490	24/2/2021	0	-	1	cephalic	>	ind	2	NVD	
395	sneha	30	4398	24/2/2021	0	-	1	cephalic	>	ind	2	CS	NRCTG
396	divya	29	4552	24/2/2021	0	-	1	cephalic	>	ind	2	NVD	
397	radhika	28	4236	24/2/2021	1	-	1	cephalic	>	SP	3	CS	msl
398	ashwini	28	4394	24/2/2021	1	-	1	cephalic	>	SP	3	NVD	
399	sangeetha	21	4566	24/2/2021	0	-	1	cephalic	>	SP	1	NVD	
400	malliga	28	4583	24/2/2021	1	-	1	cephalic	>	ind	4	CS	Failed induction
401	sathya	29	4815	24/2/2021	2	2	1	cephalic	>	sp	5	CS	
402	deepa	26	4569	24/2/2021	0	-	1	cephalic	>	IND	2	CS	cpD
403	divya bharati	30	4410	24/2/2021	0	-	1	cephalic	>	SP	1	NVD	
404	kumudha	31	4629	24/2/2021	2	2	1	cephalic	>	sp	5	CS	
405	selvi	33	4415	25/2/2021	2	-	1	cephalic	<(28)	SP	10	NVD	
406	uzaifaraz	28	4572	25/2/2021	0	-	1	cephalic	<(30)	IND	10	NVD	
407	kayalvizhi	25	4554	25/2/2021	0	-	1	cephalic	>	IND	2	NVD	
408	rapakka	20	4671	25/2/2021	0	-	1	cephalic	>	IND	2	NVD	
409	saranya	21	4666	25/2/2021	0	-	1	cephalic	<(34)	sp	10	NVD	
410	sivasankari	24	4632	25/2/2021	1	1	1	cephalic	>	sp	5	CS	
411	kala	35	4121	25/2/2021	1	1	1	cephalic	>	sp	5	CS	
412	asivabe	23	4383	25/2/2021	1	1	1	cephalic	>	sp	5	CS	
413	sireesha	20	4644	25/2/2021	0	-	1	cephalic	>	IND	2	cs	oligo,fd
414	reesh	31	4681	25/2/2021	1	1	1	cephalic	<(36)	-	10	CS	
415	alamelu	29	4518	**25/2/2021**	1	1	1	cephalic	>	sp	5	CS	
416	nandhini	23	4589	25/2/2021	0	-	1	cephalic	>	SP	1	NVD	
417	yuvarani	20	4405	25/2/2021	0	-	1	breech	<(36)	SP	6	CS	
418	anusuya	27	4397	25/2/2021	1	1	2	cephalic	<(35)	-	8	CS	
419	VIJAYALAKSHMI	24	4896	25/2/2021	1	-	1	transverse	>	IND	9	CS	Hand presentation
420	rahimunissa	32	4662	25/2/2021	1	1	1	cephalic	>	sp	5	CS	
421	RAJALAKSHMI	33	4631	25/2/2021	1	1	1	cephalic	>	sp	5	CS	
422	wahida	25	4546	25/2/2021	0	-	1	cephalic	>	IND	2	NVD	
423	della rose	21	4679	25/2/2021	0	-	1	cephalic	>	SP	1	NVD	
424	nivedha	28	4586	26/2/2021	1	-	1	cephalic	>	SP	3	NVD	
425	surya	21	4698	26/2/2021	0	-	1	cephalic	>	sp	1	NVD	
426	shobana	27	4599	26/2/2021	0	-	1	cephalic	>	sp	1	NVD	
427	KALPANA	30	4891	26/2/2021	1	-	1	cephalic	<(33)	IND	10	NVD	
428	priya	22	4385	26/2/2021	1	1	1	cephalic	<(36)	-	10	cs	
429	hemapriya	26	4527	26/2/2021	0	-	1	cephalic	>	IND	2	NVD	
430	vimala	28	4634	26/2/2021	0	-	1	cephalic	>	IND	2	NVD	
431	shylaja	27	4701	26/2/2021	1	-	1	cephalic	>	sp	3	CS	MSL
432	valli	40	4740	26/2/2021	1	-	1	breech	>	PLCS	7	CS	BREECH, oligo
433	muthulakshmi	22	4025	26/2/2021	0	-	1	cephalic	>	sp	1	NVD	
434	saranya	26	4621	26/2/2021	0	-	1	cephalic	>	IND	2	CS	cpD
435	deepa	31	4727	26/2/2021	0	-	1	cephalic	>	IND	2	CS	NRCTG
436	vinothini	22	4526	26/2/2021	0	-	1	cephalic	<(36)	IND	10	CS	fd
437	sumitha	28	4278	27/2/2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
438	nandhini	29	4899	27/2/2021	0	-	1	cephalic	>	IND	2	CS	MSL
439	reshma	26	4613	27/2/2021	0	-	1	cephalic	>	ind	2	CS	Cord prolapse
440	hemalatha	25	4742	27/2/2021	0	-	1	cephalic	>	sp	1	CS	oligo,fd

441	deepa	29	4741	27/2/2021	0	-	1	cephalic	>	ind	2	NVD	
442	sandhiya	29	3669	27/2/2021	0	-	1	cephalic	>	sp	1	CS	cpD
443	naziba	28	4606	27/2/2021	0	-	1	oblique	>	sp	9	CS	oblique lie
444	gayathri	20	4763	27/2/2021	0	-	1	cephalic	>	ind	2	CS	msl
445	sugana isra	29	4619	27/2/2021	0	-	2	transverse	>	PLCS	8	CS	FD
446	akshaya	23	4833	27/2/2021	0	-	1	breech	>	SP	6	CS	
447	karthika	29	4597	27/2/2021	1	1	1	cephalic	>	sp	5	CS	
448	vagitha parvin	23	4743	27/2/2021	1	1	1	cephalic	>	sp	5	CS	
449	tamilselvi	19	4745	28/2/2021	0	-	1	cephalic	>	SP	1	NVD	
450	usha	22	4753	28/2/2021	0	-	1	cephalic	>	ind	2	NVD	
451	pavithra	20	4747	28/2/2021	0	-	1	cephalic	>	IND	2	NVD	
452	yogapriya	24	4758	28/2/2021	0	-	1	cephalic	>	IND	2	NVD	
453	deepavalai	29	4819	28/2/2021	0	-	1	cephalic	>	SP	1	NVD	
454	yazhini	23	4796	28/2/2021	0	-	1	cephalic	>	SP	1	CS	MSL
455	mariyam beeri	30	4775	28/2/2021	3	-	1	cephalic	>	SP	3	NVD	
456	maria lisa	28	4852	28/2/2021	1	-	1	cephalic	>	sp	3	CS	Prolonged labour
457	srikamu	26	4822	28/2/2021	1	-	1	cephalic	>	sp	3	NVD	
458	sivagami	28	4900	28/2/2021	2	1	1	cephalic	<(34)	-	10	CS	
459	premalatha	32	2054	28/2/2021	0	-	1	cephalic	<(35)	PLCS	10	CS	Placenta previa
460	kalaivani	30	4811	28/2/2021	0	-	1	cephalic	>	IND	2	NVD	
461	devika	19	4765	**28/2/2021**	0	-	1	cephalic	>	IND	2	CS	MSL
462	parameswari	19	3146	28/2/2021	0	-	1	cephalic	>	IND	2	NVD	
463	vinothini	24	4568	28/2/2021	1	-	1	cephalic	<(35)	SP	10	cs	MSL
464	uma maheswari	31	4717	28/2/2021	1	1	1	cephalic	>	sp	5	CS	
465	karpagam	33	4611	28/2/2021	1	1	1	cephalic	>	sp	5	CS	
466	pushparani	25	4835	03-01-2021	1	-	1	cephalic	>	IND	4	NVD	
467	kavitha	23	4817	03-01-2021	0	-	1	cephalic	>	IND	2	CS	cpD
468	mythili	30	4616	03-01-2021	1	1	1	cephalic	>	sp	5	CS	
469	aruna devi	20	4816	03-01-2021	0	-	1	cephalic	>	SP	1	NVD	
470	gomathi	37	4600	03-01-2021	1	1	1	cephalic	>	sp	5	CS	
471	loganayaki	27	4915	03-01-2021	1	1	1	cephalic	<(36)	-	10	CS	
472	manikavalli	32	4955	03-01-2021	2	-	1	cephalic	>	SP	3	NVD	
473	poorima	31	4755	03-01-2021	1	1	1	cephalic	>	sp	5	cs	
474	sumathi	32	4702	03-01-2021	1	1	1	cephalic	>	sp	5	cs	
475	chamundeswari	38	3942	03-01-2021	0	-	1	cephalic	<(33)	IND	10	cs	fd
