Il taglio cesareo nel 2014 in Italia e in Emilia-Romagna: la classificazione di Robson

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Contenuto della presentazione

- il taglio cesareo (TC) in Italia
- e in Emilia-Romagna (ER)
- perché occuparci ancora di TC?

TC Italia vs altri paesi alto reddito

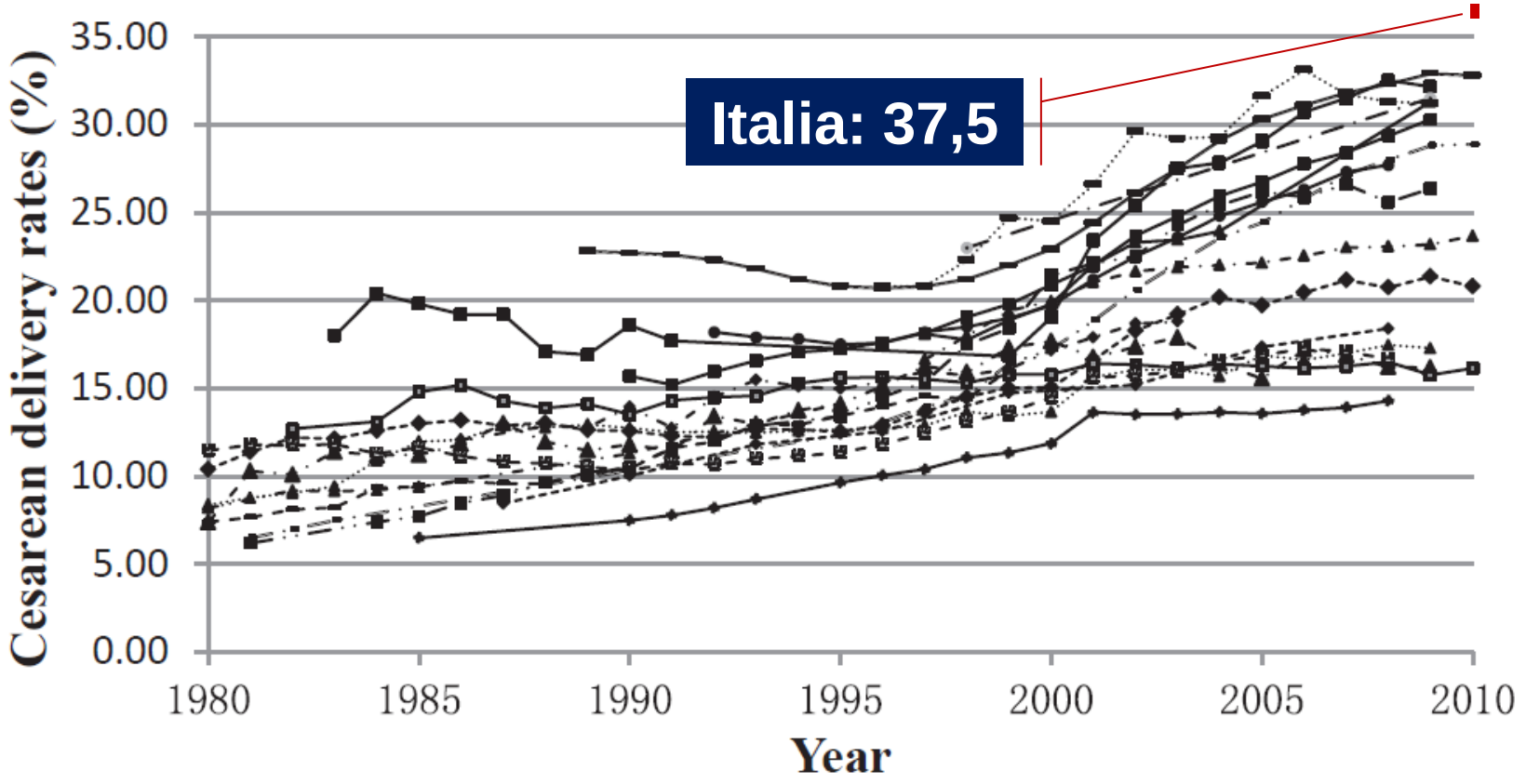
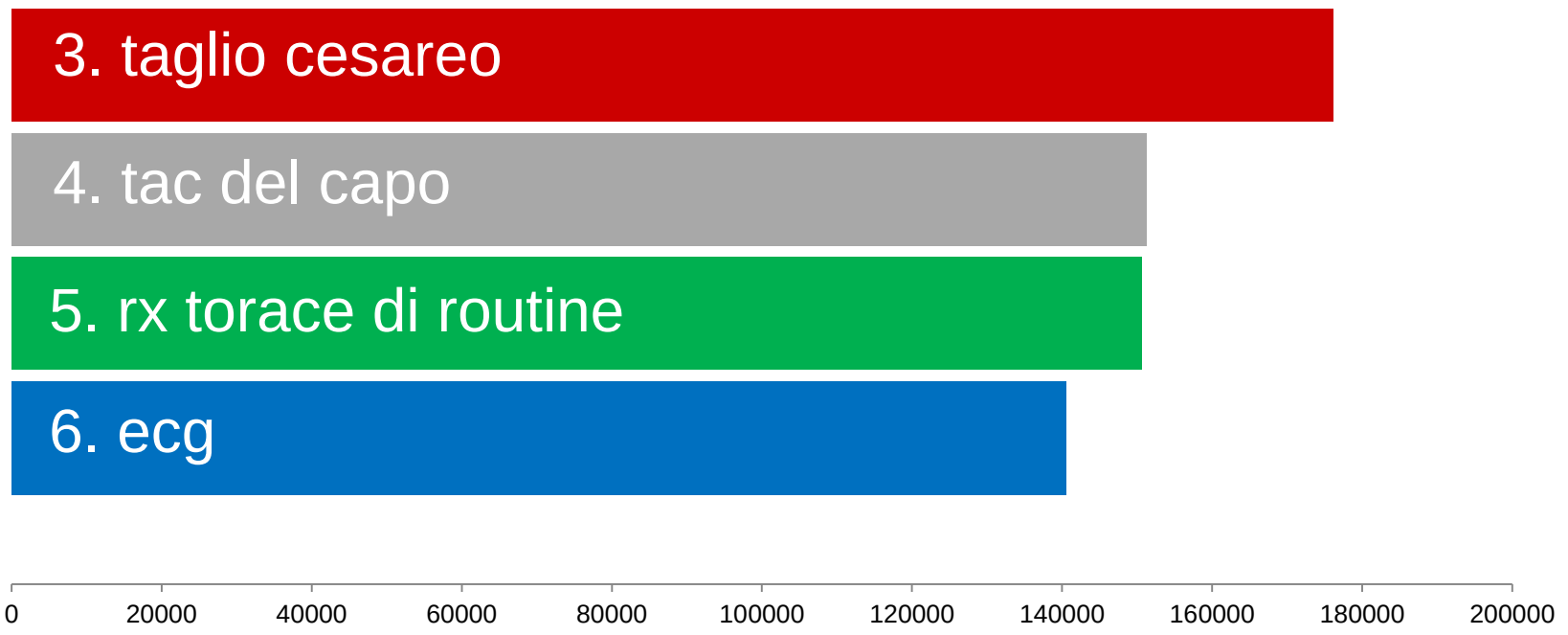


Fig. 1. Cesarean delivery rates in the past 3 decades in high-income countries.

