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HEALTHCARE MANAGEMENT

## LSCS (Lower Segment Cesarean Section) Guidelines

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Cesarean section is a fetal delivery through an open abdominal incision (laparotomy) and an incision in the uterus (hysterotomy).

### Indication :

**Absolute disproportion:**

Small maternal pelvis, making vaginal birth impossible

**Chorioamnionitis (amniotic infection syndrome):**

Infection of the placenta and possibly of the fetus, requiring immediate delivery

**Maternal pelvic deformity:**

Anatomical malformation, making vaginal birth impossible

**Eclampsia and HELLP syndrome:**

Life-threatening complications of pregnancy, usually leading to cesarean delivery

**Fetal asphyxia or fetal acidosis:**

Life-threatening situations for the fetus that can lead to fetal hypoxia

**Umbilical cord prolapse:**

Prolapse of the umbilical cord between the head of the fetus and the vaginal opening, which can lead to fetal asphyxia

**Placenta previa:**

Anomalous placental position, impeding vaginal delivery

**Abnormal lie and presentation:**

Anomaly of fetal position that makes vaginal delivery impossible

**Uterine rupture:**

Acute situation threatening the life of both mother and fetus, requiring immediate delivery by cesarean section

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# LSCS (Lower Segment Cesarean Section)

## Relative Indications

Vaginal delivery may be possible but risk to mother or /and to baby are high.

The following can be listed under the below categories:

### A- Pathological cardiotocography (CTG)

### B- Failure to progress in labor (prolonged labor, secondary arrest):

### C- Previous cesarean section:

1. Cephalopelvic disproportion.
2. Maternal distress (e.g. tachycardia)
3. Previous LSCS (2 or more) if 1 LSCS ( trial of NVD can be given).
4. Fetal distress evident on CTG study (fetal hypoxia)
5. Fetal Cord around neck.
6. Precious baby.
7. Pre-mature rupture of membrane.
8. Dystocia due to large fetus , small pelvis, or inefficient uterine contractions
9. Antepartum Hemorrhage
10. Malpresentation (breech presentation)
11. Failed medical induction of labor
12. Bad obstetric history (eclampsia , pre-eclampsia , placenta previa , uterine dehiscence , etc.)
13. Twin pregnancy.
14. Uterine septum.
15. Oligohydramnios.
16. Failed forceps delivery.
17. Hypertensive disorder
18. Other system disorders complicating pregnancy like HTN DM heart disease Cancer etc.

## Timing of LSCS

Typically planned about 1 week prior to expected date of delivery ( EDD ) , with confirmed ultrasound findings and medical indication report.

## What are the Urgency of doing LSCS :

### Grade 1

Emergency Immediate threat to life of women or fetus or both

### Grade 2

Maternal or fetal compromise which is not immediately life threatening.

### Grade 3

Need of early delivery without maternal or fetal compromise

### Grade 4

At a time to suit the woman and the maternity Team.

## Advantages of LSCS :

The risk of puerperal sepsis is minimized.

Less blood loss during the delivery

The operation is scheduled, and working is in ease.

## Disadvantage of LSCS:

The risk of Immature fetus and fetal Lung  
Higher incidence of fetal respiratory distress syndrome  
More chances for Postpartum Hemorrhage  
Imperfect drainage of lochia as the cervix is closed - so the cervix need to be dilated by index finger introduced abdominally through the uterine incision

## Complication s of LSCS:

- Maternal Mortality rate is 4 times higher than NVD due to shock , Anesthesia Complications , bleeding due to extension of uterine incision to Uterine vessels
- Organ Injuries e.g. bladder or uterus
- Fetal injuries
- Rupture of Uterine Scar
- Incisional hernia
- Can be summarized in the below table :

## LSCS (Lower Segment Cesarean Section)

Stage	Complications
<b>Immediate</b>	<ul style="list-style-type: none"> <li>• Postpartum haemorrhage (&gt;1000ml)</li> <li>• Wound haematoma (increased in patient with large BMI/diabetes/immunosuppressed)</li> <li>• Intra-abdominal haemorrhage</li> <li>• Bladder/bowel trauma (more common in patients who have had previous abdominal surgery)</li> <li>• Neonatal:               <ul style="list-style-type: none"> <li>• Transient tachypnoea of the newborn</li> </ul> </li> <li>• Fetal lacerations (1-2% risk, higher with previous membrane rupture)</li> </ul>
<b>Intermediate</b>	<p><b>Infection:</b></p> <ul style="list-style-type: none"> <li>• Urinary tract infection</li> <li>• Endometritis</li> <li>• Respiratory (higher risk if general anaesthetic used)</li> <li>• Venous thromboembolism</li> </ul>
<b>Late</b>	<ul style="list-style-type: none"> <li>• Urinary tract trauma (fistula)</li> <li>• Subfertility (there is a delay in conceiving compared to women who have had vaginal deliveries)</li> <li>• Regret and other negative psychological sequelae</li> <li>• Rupture/dehiscence of scar at next labour (VBAC)</li> <li>• Placenta praevia/accreta</li> <li>• Caesarean scar ectopic pregnancy</li> </ul>

### Claim evaluation :

#### The following must be documented:

- Maternal history (general and Obs/Gyn )
- Official ultrasound report.
- CTG report (for assessment of fetal distress )
- Labour notes. (induction , medication and documentation of failure).
- Intra-operative notes.

Usual expected length of stay is between 2-3 days

Further extension should be medically justified and subject to evaluation.

### Enaya Policy :

- For Enaya maternity coverage ( maternity limit is combined – OP & IP – evaluation of remaining limit).
- Regular policy co-payment is applicable on maternity requests. And routine baby charges.

### Coding :

#### ICD-10 code

- O09, Supervision of high-risk pregnancy
- O60–O77, Complications of labor and delivery
- O80, O82, Encounter for delivery
- O30.0, Twin pregnancy
- Z3A.38 - 38 weeks gestation of pregnancy'

#### CPT codes :

- 59409 : Vaginal delivery only (with or without episiotomy and/or forceps);
- 59514 : Cesarean delivery only;
- 59612 : Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);
- 59620 : Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;

## LSCS (Lower Segment Cesarean Section)

### References :

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4555060/>

<https://teachmeobgyn.com/labour/delivery/caesarean-section/>

<https://bmjopenquality.bmj.com/content/7/3/e000350>