476	pounalaki	28	4642	03-01-2021	1	-	1	cephalic	<(35)	PLCS	10	cs	oligo,fd
477	asina banu	32	4823	03-01-2021	0	-	1	cephalic	<(36)	PLCS	10	cs	FD
478	sophia	24	3588	03-01-2021	1	1	1	cephalic	<(35)	-	10	cs	
479	jansirani	33	5012	03-01-2021	1	1	1	cephalic	>	sp	5	cs	-
480	papitha	42	4520	03-01-2021	1	-	2	cephalic	<(35)	sp	8	cs	MSL
481	pushpavathi	28	5033	03-01-2021	1	1	1	cephalic	>	sp	5	cs	-
482	bhuvaneswari	28	4809	03-01-2021	1	-	1	cephalic	>	sp	3	cs	fd
483	nithya	22	4965	03-01-2021	1	-	1	cephalic	<(35)	sp	10	NVD	
484	gayathri	26	4869	03-02-2021	0	-	1	cephalic	>	sp	1	NVD	
485	dhilshath	24	4879	03-02-2021	0	-	1	cephalic	<(35)	IND	10	NVD	
486	kowsalya	23	5028	03-02-2021	1	1	1	cephalic	>	sp	5	cs	
487	indirani	38	4970	03-02-2021	0	-	1	cephalic	<(31)	IND	10	NVD	
488	kanmai	26	5050	03-02-2021	0	-	1	cephalic	<(32)	sp	10	NVD	
489	kalaivani	22	5069	03-02-2021	1	-	1	cephalic	>	sp	3	cs	FD
490	thayab begam	27	4967	03-02-2021	1	-	1	cephalic	>	sp	3	NVD	
491	gomathi	26	4826	03-02-2021	1	1	1	cephalic	>	sp	5	cs	
492	divya	25	4949	03-02-2021	1	1	1	cephalic	<(33)	-	10	cs	
493	chitra	32	4390	03-02-2021	1	1	1	cephalic	<(36)	-	10	CS	
494	devi	33	4795	03-02-2021	1	1	1	cephalic	>	sp	5	CS	
495	priyadharsini	25	5061	03-02-2021	0	-	1	cephalic	>	SP	1	NVD	
496	rajeswari	21	5074	03-02-2021	1	-	1	cephalic	<(35)	SP	10	NVD	
497	ramya	25	5036	03-02-2021	1	-	1	cephalic	>	SP	3	NVD	
498	jeyanthi	25	4751	03-02-2021	1	1	1	cephalic	>	sp	5	CS	
499	saral	38	4961	03-02-2021	1	1	1	cephalic	>	sp	5	CS	
500	sumithra	29	5025	03-02-2021	0	-	1	cephalic	>	ind	2	CS	nrcTG
501	bharathi	22	5701	03-02-2021	1	1	1	cephalic	>	sp	5	CS	

502	zainab	31	5113	03-02-2021	1	1	1	cephalic	>	sp	5	CS	
503	ponni	24	4982	03-03-2021	0	-	1	cephalic	>	SP	1	NVD	
504	saranya	25	5011	03-03-2021	0	-	1	cephalic	>	SP	1	NVD	
505	DHANALAKSHMI	23	5163	03-03-2021	1	-	1	cephalic	>	SP	3	NVD	
506	poorni	21	5078	03-03-2021	0	-	1	cephalic	>	sp	1	NVD	
507	KALPANA	34	4752	03-03-2021	1	1	1	cephalic	>	sp	5	CS	
508	Kalaiarasi	33	5039	03-03-2021	0	-	1	cephalic	>	SP	1	NVD	
509	valarmathi	24	5143	03-03-2021	1	-	1	cephalic	>	SP	3	NVD	
510	gayathri	21	5136	03-03-2021	0	-	1	cephalic	>	SP	1	NVD	
511	kanimozhi	20	4969	03-03-2021	0	-	1	breech	>	SP	6	CS	bREECH
512	jailakshmi	24	5040	03-03-2021	0	-	1	cephalic	>	IND	2	cs	Failed induction
513	lavanya	35	5211	03-03-2021	0	-	2	breech	<(35)	SP	8	cs	Dcda,breech,
514	sripriya	40	5201	03-03-2021	1	-	1	Transverse	>	SP	9	CS	Transverse lie
515	salsabila	20	5085	03-03-2021	0	-	1	cephalic	>	SP	1	NVD	
516	vinodhini	19	5226	03-03-2021	0	-	1	cephalic	<(36)	SP	10	CS	FD
517	shakira	30	5109	03-03-2021	1	-	1	cephalic	>	SP	3	NVD	
518	nadhiya	29	5030	03-03-2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
519	afsana begam	27	5181	03-03-2021	0	-	1	cephalic	>	SP	1	NVD	
520	sangeetha	30	5223	03-03-2021	2	-	1	cephalic	>	sp	5	CS	
521	sharmila	20	4770	03-04-2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
522	asina	21	4866	03-04-2021	0	-	1	cephalic	>	SP	1	NVD	
523	mohamooda	31	5260	03-04-2021	0	-	1	cephalic	>	sp	1	NVD	
524	sangeetha	21	5275	03-04-2021	0	-	1	cephalic	>	PLCS	2	cs	FD
525	geetha	17	5181	03-04-2021	0	-	1	cephalic	>	IND	2	NVD	
526	geetha	31	5118	03-04-2021	1	1	2	cephalic	<(36)	-	8	cs	
527	pramila devi	20	5266	03-04-2021	0	-	1	cephalic	>	sp	1	NVD	
528	tamilselvi	30	4958	03-04-2021	1	**1**	1	cephalic	>	sp	5	cs	
529	sindhu	19	4984	03-04-2021	0	-	1	cephalic	>	IND	2	CS	fd
530	ramya	26	4973	03-04-2021	0	-	1	cephalic	>	IND	2	CS	cpD
531	gayathri	20	4389	03-04-2021	0	-	2	cephalic	>	sp	8	NVD	
532	bhagyalakshmi	24	4981	03-04-2021	1	1	1	cephalic	>	sp	5	CS	
533	kesiyammal	21	5280	03-04-2021	0	-	1	breech	>	sp	6	CS	BREECH
534	samima banu	21	5277	03-04-2021	1	1	1	cephalic	>	sp	5	CS	
535	chithra	23	5258	03-04-2021	1	-	1	cephalic	<(31)	sp	10	NVD	
536	ratna	23	5160	03-04-2021	0	-	1	cephalic	>	IND	2	NVD	
537	KALPANA	30	5122	03-04-2021	1	1	1	cephalic	>	sp	5	CS	
538	laskmi	31	5303	03-04-2021	1	1	1	cephalic	>	sp	5	CS	
539	fathimuthu	27	4959	03-04-2021	1	1	1	cephalic	<(36)	-	10	CS	
540	leela	35	5015	03-04-2021	1	1	1	cephalic	>	sp	5	CS	
541	sheela	25	4625	03-04-2021	0	-	1	cephalic	>	ind	2	CS	fd
542	mehraj fathima	28	4860	03-04-2021	0	-	1	cephalic	>	ind	2	CS	fd
543	priyanka	22	5308	03-05-2021	1	-	1	cephalic	>	SP	3	NVD	
544	velganganni	24	5256	03-05-2021	0	-	1	cephalic	>	ind	2	CS	Failed induction
545	nivetha mary	28	5321	03-05-2021	0	-	1	cephalic	>	SP	1	NVD	
546	kowsalya	23	5313	03-05-2021	0	-	1	cephalic	>	SP	1	NVD	
547	nandhini	26	5714	03-05-2021	0	-	1	cephalic	>	SP	1	NVD	
548	Revathy	25	5196	03-05-2021	0	-	1	cephalic	>	ind	2	NVD	
549	mubeena	20	5131	03-05-2021	0	-	2	cephalic	<(36)	SP	8	NVD	
550	asha	29	5104	03-05-2021	1	1	1	cephalic	>	sp	5	CS	
551	rajeswari	32	3870	03-05-2021	1	1	1	cephalic	>	sp	5	CS	
552	monika	28	5290	03-05-2021	1	1	1	cephalic	>	sp	5	CS	
553	revathi	24	5361	03-05-2021	1	1	1	cephalic	<(36)	-	10	CS	
554	rajaselvi	35	5151	03-05-2021	2	-	1	cephalic	>	SP	3	NVD	
555	aarthi	21	4882	03-05-2021	0	-	1	cephalic	>	IND	2	NVD	
556	sumathi	29	5324	03-05-2021	1	-	1	cephalic	>	IND	4	CS	fd