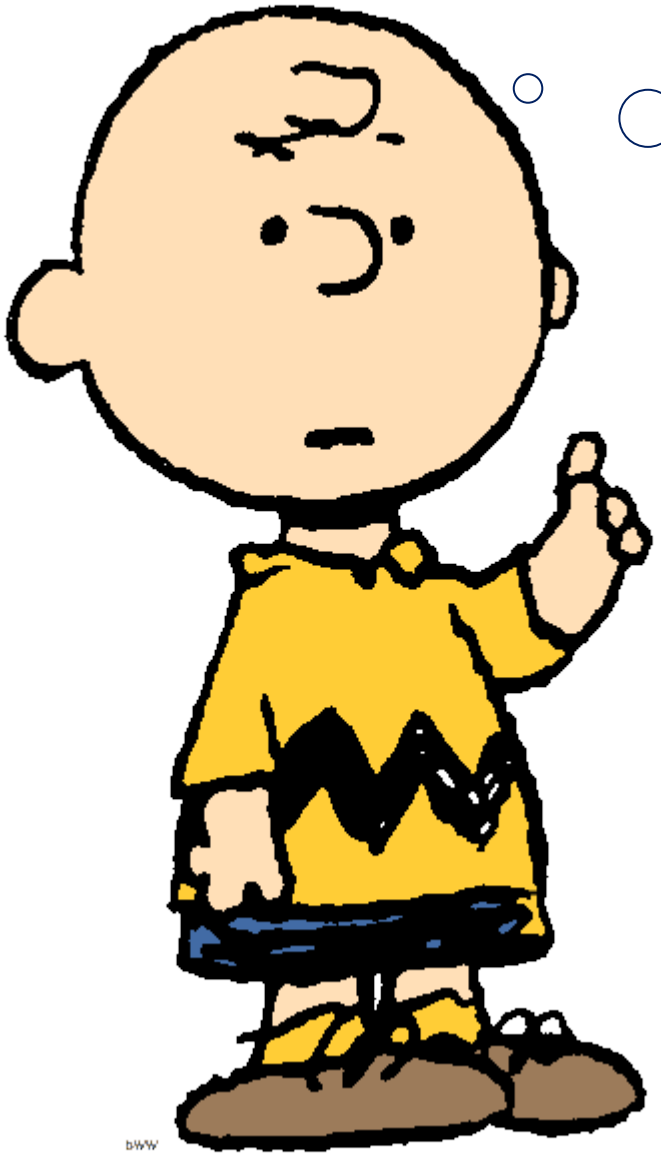
Ye J et al. Birth 2014;41:237-44

ACC Italia, 2014



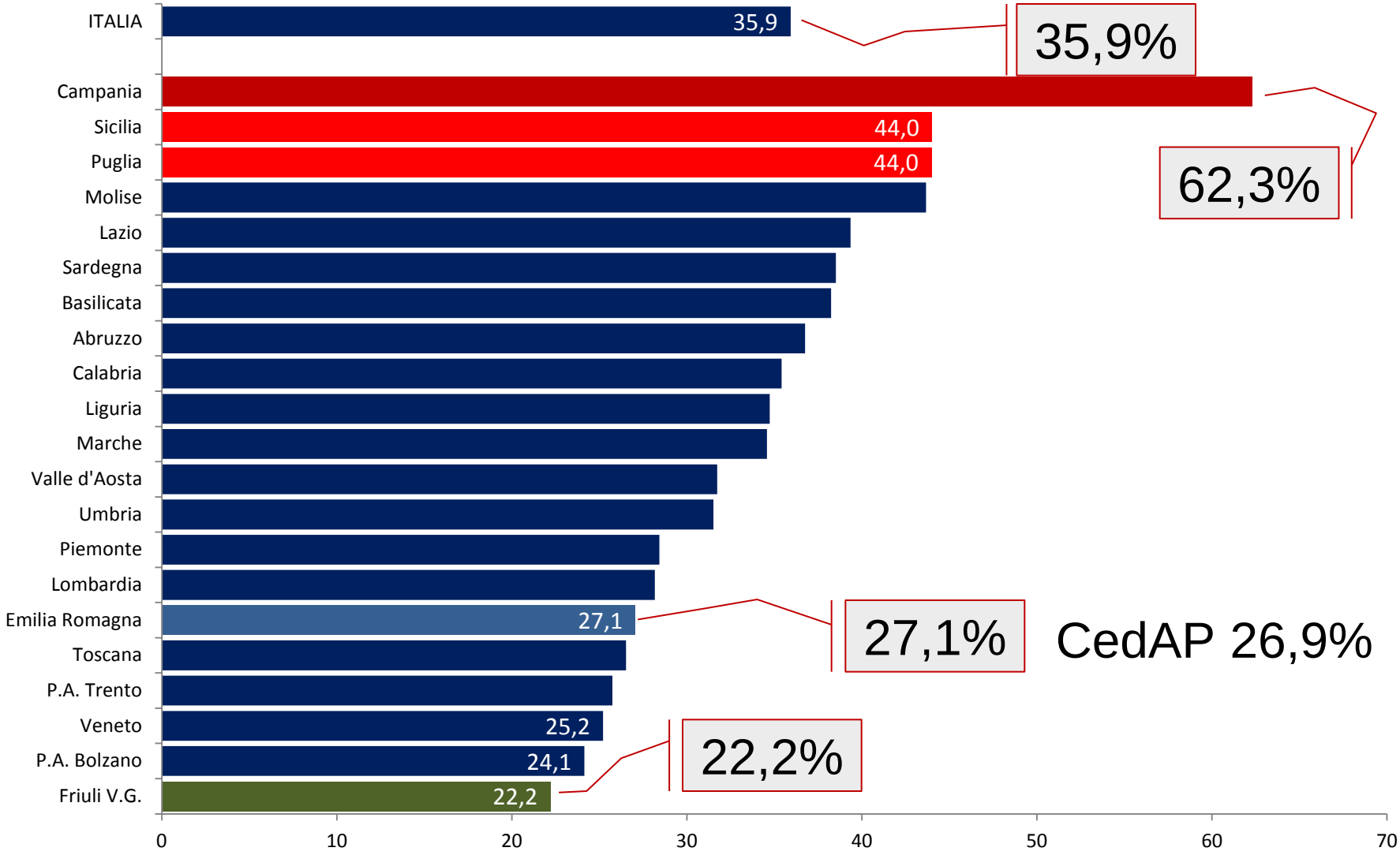
Primi 50 Aggregati clinici di codici (ACC) di intervento per numerosità di dimissioni

Ministero della salute. Dati SDO 2014, 2015



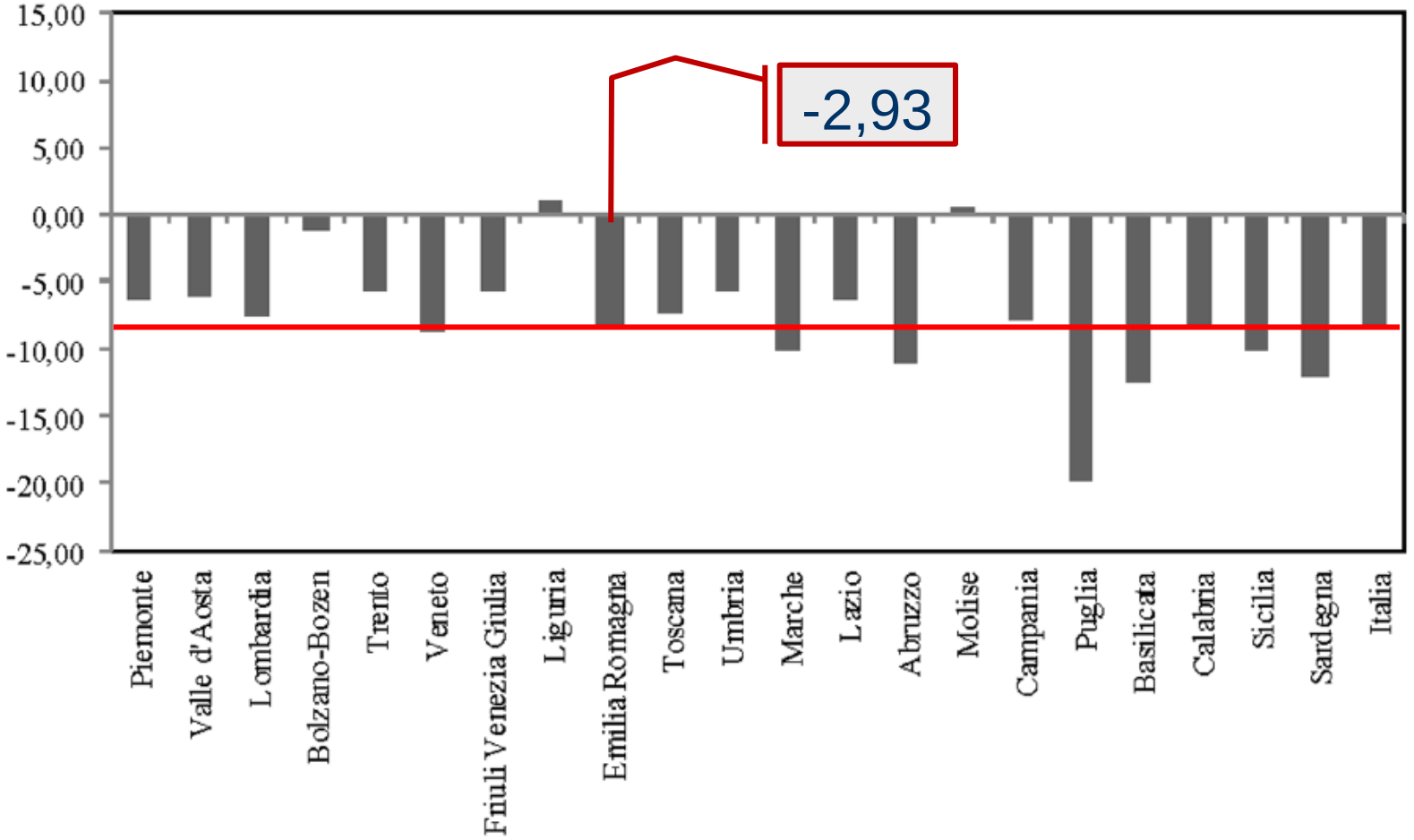
È UN PAESE
DECISAMENTE
SINGOLARE…

Tagli cesarei, Italia 2014



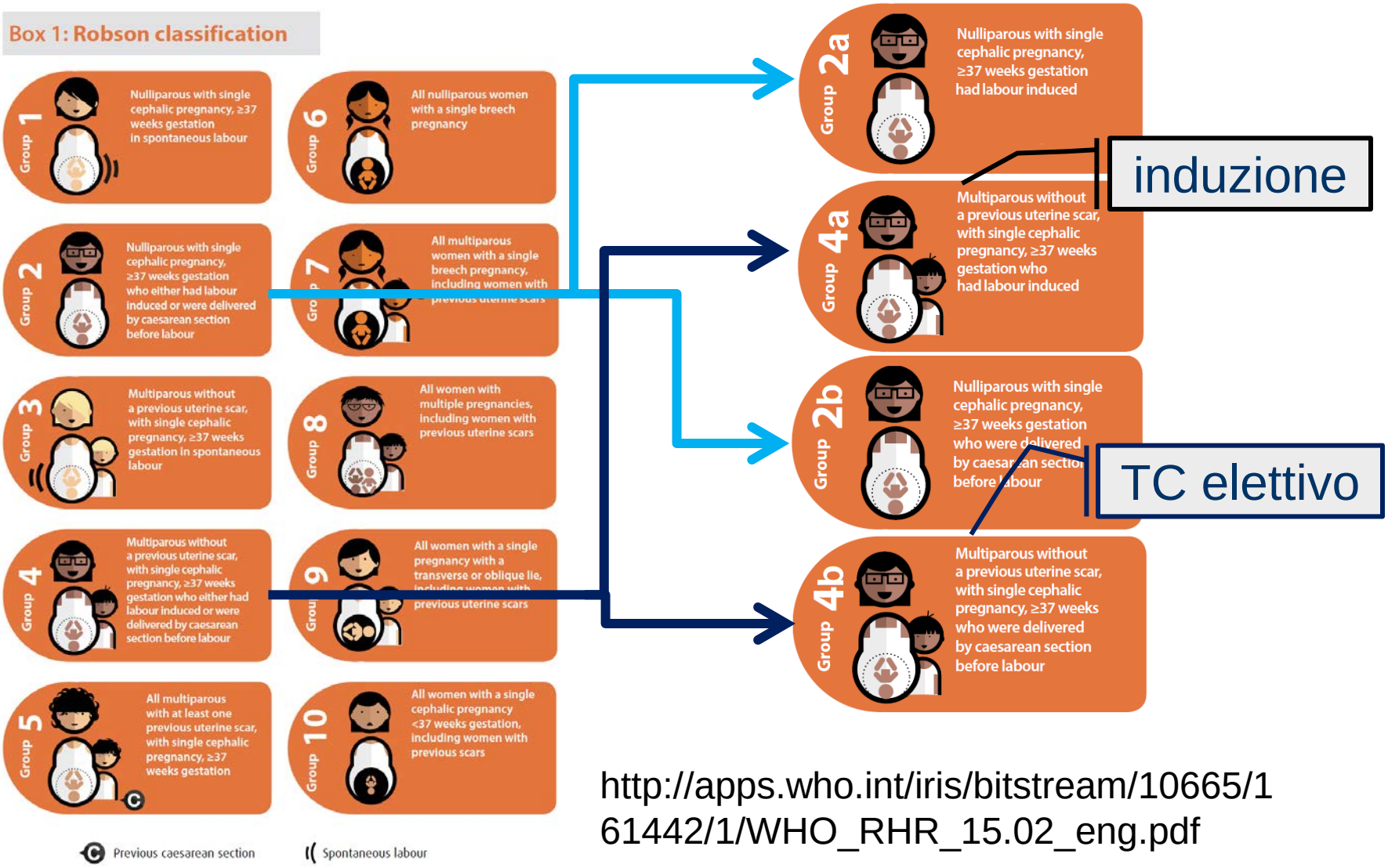
Ministero della salute. Dati SDO 2014, 2015