557	pushparani	22	5368	03-05-2021	1	-	1	cephalic	>	SP	3	NVD	
558	sudha	35	5233	03-05-2021	0	-	1	cephalic	<(36)	PLCS	10	CS	FD

559	gayathri	21	5041	03-05-2021	0	v	1	cephalic	>	SP	1	CS	fd
560	nandhini	21	3256	03-05-2021	1	1	1	cephalic	<(35)	-	10	CS	
561	chitra	29	5304	03-05-2021	1	-	1	cephalic	<(36)	SP	10	NVD	
562	lavanya	24	5355	03-05-2021	0	-	1	cephalic	>	SP	1	CS	MSL
563	poornima	20	5112	03-05-2021	0	-	1	cephalic	>	SP	1	NVD	
564	ramya	21	5414	03-05-2021	1	1	1	cephalic	<(36)	-	10	CS	
565	jayanthi	33	5382	03-05-2021	1	-	1	cephalic	>	SP	3	NVD	
566	selvi	26	5205	03-06-2021	0	-	1	cephalic	>	SP	1	NVD	
567	saritha	35	5306	03-06-2021	1	-	1	cephalic	>	IND	4	CS	MSL
568	lakshmi	25	5435	03-06-2021	2	-	1	cephalic	>	SP	3	NVD	
569	jupa sunari	32	5432	03-06-2021	0	-	2	breech	>	SP	8	CS	Dcda,breech,prom
570	christy	36	4534	03-06-2021	1	1	1	cephalic	<(36)	-	10	CS	
571	janani	23	5428	03-06-2021	0	-	1	cephalic	>	IND	2	NVD	
572	iswarya	22	5014	03-06-2021	0	-	1	cephalic	>	SP	1	cs	fd
573	vesritamilselvi	33	5400	03-06-2021	1	-	1	cephalic	>	IND	4	NVD	
574	durga	26	5714	03-06-2021	0	-	1	breech	>	sp	6	cs	BREECH
575	kamakhi	23	5460	03-06-2021	1	-	1	cephalic	>	sp	3	NVD	
576	aarthi	23	5417	03-06-2021	0	-	1	cephalic	>	IND	2	cs	MSL
577	merlin	27	5128	03-06-2021	1	-	1	cephalic	>	PLCS	4	cs	fd
578	epsiba	29	5420	03-06-2021	0	-	1	cephalic	>	sp	1	cs	MSL
579	malesh priya	28	5229	03-06-2021	2	1	1	cephalic	<(30)	IND	10	CS	
580	rajakumari	27	4409	03-06-2021	0	-	1	cephalic	>	IND	2	NVD	
581	viji	40	5424	03-06-2021	2	-	1	cephalic	>	sp	3	CS	MSL
582	monika	30	5378	03-06-2021	0	-	1	cephalic	>	sp	1	CS	cpD
583	sumathi	20	5206	03-06-2021	0	-	1	cephalic	<(36)	PLCS	10	CS	fd
584	geetha	29	5375	03-06-2021	1	-	1	cephalic	<(36)	sp	10	NVD	
585	devi	30	5367	03-06-2021	1	1	1	cephalic	>	sp	5	cs	
586	kamali	22	5465	03-07-2021	0	-	1	cephalic	>	IND	2	NVD	
587	Mahalakshmi	27	5102	03-07-2021	0	-	1	cephalic	>	ind	2	CS	Failed induction
588	praizy	25	5395	03-07-2021	0	-	1	cephalic	>	PLCS	2	CS	fd
589	poornima	33	5469	03-07-2021	1	-	1	cephalic	>	ind	4	NVD	
590	gajalakshmi	30	5388	03-07-2021	0	-	11	cephalic	>	ind	2	CS	cpD
591	ruchika	24	5466	03-07-2021	0	-	1	cephalic	<(36)	PLCS	10	CS	FD
592	elari glory	21	5497	03-07-2021	0	-	1	cephalic	>	ind	2	NVD	
593	DHANALAKSHMI	25	5100	03-07-2021	0	-	1	cephalic	>	ind	2	NVD	
594	ramya	24	5536	03-07-2021	1	-	2	cephalic	<(34)	SP	8	NVD	
595	gowthami	20	5463	03-08-2021	0	-	1	cephalic	>	ind	2	NVD	
596	divya	24	5513	03-08-2021	0	-	1	cephalic	<(32)	ind	10	NVD	
597	narmatha	25	5522	03-08-2021	0	-	1	cephalic	>	SP	1	CS	cpD
598	hemalatha	20	4528	03-08-2021	0	-	1	cephalic	>	SP	1	NVD	
599	ayesha	20	5551	03-08-2021	0	-	1	cephalic	<(36)	SP	10	NVD	
600	malar	26	5230	03-08-2021	1	-	1	cephalic	>	SP	3	CS	Pulm hypertension
601	suganya	23	5134	03-08-2021	0	-	1	cephalic	<(33)	PLCS	10	CS	oligo
602	priya	31	5538	03-08-2021	1	1	1	cephalic	>	sp	5	CS	
603	logeswari	24	5209	03-08-2021	1	1	1	cephalic	<(36)	-	10	CS	
604	bhavani	27	5611	03-08-2021	2	1	1	cephalic	>	sp	5	CS	
605	mohanapriya	25	5393	03-08-2021	0	-	1	cephalic	>	IND	2	NVD	
606	priyanka	25	5467	03-09-2021	1	-	1	cephalic	>	IND	4	CS	fd
607	iswarya	30	5609	03-09-2021	0	-	1	cephalic	>	SP	1	NVD	
608	boomadevi	40	5049	03-09-2021	0	-	2	cephalic	<(28)	SP	2	NVD	
609	mariyammal	31	5297	03-09-2021	1	1	1	cephalic	>	sp	5	CS	
610	rajalakshmi	24	5514	03-09-2021	1	1	1	cephalic	>	sp	5	CS	
611	leelavathy	34	5470	03-09-2021	2	2	1	cephalic	<(36)	-	10	CS	
612	bhavani	19	5642	03-09-2021	0	-	1	cephalic	>	SP	1	CS	MSL
613	jayasri	29	5236	03-09-2021	1	-	1	cephalic	>	PLCS	4	CS	Placenta previa
614	rojamani	28	5632	03-09-2021	0	-	1	cephalic	>	PLCS	2	CS	FD
615	rukmani	32	5621	03-09-2021	0	-	1	cephalic	<(30)	IND	10	NVD	
616	chamundeswari	21	5690	03-09-2021	1	1	1	cephalic	>	sp	5	CS	

617	priyanka	23	5624	03-09-2021	0	-	2	breech	<(29)	SP	2	NVD	
618	bharathi	26	5668	03-09-2021	0	-	1	cephalic	>	PLCS	2	CS	oligo
619	keerthana	21	5631	03-09-2021	0	-	1	cephalic	>	IND	2	CS	Obstructed labour
620	meenakshi	28	5686	03-09-2021	1	-	1	cephalic	>	SP	3	CS	cpD
621	devika	21	5689	03-09-2021	2	2	1	cephalic	>	sp	5	cs	
622	bhuvaneswari	38	5461	03-09-2021	1	-	1	cephalic	>	SP	3	NVD	
623	bharathi	33	5468	03-09-2021	1	1	1	cephalic	>	sp	5	cs	
624	chitra	31	5604	03-09-2021	1	1	1	cephalic	>	sp	5	cs	
625	nandhini	18	5687	03-09-2021	0	-	1	cephalic	>	sp	1	cs	MSL
626	gandhimathi	21	5716	03-10-2021	1	-	1	cephalic	>	sp	3	NVD	
627	roopavathy	22	5718	03-10-2021	1	-	1	cephalic	>	sp	3	NVD	
628	roshan begam	21	5587	03-10-2021	0	-	1	cephalic	>	IND	2	NVD	
629	sridevi	24	5533	03-10-2021	0	-	1	cephalic	>	IND	2	NVD	
630	divya	26	5474	03-10-2021	0	-	1	cephalic	>	IND	2	CS	cpD
631	parimalakumari	28	5043	03-10-2021	0	-	1	cephalic	<(34)	PLCS	10	CS	Placenta previa
632	haripriya	20	5622	03-10-2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
633	aarthi	24	5601	03-10-2021	0	-	1	cephalic	>	sp	1	CS	cpD
634	ammani	33	5123	03-10-2021	2	2	1	breech	<(36)	-	7	cs	
635	godavari	28	3391	03-10-2021	1	1	1	cephalic	<(34)	PLCS	10	cs	Placenta previa