Variazione TC per regione 2011-13



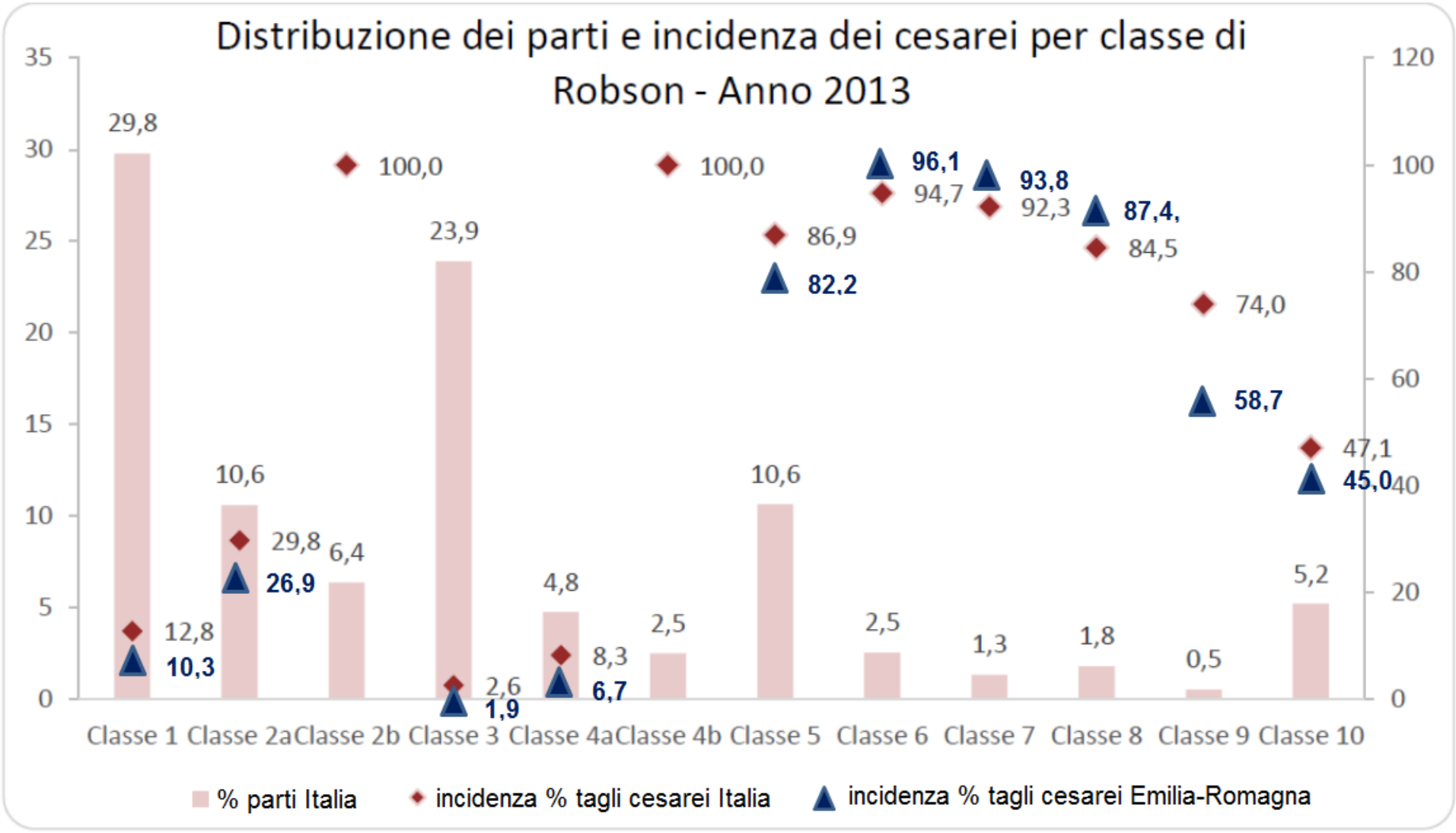
Variazione % tasso (standardizzato per 10.000) di TC per regione 2011-2013