636	monisha	28	4694	03-10-2021	2	2	1	cephalic	<(31)	PLCS	10	CS	FD
637	papri	31	5612	03-10-2021	1	1	1	cephalic	<(36)	-	10	CS	
638	pavithra	22	5766	03-10-2021	1	1	1	cephalic	>	sp	5	CS	
639	eswari	23	5634	03-10-2021	0	-	1	cephalic	>	SP	1	NVD	
640	hemalatha	26	5600	03-10-2021	1	1	1	cephalic	>	sp	5	CS	
641	narkish banu	24	5462	03-10-2021	1	1	1	cephalic	>	sp	5	CS	
642	pushpa	28	5188	03-10-2021	1	1	1	cephalic	>	sp	5	CS	
643	priya	28	5404	03-10-2021	1	1	1	cephalic	>	sp	5	CS	
644	kanagavalli	22	5774	03-10-2021	2	-	1	breech	>	SP	7	CS	BREECH
645	suganya	25	5809	03-11-2021	1	-	1	cephalic	>	SP	3	NVD	
646	gayathri	25	5641	03-11-2021	0	-	1	cephalic	>	SP	1	CS	MSL
647	rekha	26	5547	03-11-2021	0	-	1	cephalic	>	SP	1	CS	MSL
648	DHANALAKSHMI	24	5614	03-11-2021	0	-	1	cephalic	>	IND	2	CS	Prolonged labour
649	alafiya	24	5814	03-11-2021	0	-	1	cephalic	<(30)	SP	10	NVD	
650	asmath banu	24	5693	03-11-2021	0	-	1	cephalic	>	IND	2	NVD	
651	bhavani	25	5512	03-11-2021	0	-	1	cephalic	>	SP	1	NVD	
652	indira gandhi	41	5419	03-11-2021	0	-	2	cephalic	<(30)	PLCS	8	CS	FD
653	madhubala	26	5853	03-11-2021	1	1	1	cephalic	>	sp	5	CS	
654	sujatha	21	5823	03-11-2021	1	-	2	breech	<(33)	SP	8	CS	1st twin breech
655	gowsalya	21	5874	03-11-2021	1	-	1	cephalic	<(33)	SP	10	NVD	
656	nikhath	20	5665	03-11-2021	0	-	1	cephalic	>	IND	2	CS	fd
657	kavitha	22	4980	03-12-2021	0	-	1	cephalic	<(32)	IND	10	CS	NRCTG
658	rosi	25	5688	03-12-2021	0	-	1	cephalic	>	IND	2	CS	MSL
659	lathapriya	19	5770	03-12-2021	0	-	1	cephalic	<(36)	IND	10	NVD	
660	bharathi	27	5890	03-12-2021	1	1	2	cephalic	<(35)	-	8	CS	ABRUPTION/p.lses
661	awsh fathima	23	5767	03-12-2021	0	-	1	cephalic	>	IND	2	NVD	
662	kaneega	28	5818	03-12-2021	1	-	1	cephalic	>	IND	4	NVD	
663	premalatha	38	5580	03-12-2021	1	1	1	cephalic	>	sp	5	CS	
664	nivedha	20	5820	03-12-2021	0	-	1	cephalic	<(35)	PLCS	10	CS	cpD
665	vinitha	20	5565	03-12-2021	0	-	1	cephalic	>	IND	2	CS	cpD
666	vinitha	25	5670	03-12-2021	0	-	1	cephalic	<(36)	SP	10	NVD	
667	ambika	27	5385	03-12-2021	0	-	1	cephalic	>	IND	2	CS	cpD
668	thilagavathi	23	5598	03-12-2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
669	sandhani	28	5828	03-12-2021	0	-	1	cephalic	>	IND	2	CS	Obstructed labour
670	ramya	34	5938	03-12-2021	1	-	1	breech	>	SP	7	CS	BREECH

671	nivetha	25	5921	03-12-2021	1	1	1	cephalic	>	sp	5	cs	
672	shalini	20	5700	03-12-2021	0	-	1	cephalic	<(32)	IND	10	NVD	
673	surekha	28	5869	03-12-2021	0	-	1	cephalic	>	sp	1	cs	MSL
674	divya	28	5915	13/3/2021	0	-	1	cephalic	>	sp	1	NVD	
675	jayalalitha	27	5967	13/3/2021	1	1	1	cephalic	>	sp	5	cs	
676	kalpana	21	5741	13/3/2021	0	-	2	cephalic	<(28)	sp	8	NVD	
677	hameedunissa	26	5457	13/3/2021	0	-	1	cephalic	<(32)	sp	10	NVD	
678	sasikala	33	5854	13/3/2021	0	-	1	cephalic	>	sp	1	CS	MSL
679	shalini	21	4692	13/3/2021	0	-	1	cephalic	<(31)	sp	10	NVD	
680	meenakumari	28	5886	13/3/2021	0	-	1	cephalic	>	IND	2	NVD	
681	kasturi	24	5823	13/3/2021	0	-	1	breech	>	sp	6	CS	BREECH
682	subha	27	5862	13/3/2021	0	-	1	cephalic	>	IND	2	CS	FD
683	abirami	22	5984	13/3/2021	0	-	1	cephalic	>	PLCS	2	CS	AbRUPTION
684	kani abshaya	20	5836	13/3/2021	0	-	1	cephalic	>	IND	2	NVD	
685	abiyana	20	5881	13/3/2021	0	-	1	cephalic	>	IND	2	NVD	
686	vijaya	24	5805	13/3/2021	0	-	1	cephalic	>	SP	1	CS	NRCTG
687	saranya	19	5952	13/3/2021	0	-	1	cephalic	>	PLCS	2	CS	FD
688	thulasi	25	5858	13/3/2021	0	-	1	cephalic	>	IND	2	CS	Failed induction
689	subbulakshmi	29	5640	13/3/2021	1	1	1	cephalic	<(36)	-	10	CS	
690	shakila	24	5987	13/3/2021	1	-	1	cephalic	>	sp	3	NVD	
691	sivaranjani	22	5996	13/3/2021	2	2	1	cephalic	>	sp	5	CS	
692	deepa	21	6020	13/3/2021	0	-	1	breech	>	SP	6	CS	BREECH
693	evanjelin	28	5930	13/3/2021	1	-	1	cephalic	>	SP	3	NVD	
694	jeevitha	24	5936	13/3/2021	1	-	1	cephalic	>	IND	4	NVD	
695	dowlath nisha	38	5397	14/3/2021	2	-	1	cephalic	<(35)	IND	10	NVD	
696	keerthana	28	5972	14/3/2021	0	-	1	cephalic	<(36)	SP	10	NVD	
697	backiyalakshmi	32	6042	14/3/2021	1	1	1	cephalic	>	sp	5	CS	
698	sanjukumari	22	5931	14/3/2021	0	-	1	cephalic	>	IND	2	CS	cpD
699	prabhavathi	30	5968	14/3/2021	0	-	1	cephalic	>	SP	1	CS	cpD
700	poornima	25	6007	14/3/2021	0	-	1	cephalic	>	PLCS	2	CS	oligo
701	madheswari	30	5839	14/3/2021	0	-	1	cephalic	<(36)	PLCS	10	CS	NRCTG
702	tamilarasi	26	6061	14/3/2021	1	-	1	cephalic	>	SP	3	NVD	
703	revathi	27	6001	14/3/2021	0	-	1	cephalic	>	SP	1	CS	MSL
704	jyothi	25	6016	14/3/2021	2	-	1	cephalic	>	SP	3	NVD	
705	megala bharathy	27	5935	14/3/2021	1	-	1	cephalic	>	IND	4	NVD	
706	sudarkodi	28	5807	14/3/2021	0	-	1	cephalic	>	PLCS	2	CS	msl
707	nandhini	21	6051	15/3/2021	0	-	1	cephalic	>	SP	1	NVD	
708	suganya	27	5831	15/3/2021	0	-	1	cephalic	>	SP	1	NVD	
709	shobana	25	5672	15/3/2021	1	-	1	cephalic	>	SP	3	NVD	
710	venkastammal	20	6016	15/3/2021	0	-	1	cephalic	>	SP	1	NVD	
711	sandhya	21	5861	15/3/2021	0	-	1	cephalic	>	IND	2	CS	msl
712	nagarani	30	5636	15/3/2021	2	-	1	cephalic	>	SP	3	NVD	
713	bindhu	34	5845	15/3/2021	2	1	1	cephalic	<(35)	SP	10	CS	FD
714	VIJAYALAKSHMI	34	5669	15/3/2021	0	-	1	breech	>	SP	6	CS	BREECH
715	usha	25	6101	15/3/2021	1	-	1	cephalic	>	SP	3	NVD	