Le 10 classi di Robson

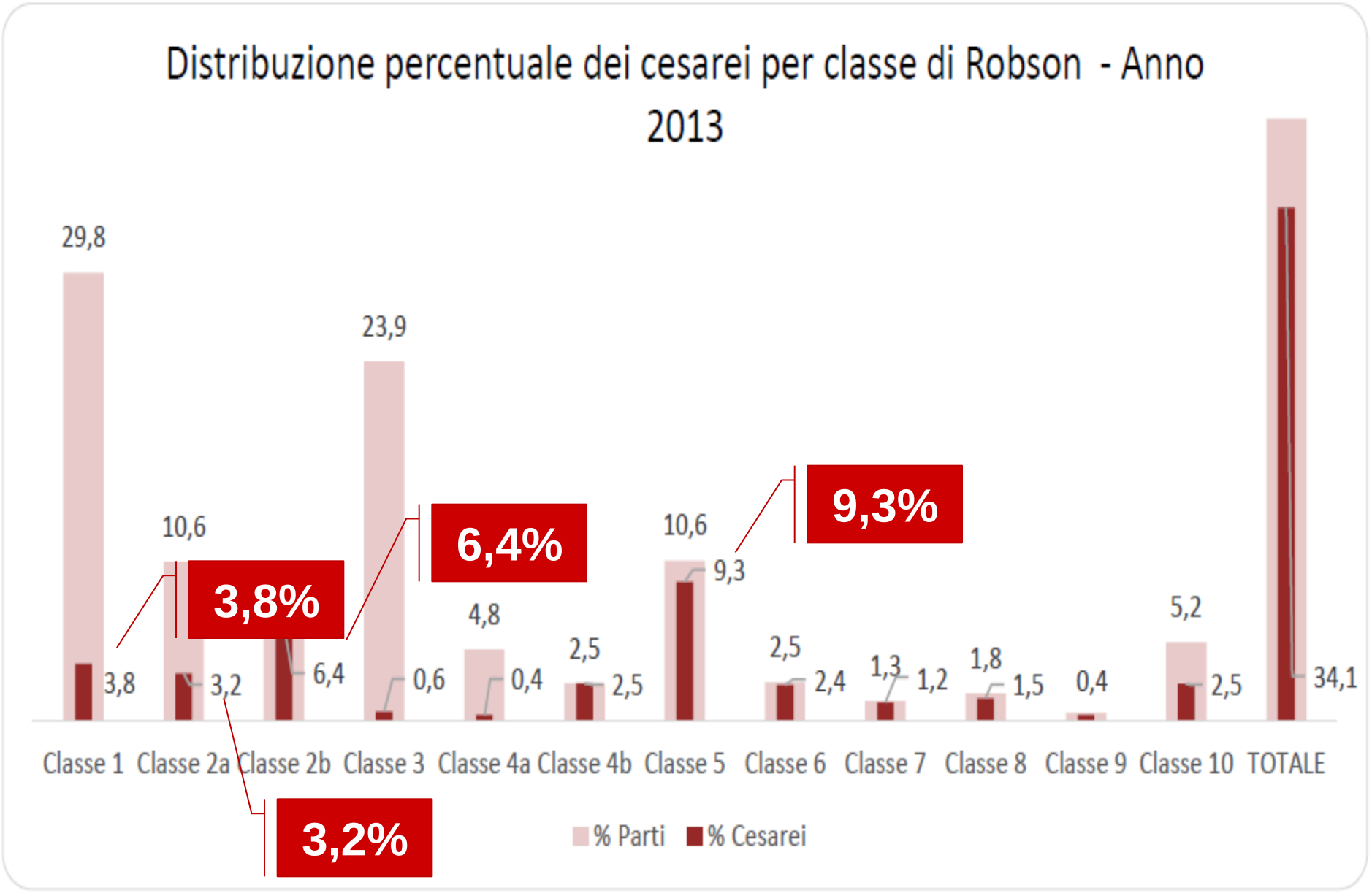


http://apps.who.int/iris/bitstream/10665/161442/1/WHO_RHR_15.02_eng.pdf

WHO Statement on Caesarean Section Rates, 2015



Ministero della salute. CeDAP 2013, 2015



Ministero della salute. CeDAP 2013, 2015

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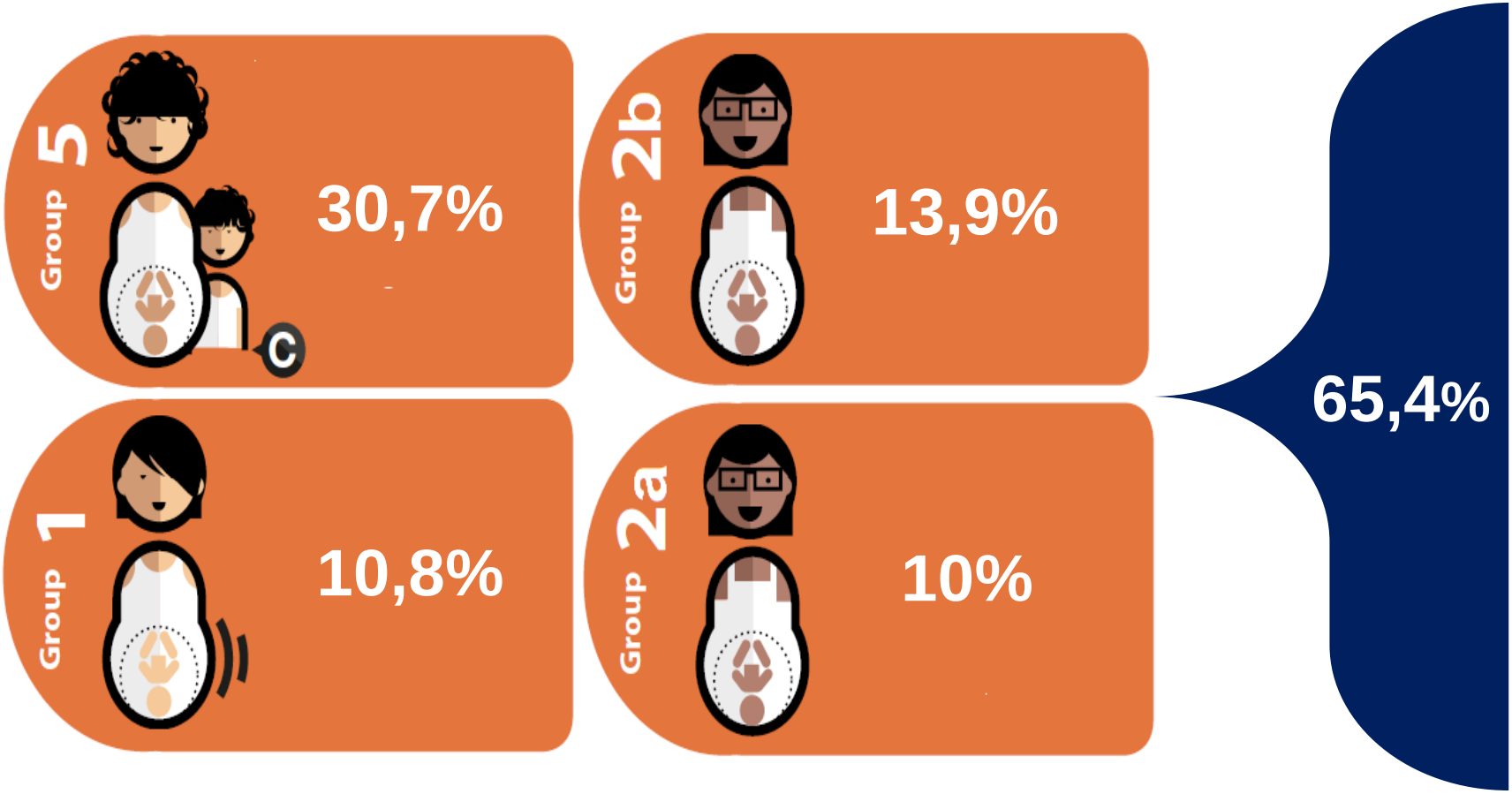
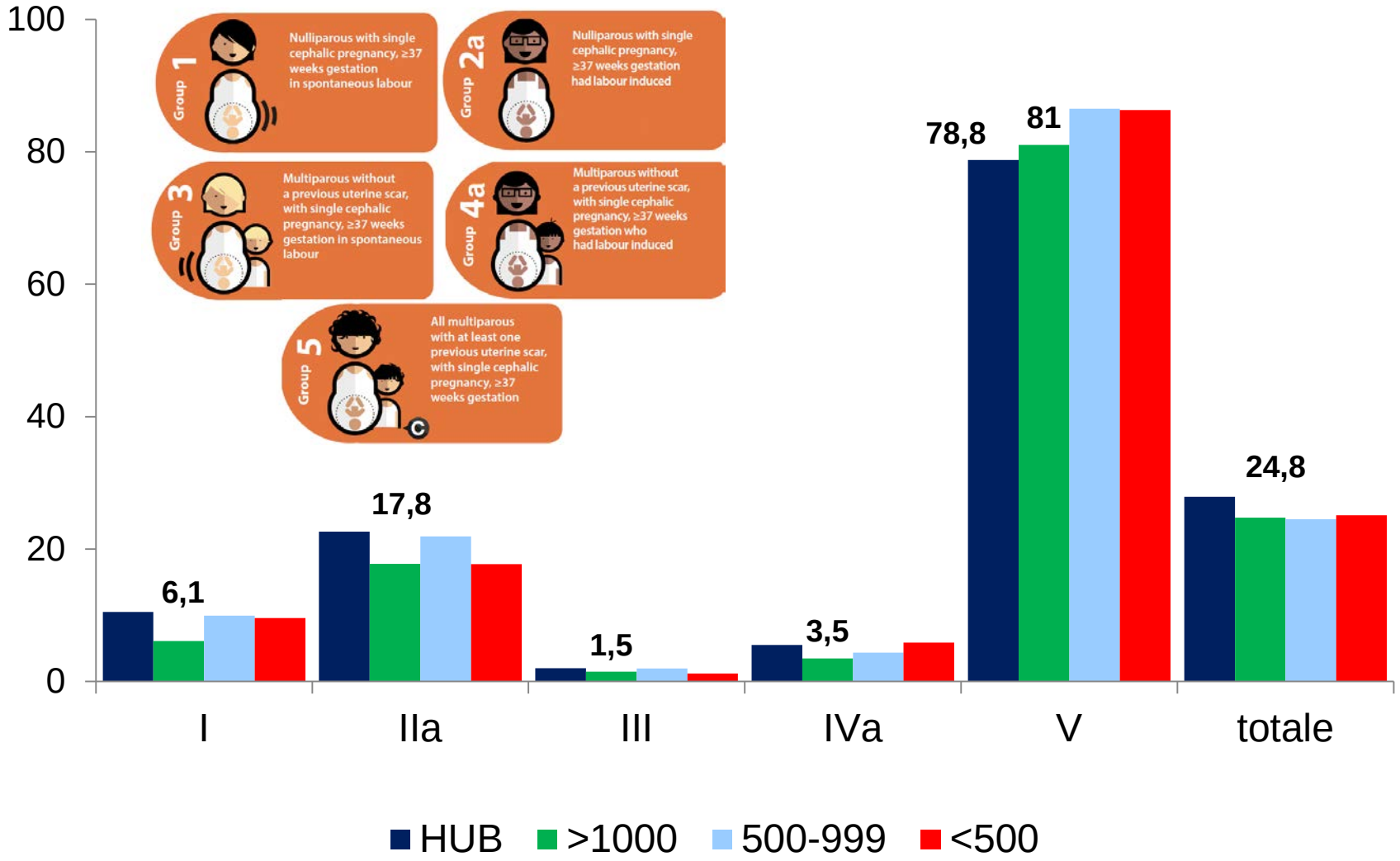
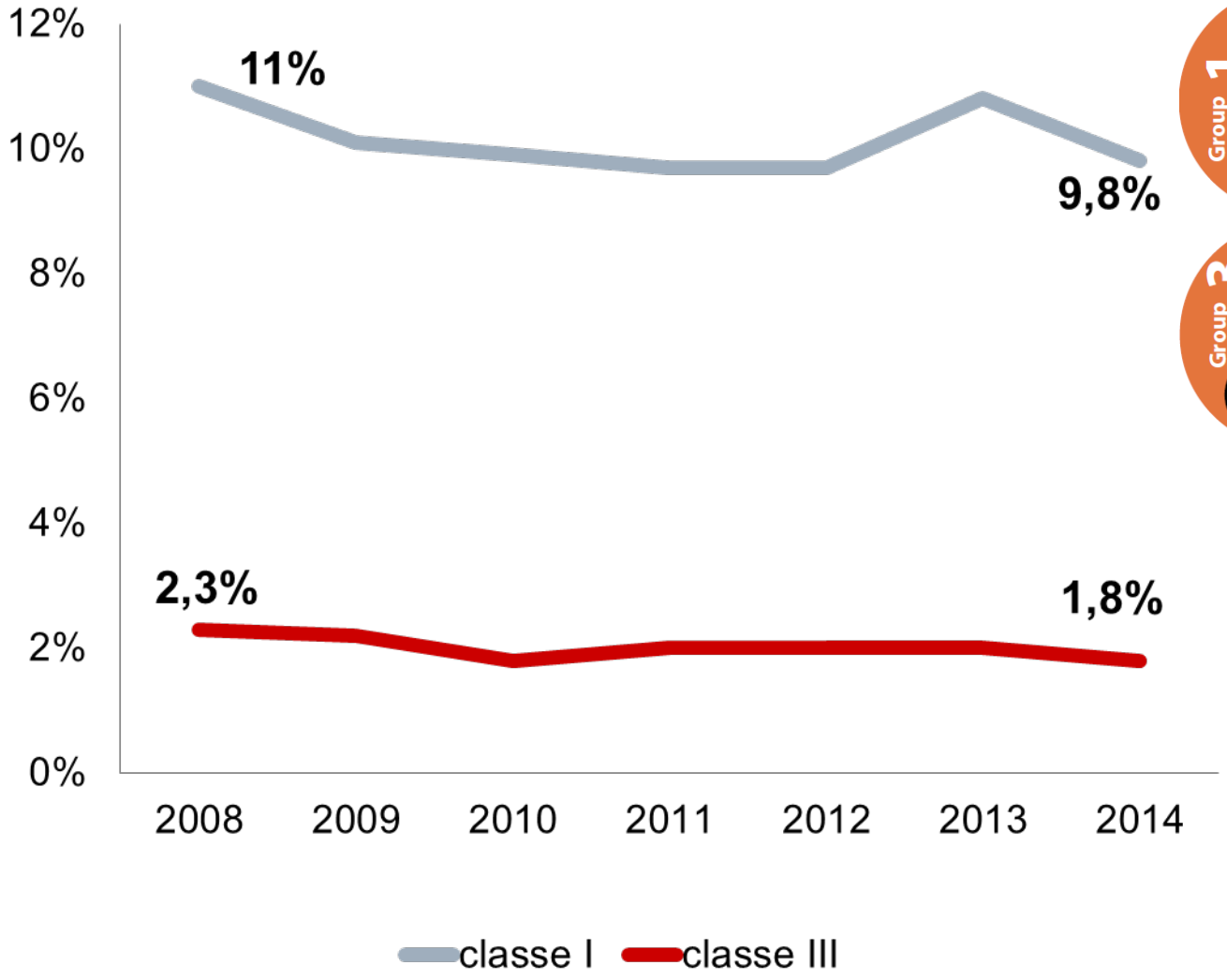
Contributo maggiore ai TC, ER 2014