716	tamilselvi	27	6004	15/3/2021	0	-	1	cephalic	>	IND	2	NVD	
717	vidhyalakshmi	26	6040	15/3/2021	0	-	1	oblique	>	SP	9	CS	oblique lie
718	durga	32	5607	15/3/2021	0	-	1	cephalic	>	PLCS	2	CS	fd
719	ponmegala	29	6134	15/3/2021	1	1	1	cephalic	>	sp	5	CS	
720	lakshmi	23	6170	15/3/2021	1	1	1	cephalic	>	sp	5	CS	
721	mohanapriya	25	6126	16/3/2021	0	-	1	cephalic	>	sp	1	NVD	
722	aishwarya	20	5943	16/3/2021	0	-	1	cephalic	>	sp	1	NVD	
723	dhanam	19	6122	16/3/2021	0	-	1	cephalic	>	sp	1	NVD	
724	shobana	26	6106	16/3/2021	1	1	1	cephalic	>	sp	5	cs	
725	sarumathi	25	6000	16/3/2021	0	-	1	cephalic	>	IND	2	NVD	
726	suganya	24	6005	16/3/2021	1	1	1	cephalic	>	sp	5	CS	
727	gomathi	22	6193	16/3/2021	0	-	1	cephalic	<(35)	IND	10	NVD	
728	kalpana	30	6109	16/3/2021	0	-	1	cephalic	>	IND	2	NVD	
729	kanchana	24	5998	16/3/2021	1	1	1	cephalic	<(36)	-	10	CS	
730	shalini	18	6235	16/3/2021	0	-	1	cephalic	>	sp	1	NVD	
731	abirami	21	6087	16/3/2021	1	-	1	cephalic	>	IND	4	NVD	

732	bhuvaneswari	24	6211	16/3/2021	1	1	1	cephalic	>	sp	5	CS	
733	ilakiya	26	6115	16/3/2021	1	1	1	cephalic	>	sp	5	CS	
734	Mahalakshmi	29	6199	16/3/2021	1	-	1	cephalic	>	IND	4	NVD	
735	srivalli	36	5377	16/3/2021	0	-	1	cephalic	>	IND	2	CS	cpD
736	umar fathima	19	6135	16/3/2021	0	-	1	cephalic	>	SP	1	NVD	
737	priya	25	6218	16/3/2021	1	-	1	cephalic	>	sp	3	NVD	
738	bhavani	23	6225	16/3/2021	0	-	1	cephalic	>	sp	1	NVD	
739	VIJAYALAKSHMI	26	6002	16/3/2021	0	-	1	cephalic	>	IND	2	NVD	
740	rameela	23	5616	16/3/2021	0	-	1	cephalic	<(36)	IND	10	NVD	
741	nishanthi	27	6147	16/3/2021	0	-	1	cephalic	>	SP	1	NVD	
742	kavitha	29	6095	16/3/2021	0	-	2	breech	<(35)	SP	8	CS	BREECH
743	vinothini	25	6231	16/3/2021	1	1	1	cephalic	>	sp	5	CS	
744	ramya	27	6281	17/3/2021	2	-	1	cephalic	>	SP	3	LN	
745	usha	29	6037	17/3/2021	0	-	1	cephalic	<(32)	IND	10	LSCS	IE
746	suriya	30	6117	17/3/2021	1	-	1	cephalic	>	IND	4	LN	
747	tamilselvi	30	6138	17/3/2021	0	-	1	cephalic	>	SP	1	LSCS	cpD
748	lakshimi	26	6140	17/3/2021	0	-	1	cephalic	>	IND	2	LSCS	cpD
749	durgadevi	30	5965	17/3/2021	1	-	1	cephalic	>	SP	3	LN	
750	saideepa	18	6110	17/3/2021	0	-	1	cephalic	>	IND	2	LN	
751	jayadurga	22	6171	17/3/2021	0	-	1	cephalic	>	SP	1	LN	
752	banu	32	5995	17/3/2021	2	2	1	cephalic	>	sp	5	LSCS	-
753	renuka	28	5873	17/3/2021	0	-	1	cephalic	>	IND	2	LN	
754	thangalakshmi	26	6219	17/3/2021	0	-	1	breech	>	SP	6	LSCS	BREECH
755	revathi	23	6137	17/3/2021	0	-	1	cephalic	>	IND	2	LSCS	cpD
756	tamilselvi	22	6619	17/3/2021	0		1	cephalic	>	IND	2	LSCS	Obstructed labour
757	suganya	27	5835	17/3/2021	0	-	1	cephalic	<(36)	IND	10	LSCS	FD
758	vinothini	26	6296	17/3/2021	0	-	1	cephalic	>	SP	1	LSCS	fd
759	lavanya	26	6232	17/3/2021	0	-	1	cephalic	>	IND	2	LN	
760	chinnammal	22	6226	17/3/2021	0	-	1	cephalic	>	IND	2	LN	
761	dilli vijaya	29	6362	17/3/2021	0	-	1	cephalic	>	PLCS	2	LSCS	CPD major/sev oligo
762	manju	19	6370	17/3/2021	0	-	1	cephalic	>	SP	1	LN	
763	ganga	20	6324	17/3/2021	1	-	1	cephalic	>	sp	5	LSCS	-
764	mohana	22	6341	17/3/2021	1	1	1	cephalic	>	sp	5	LSCS	-
765	vanitha	33	6352	17/3/2021	1	1	1	cephalic	>	sp	5	LSCS	-
766	ananthi	24	6361	17/3/2021	1	1	1	cephalic	>	sp	5	LSCS	-
767	sumithra	23	6148	17/3/2021	0	-	1	cephalic	>	IND	2	LSCS	failed induction
768	Mahalakshmi	24	6398	17/3/2021	1	-	1	cephalic	>	sp	3	LN	
769	padma	28	6274	18/3/2021	0	-	1	cephalic	<(30)	sp	10	LN	
770	evanjilene	20	5989	18/3/2021	0	-	1	cephalic	>	IND	2	LN	
771	kokila	21	6297	18/3/2021	0	-	1	cephalic	>	IND	2	LN	
772	sathya	25	6108	18/3/2021	0	-	1	cephalic	<(36)	IND	10	LN	
773	vidhya	29	6256	18/3/2021	1	-	1	cephalic	>	IND	4	LN	
774	swetha	20	6349	18/3/2021	1	-	1	cephalic	>	sp	3	LN	
775	priyanka	20	5863	18/3/2021	0	-	1	cephalic	>	sp	1	LN	
776	thilagavathi	35	5162	18/3/2021	0	-	1	cephalic	<(36)	PLCS	10	LSCS	CPD
777	sugasini	25	6388	18/3/2021	0	-	1	cephalic	<30	IND	10	LN	
778	deepika	30	6439	18/3/2021	0	-	2	cephalic	<29	sp	8	LN	
779	kavitha	25	6304	18/3/2021	0	-	1	cephalic	>	sp	1	LSCS	cpd
780	renuka	24	6382	18/3/2021	1	1	1	cephalic	>	sp	5	LSCS	-
781	pavithra	23	6207	18/3/2021	0	-	1	cephalic	<36	SP	10	LSCS	cpd
782	komala	27	6165	18/3/2021	1	1	1	cephalic	>	sp	5	LSCS	-
783	suganya	20	6242	18/3/2021	0	-	1	cephalic	>	IND	2	LSCS	Obstructed labour
784	dillirani	21	6359	18/3/2021	1	-	1	cephalic	>	SP	3	LN	
785	ramya	20	6252	18/3/2021	0	-	1	cephalic	>	IND	2	LSCS	FD
786	sathya	26	5944	18/3/2021	0	-	1	cephalic	>	SP	1	LSCS	cpd
787	pavithra	20	6470	18/3/2021	1	1	1	cephalic	>	sp	5	LSCS	-
788	meena	24	6424	18/3/2021	0	0	1	cephalic	>	sp	1	LSCS	CPD
789	nandhini	26	6294	18/3/2021	0	-	1	cephalic	>	SP	1	LN	

790	divyabharathi	22	6236	18/3/2021	0	-	1	cephalic	>	IND	2	LN	
791	gnanaselvi	29	6372	18/3/2021	0	-	1	cephalic	<32	IND	10	LSCS	failed induction
792	rajeswari	29	6397	18/3/2021	0	-	1	cephalic	>	IND	2	LSCS	NRCTG
793	saranya	19	6257	19/3/2021	0	-	1	cephalic	>	IND	2	LN	-
794	yamini	26	6508	19/3/2021	1	-	1	cephalic	>	SP	3	LN	
795	devi	27	6494	19/3/2021	2	2	1	cephalic	>	sp	5	LSCS	-
796	seva	31	6465	19/3/2021	1	-	1	cephalic	>	SP	3	LSCS	FD
797	vasanthi	29	5459	19/3/2021	1	0	1	breech	>	PLCS	7	LSCS	BREECH