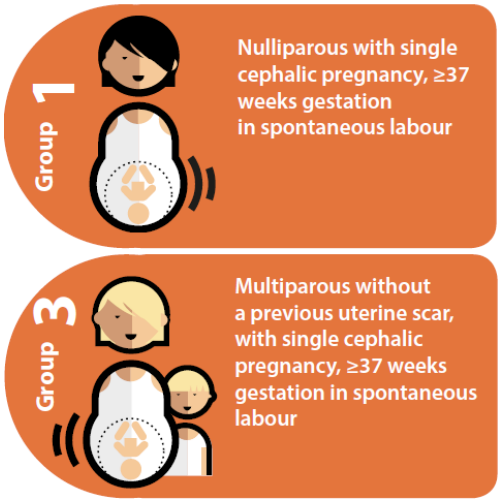


Tc per Robson e volume H, ER 2014

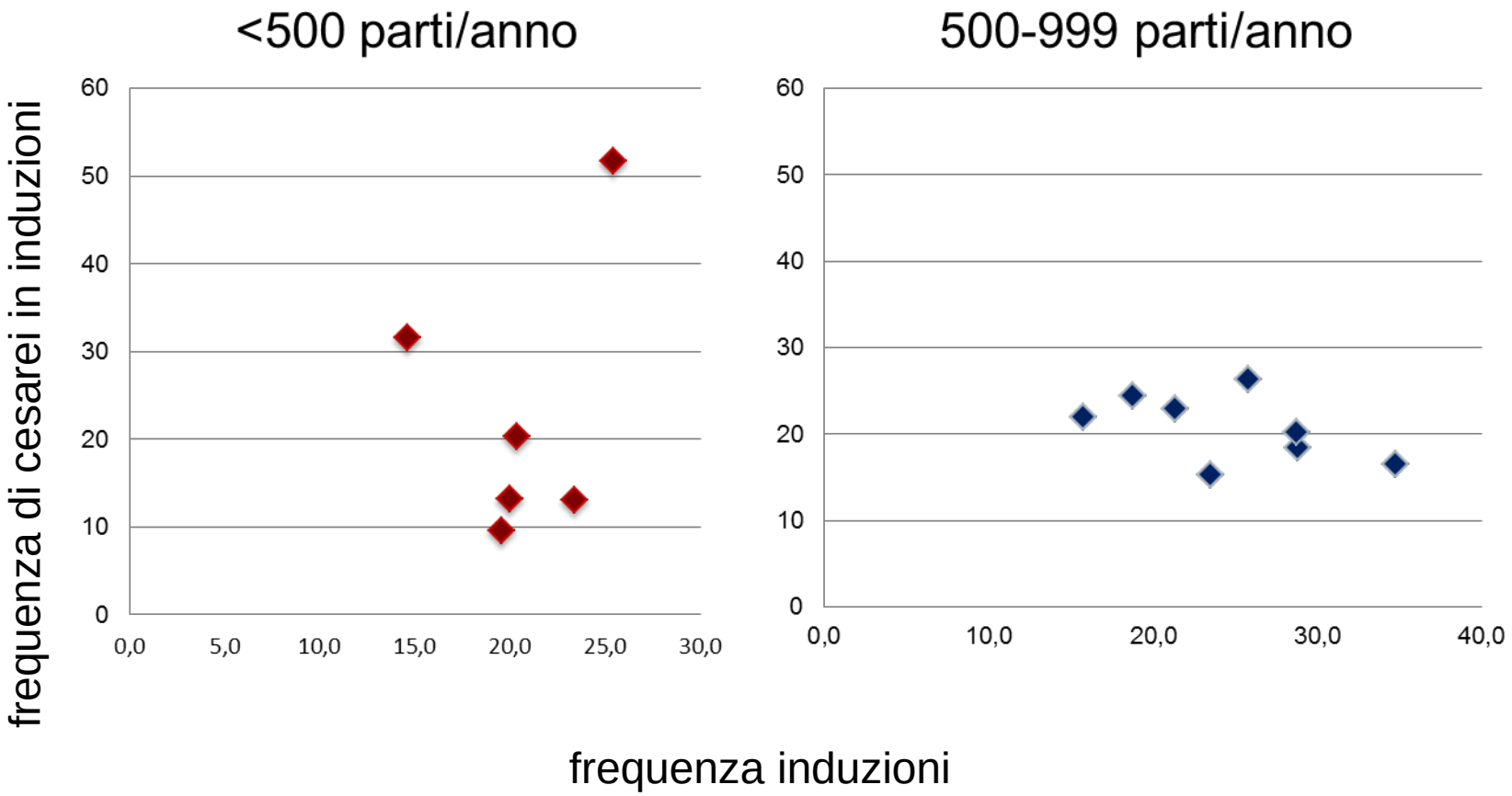


TC in classe I e III, ER 2008-14



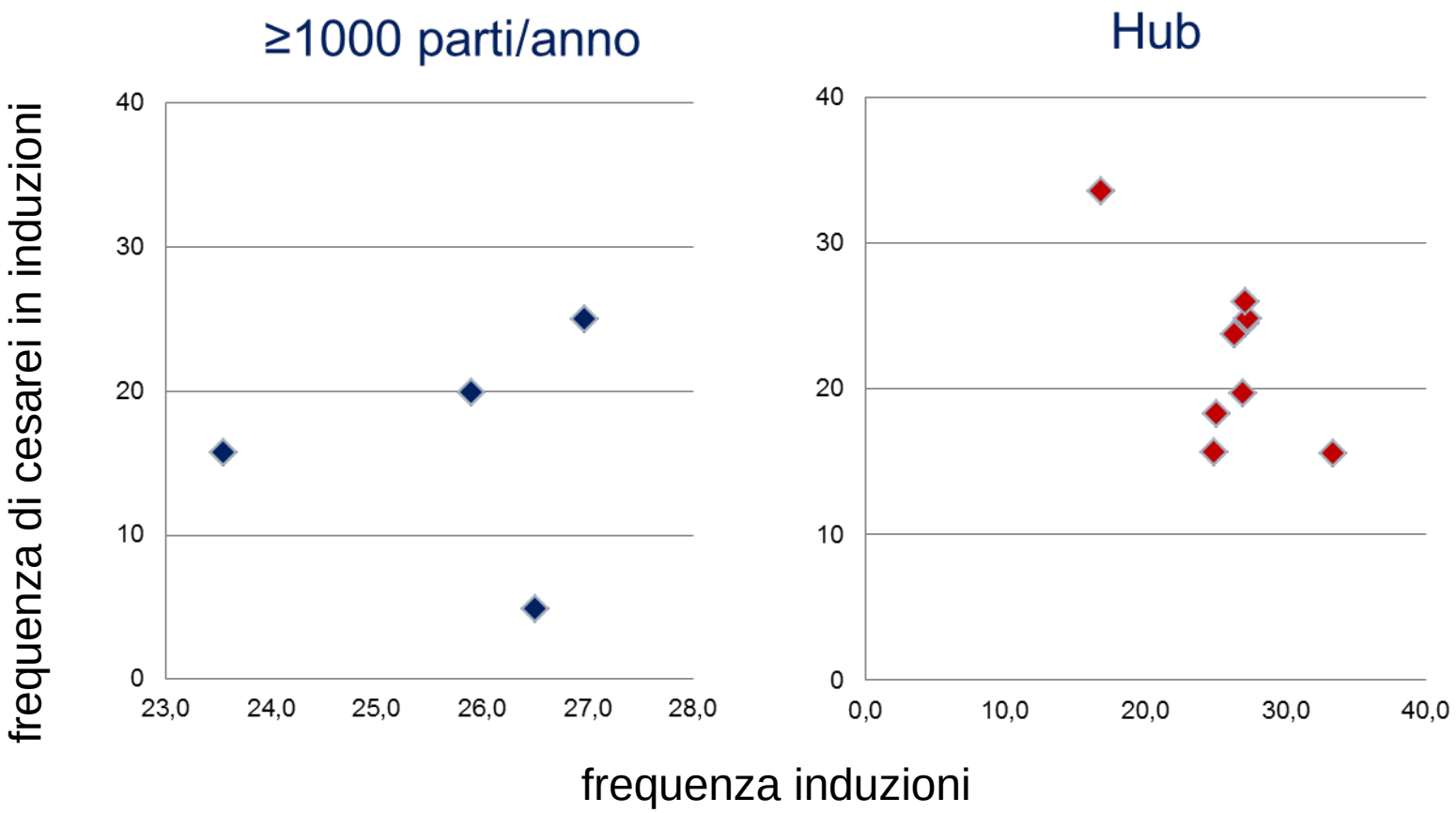


Induzione <1000 parti, ER 2014



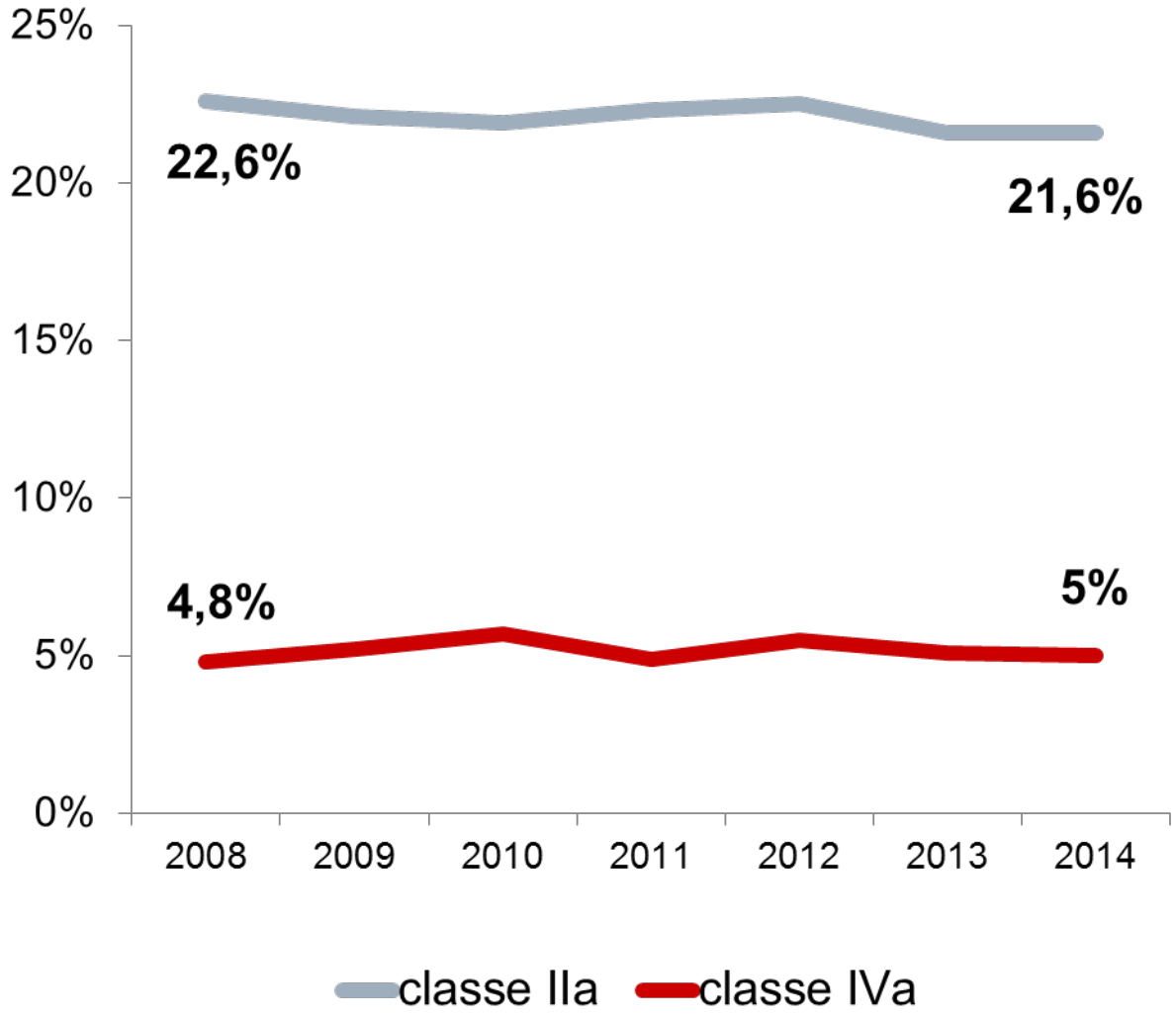