798	preethi	29	6454	19/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
799	merlin	25	6318	19/3/2021	0	-	1	cephalic	>	IND	2	LSCS	FD
800	menaga	31	6526	19/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
801	vinitha	26	6542	19/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
802	sushmitha	25	6460	19/3/2021	0	-	1	cephalic	>	IND	2	LN	
803	supriya	34	6279	19/3/2021	1	-	1	cephalic	>	SP	3	LN	
804	nathya	34	6365	19/3/2021	0	-	1	cephalic	>	IND	2	LSCS	NRCTG
805	hemalatha	28	6267	19/3/2021	0	-	1	cephalic	<29	IND	10	LN	
806	ragavi	27	6489	20/3/2021	1	-	1	cephalic	>	SP	3	LN	
807	nirmala	24	6495	20/3/2021	0	-	1	cephalic	>	SP	1	LN	
808	soniya	29	6557	20/3/2021	1	-	1	cephalic	>	SP	3	LSCS	FD
809	ameedha	28	6237	20/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
810	ranjitha	23	6475	20/3/2021	0	-	1	cephalic	>	IND	2	LN	
811	vanitha	31	6227	20/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
812	prema	25	6195	20/3/2021	2	2	1	cephalic	<(33)	-	10	LSCS	FD
813	suganya	28	6116	20/3/2021	1	-	1	cephalic	>	IND	4	LN	
814	suneetha	24	6467	20/3/2021	0	-	1	cephalic	>	IND	2	LN	
815	nabeesha	25	6248	20/3/2021	2	2	1	cephalic	<(36)	-	10	LSCS	
816	dharmalakshimi	30	6441	20/3/2021	2	2	1	cephalic	>	sp	5	LSCS	
817	vasanthi	19	6402	20/3/2021	0	-	1	cephalic	>	IND	2	LSCS	FD
818	janaki	37	6505	20/3/2021	1	-	1	breech	<(29)	IND	7	LN	
819	priya	26	6350	20/3/2021	0	-	1	cephalic	>	IND	2	LSCS	failed induction
820	sindhu	20	6549	20/3/2021	0	-	1	cephalic	>	IND	2	LSCS	FD
821	banupriya	32	6522	20/3/2021	1	-	1	cephalic	>	sp	3	LN	
822	umamaheswari	24	6320	20/3/2021	1	-	1	cephalic	>	sp	3	LN	
823	nargees	26	6554	20/3/2021	0	-	1	cephalic	>	IND	2	LSCS	FD
824	archana	26	6640	20/3/2021	0	-	2	breech	<(33)	sp	8	LSCS	
825	aarthi	28	6247	21/3/2021	0	-	1	cephalic	>	IND	2	LSCS	failed induction
826	bhuvaneswari	27	6638	21/3/2021	0	-	1	cephalic	>	sp	1	LSCS	FD
827	meena	26	6651	21/3/2021	0	-	1	cephalic	>	sp	1	LN	
828	hemavathi	26	6589	21/3/2021	0	-	1	cephalic	>	sp	1	LN	
829	deepika	23	6664	21/3/2021	0	#VALUE!	1	cephalic	>	sp	1	LN	
830	sangeetha	20	6645	21/3/2021	0	-	1	cephalic	<(36)	SP	10	LN	
831	chitra	30	6333	21/3/2021	3	1	1	cephalic	<(36)	-	10	LSCS	
832	devi	29	6315	21/3/2021	0	-	2	breech	<(36)	SP	8	LSCS	BREECH
833	kavitha	27	5953	21/3/2021	0	-	1	cephalic	>	IND	2	LN	
834	sangeetha priya	29	6644	21/3/2021	1	-	1	cephalic	>	IND	4	LN	
835	mumtaz	26	6223	21/3/2021	0	-	1	cephalic	>	SP	1	LSCS	MSL
836	nadhiya	26	5933	21/3/2021	2	-	1	cephalic	<(36)	-	10	LSCS	
837	thasin	25	6114	21/3/2021	0	-	1	cephalic	>	IND	2	LSCS	MSL
838	kavya	22	6618	21/3/2021	1	-	1	cephalic	>	IND	4	LN	
839	premila	32	6646	21/3/2021	0	-	1	cephalic	<(35)	IND	10	LN	
840	kalpana	36	6603	21/3/2021	0	-	1	cephalic	>	IND	2	LN	
841	divyabharathi	24	6628	22/3/2021	0	-	1	cephalic	>	SP	1	LN	
842	charumathi	23	6455	22/3/2021	0	-	1	cephalic	>	IND	2	LN	
843	bakiyalakshimi	28	6701	22/3/2021	2	-	1	cephalic	>	SP	3	LN	
844	sriharini	20	6544	22/3/2021	0	-	1	cephalic	>	IND	2	LN	
845	jayasree	19	6720	22/3/2021	1	-	1	cephalic	>	IND	4	LN	
846	suganya	26	6703	22/3/2021	0	-	1	cephalic	<(36)	SP	10	LN	
847	sneha	19	6544	22/3/2021	0	-	1	cephalic	>	SP	1	LN	
848	deepalakshimi	19	6469	22/3/2021	0	-	2	cephalic	<(33)	SP	8	LSCS	BREECH
849	divyabharathi	27	6682	22/3/2021	1	-	1	cephalic	>	IND	4	LN	

850	saraswathi	27	6714	22/3/2021	0	-	1	cephalic	>	SP	1	LN	
851	roja	22	6342	22/3/2021	0	-	1	breech	>	PLCS	6	LSCS	BREECH
852	anthoniammal	34	6548	22/3/2021	1	-	1	cephalic	<(36)	SP	10	LSCS	fetal distress
853	rahila	33	5667	22/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
854	amina	29	5541	22/3/2021	2	2	1	cephalic	>	sp	5	LSCS	
855	rama	32	6728	22/3/2021	1	-	1	cephalic	>	SP	3	LN	
856	suganthi	23	6724	22/3/2021	1	-	1	cephalic	>	SP	3	LN	
857	ramani	22	6673	22/3/2021	0	-	1	cephalic	>	SP	1	LSCS	MSL
858	kalaivani	26	6705	22/3/2021	0	-	1	cephalic	<(36)	IND	10	LN	
859	nandhini	21	6656	22/3/2021	1	-	1	cephalic	>	sp	3	LN	
860	rubini	25	6772	22/3/2021	0	-	1	cephalic	>	sp	1	LN	
861	gouthami	29	6330	22/3/2021	0	-	1	cephalic	>	sp	1	LSCS	Obstructed labour
862	monika	26	6564	22/3/2021	0	-	1	cephalic	<(31)	IND	10	LN	
863	kavitha	29	6768	22/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
864	mymoom fathima	28	6331	22/3/2021	1	-	1	cephalic	>	sp	3	LN	
865	mumtaz	24	6731	22/3/2021	1	-	1	cephalic	>	sp	3	LN	
866	nithya	30	6783	22/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
867	meena	27	6812	22/3/2021	2	-	1	cephalic	>	sp	3	LSCS	MSL
868	priyanka	26	6610	22/3/2021	0	-	1	cephalic	<(34)	IND	10	LN	
869	kanchana	24	6789	22/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
870	veena	26	6816	23/3/2021	0	-	1	cephalic	<(30)	IND	10	LN	
871	vinothini	28	6388	23/3/2021	1	-	1	cephalic	>	sp	3	LN	
872	maheswari	25	6807	23/3/2021	0	-	1	cephalic	>	IND	2	LN	
873	roja	27	6376	23/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
874	sindhupriya	19	6551	23/3/2021	1	-	1	cephalic	>	IND	4	LN	
875	santhiya	19	6540	23/3/2021	0	-	1	cephalic	>	sp	1	LSCS	FD
876	sowmiya	19	6827	23/3/2021	0	-	2	cephalic	<(36)	sp	8	LN	
877	karthika	25	6831	23/3/2021	1	1	1	cephalic	<(36)	-	10	LSCS	
878	tamilarasi	28	6836	23/3/2021	0	-	1	cephalic	>	IND	2	LSCS	CPD
879	sudha	35	6547	23/3/2021	0	-	1	cephalic	>	sp	1	LSCS	FD
880	jayanthi	30	6782	23/3/2021	0	-	1	cephalic	>	IND	2	LSCS	FD
881	hemavathi	22	6836	23/3/2021	0	-	1	cephalic	>	SP	1	LN	
882	karpagavalli	32	6842	23/3/2021	2	-	1	cephalic	>	IND	4	LN	
883	meena	30	6909	23/3/2021	1	1	1	cephalic	<(36)	-	10	LSCS	
884	vachala	26	6874	24/3/2021	1	0	1	cephalic	>	IND	4	LN	
885	kalaiyarasi	23	6746	24/3/2021	1	-	1	cephalic	>	IND	4	LN	
886	vinothini	20	6850	24/3/2021	0	-	1	cephalic	>	SP	1	LN	
887	shanthipriya	27	6906	24/3/2021	0	-	1	cephalic	>	IND	2	LN	
888	DHANALAKSHMI	37	6764	24/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
889	pathala rakshwari	36	6105	24/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
890	shanmugapriya	23	6743	24/3/2021	0	-	2	breech	<(34)	SP	8	LSCS	1st-breech
891	Mahalakshmi	34	6539	24/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
892	sharmila	28	6598	24/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
893	jothi	25	6921	24/3/2021	0	-	1	breech	<(32)	SP	6	LSCS	breech
894	sakila	29	6911	24/3/2021	0	-	1	cephalic	>	SP	1	LN	
895	ilakkiya	28	6952	24/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
896	anitha	30	6954	24/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
897	kowsalya	18	6950	24/3/2021	0	-	1	cephalic	<(36)	SP	10	LSCS	Cord prolapse
898	vishali	35	6358	24/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
899	shimola	24	6969	24/3/2021	0	-	1	breech	>	SP	6	LSCS	BREECH
900	sowmiya	26	6788	24/3/2021	0	-	1	cephalic	>	IND	2	LSCS	CPD
901	kowsalya	19	6039	24/3/2021	0	-	1	cephalic	>	SP	1	LN	
902	monisha	19	7002	24/3/2021	0	-	1	cephalic	>	SP	1	LN	
903	lokeshwari	20	6929	25/3/2021	0	-	1	cephalic	>	SP	1	LN	
904	DHANALAKSHMI	22	6470	25/3/2021	0	-	1	cephalic	>	IND	2	LN	
905	kavitha	29	7016	25/3/2021	2	-	1	cephalic	>	SP	3	LN	
906	poongodi	18	6476	25/3/2021	0	-	1	cephalic	>	SP	1	LSCS	FD
907	lilly gracy	30	6801	25/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
908	bharathi	32	6460	25/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
909	muthulakshmi	33	7042	25/3/2021	1	-	1	cephalic	>	sp	3	LN	

910	nandhini	19	7012	25/3/2021	0	-	1	cephalic	>	sp	1	LN	
911	DHANALAKSHMI	26	6887	25/3/2021	0	-	1	cephalic	>	sp	1	LSCS	FD
912	suvalakshmi	23	6830	25/3/2021	1	1	1	cephalic	<(35)	-	10	LSCS	
913	pavithra	25	7033	25/3/2021	1	1	1	cephalic	<(36)	-	4	LSCS	FD
914	rohini	23	6794	25/3/2021	1	0	1	cephalic	>	IND	4	LSCS	NRCTG
915	senkagavalli	27	7014	25/3/2021	2	2	1	cephalic	<(36)	-	10	LSCS	
916	muthumeena	22	7080	25/3/2021	0	-	1	cephalic	>	sp	1	LN	
917	pavithra	25	6676	25/3/2021	0	-	1	cephalic	>	IND	2	LSCS	oligo/fd
918	sakthi	27	7026	25/3/2021	1	-	1	cephalic	>	IND	4	LN	
919	jeyasree	21	6891	25/3/2021	0	-	1	cephalic	>	IND	2	LN	
920	saranya	27	6980	25/3/2021	0	-	1	cephalic	<(29)	IND	10	LN	
921	christy	34	7094	25/3/2021	2	2	1	cephalic	<(34)	-	10	LSCS	
922	ramya	22	6974	25/3/2021	0	-	1	cephalic	>	-	1	LSCS	MSL/FD
923	rabbith bagiriya	23	6979	26/3/2021	0	-	1	cephalic	>	sp	1	LN	
924	rushmitha	19	6937	26/3/2021	0	-	1	cephalic	>	sp	1	LN	
925	yamuna	27	6986	26/3/2021	1	-	1	cephalic	>	sp	3	LN	
926	pasura	23	7015	26/3/2021	0	-	1	cephalic	<(36)	sp	10	LN	
927	saraswathy	22	7083	26/3/2021	0	-	1	cephalic	>	sp	1	LN	
928	sabitha	19	7086	26/3/2021	0	-	1	cephalic	>	IND	2	LN	
929	VIJAYALAKSHMI	25	6804	26/3/2021	0	-	1	cephalic	>	sp	1	LN	
930	poorni	28	7119	26/3/2021	0	-	1	cephalic	>	SP	1	LN	
931	anju	22	7109	26/3/2021	0	-	1	cephalic	>	SP	1	LN	
932	hemavathy	32	5111	26/3/2021	1	-	1	cephalic	<(34)	IND	10	LN	
933	manju	25	7055	26/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
934	deepa	23	7003	26/3/2021	2	-	1	cephalic	>	IND	4	LN	
935	sumathi	29	7108	26/3/2021	0	-	1	cephalic	>	SP	1	LSCS	MSL/FD
936	deepika	23	7130	26/3/2021	0	-	1	cephalic	>	SP	1	LN	
937	vatchala	26	6918	26/3/2021	0	-	1	cephalic	<(36)	IND	10	LN	
938	sowmiya	25	7153	26/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
939	josemary	33	7165	26/3/2021	0	-	1	cephalic	>	SP	1	LSCS	CPD
940	durga	24	7105	26/3/2021	0	-	1	cephalic	>	IND	2	LSCS	CPD
941	saadhya	25	6964	26/3/2021	1	-	1	cephalic	>	IND	4	LSCS	Fd
942	uma	19	6800	26/3/2021	0	-	1	cephalic	>	SP	1	LN	
943	kavitha	23	7071	26/3/2021	0	-	1	cephalic	>	IND	2	LN	
944	sandhya	22	7162	26/3/2021	0	-	1	cephalic	>	IND	2	LN	
945	thilagavathi	32	6965	26/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
946	aarifa	25	7142	27/3/2021	0	-	1	cephalic	>	SP	1	LN	
947	seethakumari	28	6979	27/3/2021	0	-	1	cephalic	>	SP	1	LN	
948	snekha	27	6951	27/3/2021	0	-	1	cephalic	>	IND	2	LSCS	FD
949	sangari	26	7093	27/3/2021	0	-	1	cephalic	<(30)	IND	10	LSCS	ABRUPTIO N
950	manjuma devi	26	7129	27/3/2021	1	-	1	cephalic	>	SP	3	LN	
951	banu	25	6890	27/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
952	papathi	30	6792	27/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
953	santhiya	23	7208	27/3/2021	1	-	1	cephalic	>	SP	3	LN	
954	sangeetha	22	7193	27/3/2021	0	-	1	cephalic	>	SP	1	LN	
955	amul	38	6955	27/3/2021	3	3	1	cephalic	<(36)	-	10	LSCS	
956	parameswari	25	6971	27/3/2021	0	-	1	cephalic	<(33)	SP	10	LSCS	CPD
957	jothika	20	7056	27/3/2021	0	-	1	cephalic	>	sp	1	LSCS	NRCTG/FD
958	hemapriya	28	6963	27/3/2021	0	-	1	cephalic	>	IND	2	LSCS	CPD
959	haritha	21	7192	27/3/2021	0	-	1	cephalic	>	sp	1	LSCS	CPD
960	nadhiya	24	6976	27/3/2021	1	1	1	cephalic	>	PLCS	5	LSCS	
961	amaravathi	20	7244	27/3/2021	0	-	1	cephalic	>	sp	1	LN	
962	sandhya	25	6966	27/3/2021	0	-	1	cephalic	>	sp	1	LSCS	NRCTG
963	meena	28	7212	27/3/2021	2	-	1	cephalic	>	sp	3	LN	
964	vanaja karthika	26	6959	27/3/2021	0	-	1	cephalic	>	sp	1	LSCS	MSL
965	kalaiselvi	26	7247	27/3/2021	0	-	1	cephalic	>	sp	1	LSCS	MSL
966	yamini	26	7209	27/3/2021	0	G969-	1	cephalic	>	sp	1	LSCS	CPD
967	pavithra	24	6978	27/3/2021	0	-	1	cephalic	>	IND	2	LSCS	NRCTG
968	komala sundari	27	7149	27/3/2021	0	-	1	cephalic	>	IND	2	LSCS	FD
969	deepika	20	7254	27/3/2021	0	-	1	cephalic	>	sp	1	LN	
970	kamakshi	30	7258	27/3/2021	1	1	1	cephalic	>	PLCS	5	LSCS	
971	ramya	20	7274	28/3/2021	1	1	1	cephalic	<(36)	-	10	LSCS	

972	pavithra	20	7210	28/3/2021	0	-	1	cephalic	>	IND	2	LN	
973	nivetha	21	7156	28/3/2021	0	-	1	cephalic	>	sp	1	LSCS	FD
974	malarvizhi	25	7169	28/3/2021	0	-	1	cephalic	>	IND	2	LSCS	MSL
975	lakshmi	31	7287	28/3/2021	2	-	1	cephalic	>	sp	3	LN	
976	madhubala	26	7225	28/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
977	vidhya	26	7140	28/3/2021	0	-	1	cephalic	>	IND	2	LN	
978	kirithana	26	7064	28/3/2021	1	-	1	cephalic	>	IND	4	LN	
979	karthika	29	7977	28/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
980	sangeetha	27	7163	28/3/2021	0	-	1	cephalic	>	SP	1	LN	
981	alamelu	24	7242	29/3/2021	0	-	1	cephalic	>	SP	1	LN	
982	jayashree	23	7060	29/3/2021	1	-	1	cephalic	>	SP	3	LN	
983	pooja	21	7305	29/3/2021	0	-	1	cephalic	>	IND	2	LSCS	FD/oligo
984	saraswathy	31	6761	29/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
985	sangeetha	31	7319	29/3/2021	1	-	1	cephalic	>	IND	4	LN	
986	anitha	21	7336	29/3/2021	0	-	1	cephalic	>	SP	1	LN	
987	jasmine	26	7357	29/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
988	shanthi	34	7364	29/3/2021	0	-	1	cephalic	>	SP	1	LSCS	precious baby
989	jaya	37	6962	29/3/2021	1	1	1	cephalic	>	ind	5	LSCS	
990	hemalatha	20	7259	29/3/2021	0	-	1	cephalic	>	SP	1	LN	
991	vithiya	29	7314	29/3/2021	0	-	1	cephalic	>	IND	2	LSCS	MSL/oligo
992	daisy rani	29	7404	29/3/2021	0	-	1	cephalic	>	IND	2	LSCS	MSL
993	jayalakshmi	27	7407	30/3/2021	1	1	1	cephalic	>	ind	5	LSCS	
994	saraswathi	39	7421	30/3/2021	1	1	1	cephalic	>	#NAME?	5	LSCS	
995	gayathiri	19	7430	30/3/2021	0	-	1	cephalic	>	SP	2	LN	
996	santhya devi	27	7333	30/3/2021	1	-	1	cephalic	>	SP	3	LN	
997	rekha	28	7061	30/3/2021	0	-	1	cephalic	>	PLCS	2	LSCS	cpd major
998	priyadharsini	19	7159	30/3/2021	0	-	1	cephalic	>	SP	1	LN	
999	selvi	25	7073	30/3/2021	2	1	1	cephalic	<(36)	-	10	LSCS	
1000	kasthuri	21	7401	30/3/2021	0	-	1	cephalic	>	SP	1	LN	
1001	sharmila	29	7435	30/3/2021	0	-	1	cephalic	>	SP	1	LSCS	NRCTG
1002	sandhya	27	7223	30/3/2021	1	1	1	cephalic	>	-	5	LSCS	
1003	jamuna	31	7484	30/3/2021	1	-	1	cephalic	>	SP	3	LN	
1004	gayathiri	22	7371	30/3/2021	0	-	1	cephalic	>	SP	1	LN	
1005	meena	25	7449	30/3/2021	0	-	1	cephalic	<(28)	SP	10	LN	
1006	kasthuri	27	7155	30/3/2021	0	-	1	cephalic	>	PLCS	2	LSCS	fetal distress
1007	kanniyammal	27	7046	30/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
1008	krishnavani	26	7404	30/3/2021	0	-	1	cephalic	<(32)	IND	10	LN	
1009	vyshnavi	21	7454	30/3/2021	0	-	1	cephalic	>	sp	1	LN	
1010	mohanapriya	25	6940	30/3/2021	0	-	1	cephalic	>	IND	2	LSCS	Failed induction
1011	nandhini	21	7363	31/3/2021	0	-	1	cephalic	>	IND	2	LSCS	NRCTG
1012	thilagavathi	21	7514	31/3/2021	1	-	1	cephalic	>	sp	3	LN	
1013	rajeswari	21	7388	31/3/2021	0	-	1	cephalic	>	IND	2	LSCS	NRCTG
1014	sangeetha	29	7526	31/3/2021	1	-	1	cephalic	>	sp	3	LN	
1015	priya	26	7255	31/3/2021	0	-	1	cephalic	>	IND	2	LSCS	MSL/Fetal distress
1016	kumari	26	7529	31/3/2021	0	-	1	cephalic	>	sp	1	LN	
1017	gayathri	23	7147	31/3/2021	0	-	1	cephalic	>	sp	1	LN	
1018	sandhya	23	7477	31/3/2021	0	-	1	cephalic	>	IND	2	LN	
1019	divya	26	7431	31/3/2021	1	1	1	cephalic	<(36)	-	10	LSCS	
1020	pavithra	23	7565	31/3/2021	1	1	1	cephalic	>	sp	5	LN	
1021	nisha	35	7164	31/3/2021	1	1	1	cephalic	>	sp	5	LN	
1022	suganya	23	7471	31/3/2021	0	-	1	cephalic	>	sp	1	LSCS	FD
1023	bhuvana	25	7540	31/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
1024	Mahalakshmi	40	7481	31/3/2021	0	-	1	cephalic	<(32)	sp	10	LSCS	PPROM/SEVOLIGO
1025	shanthi	26	7583	31/3/2021	1	1	1	cephalic	<(36)	-	10	LSCS	
1026	maragatham	30	7557	31/3/2021	1	-	1	cephalic	>	sp	3	LN	
1027	gayathri	26	7532	31/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
1028	ranjini	33	7383	31/3/2021	1	1	1	cephalic	>	sp	5	LSCS	
1029	priya	24	7551	31/3/2021	0	-	1	cephalic	>	IND	2	LN	

1030	nagavalli	21	7058	31/3/2021	0	-	1	cephalic	>	IND	2	LN	
1031	Dharshini	24	7551	31/3/2021	0	-	1	cephalic	>	IND	2	LN	
1032	nagarani	21	7058	31/3/2021	0	-	1	cephalic	>	IND	2	LN	

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