esclusi tagli cesarei fuori travaglio

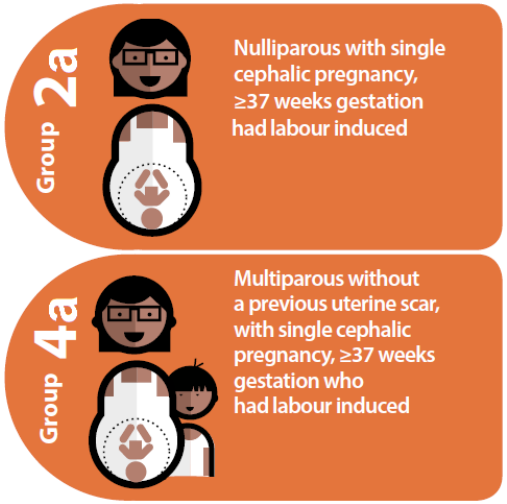
Induzione ≥1000 parti, ER 2014



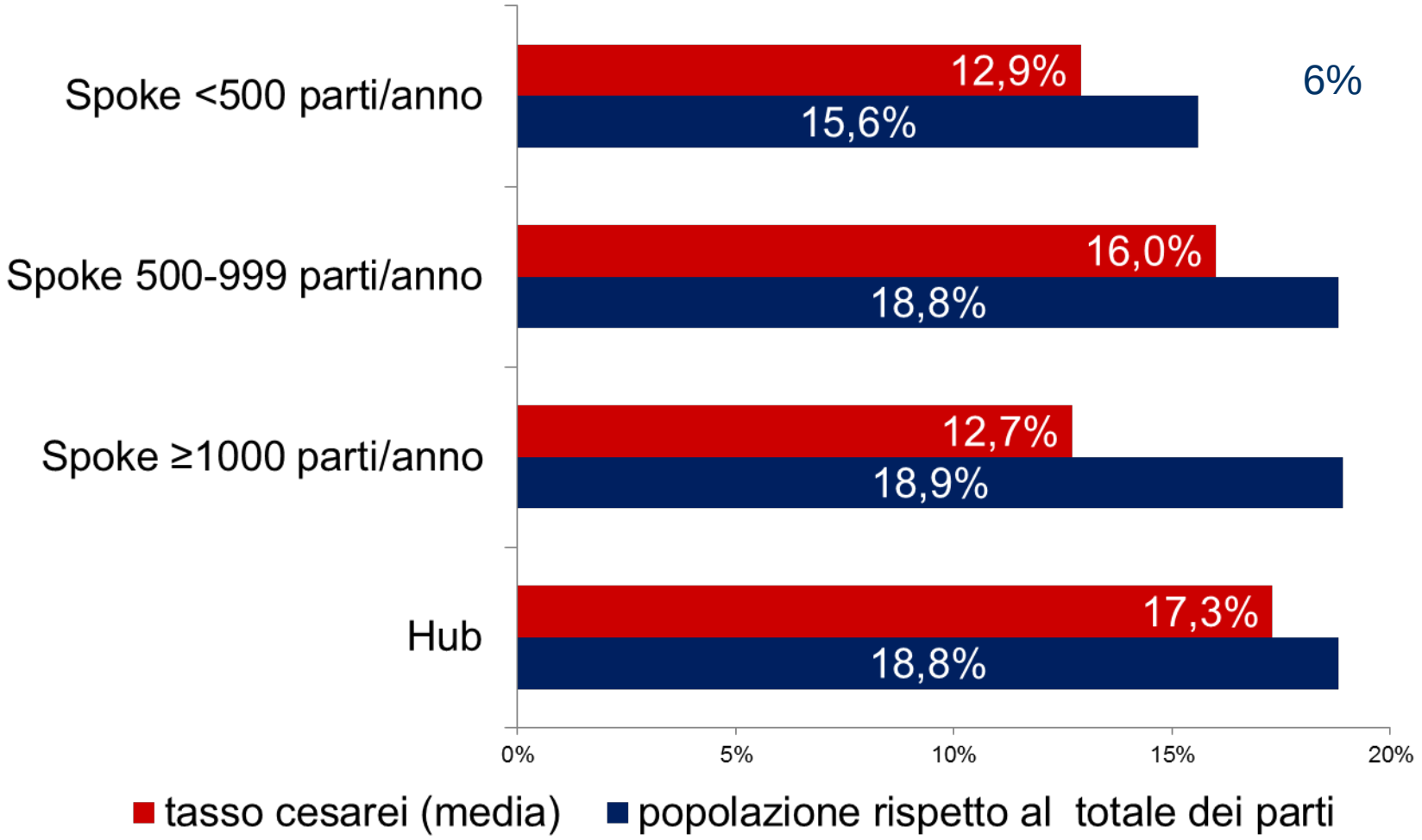
esclusi tagli cesarei fuori travaglio

TC in classe IIa e IVa, ER 2008-14



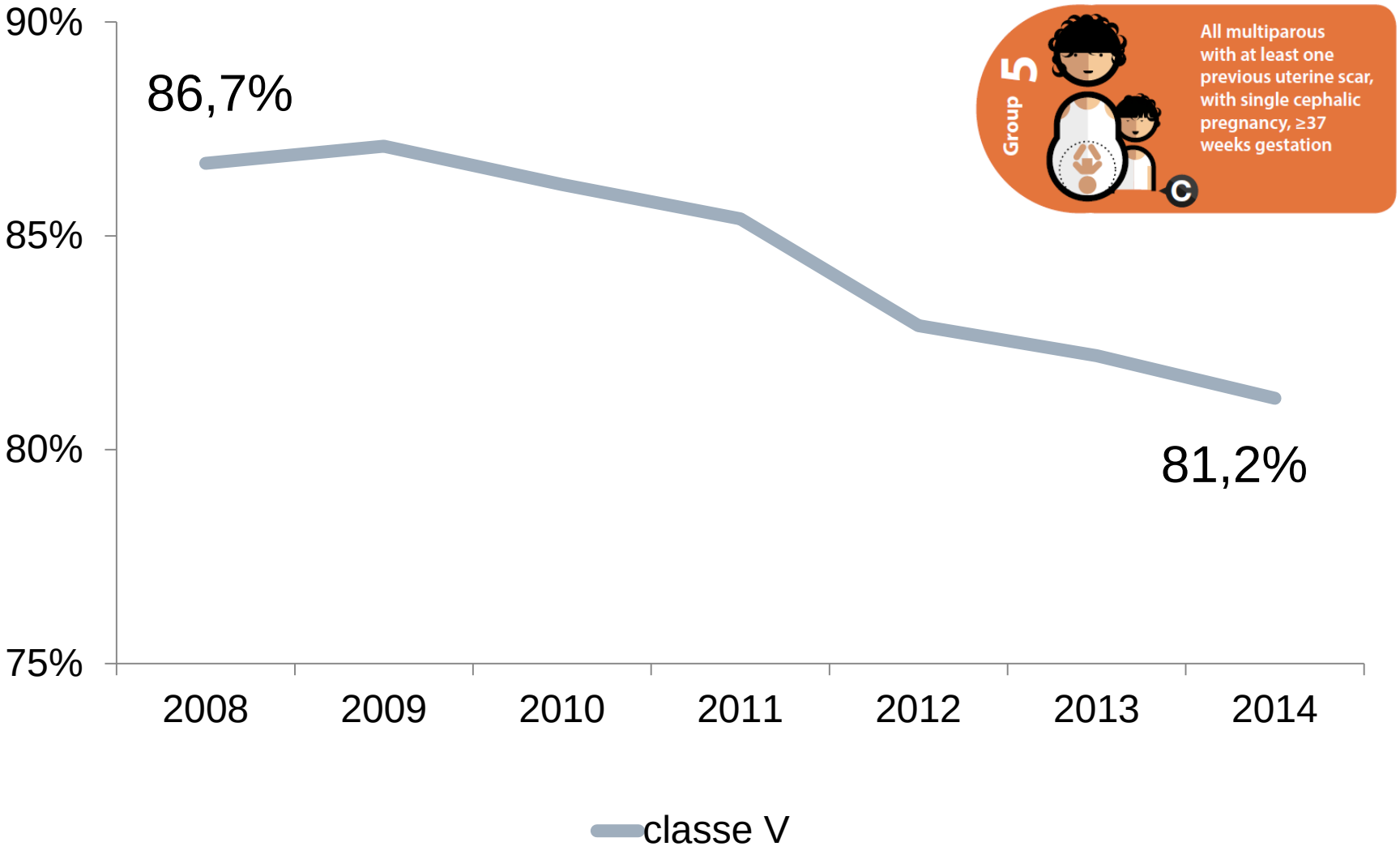


Classi IIa e IVa per dimensione H

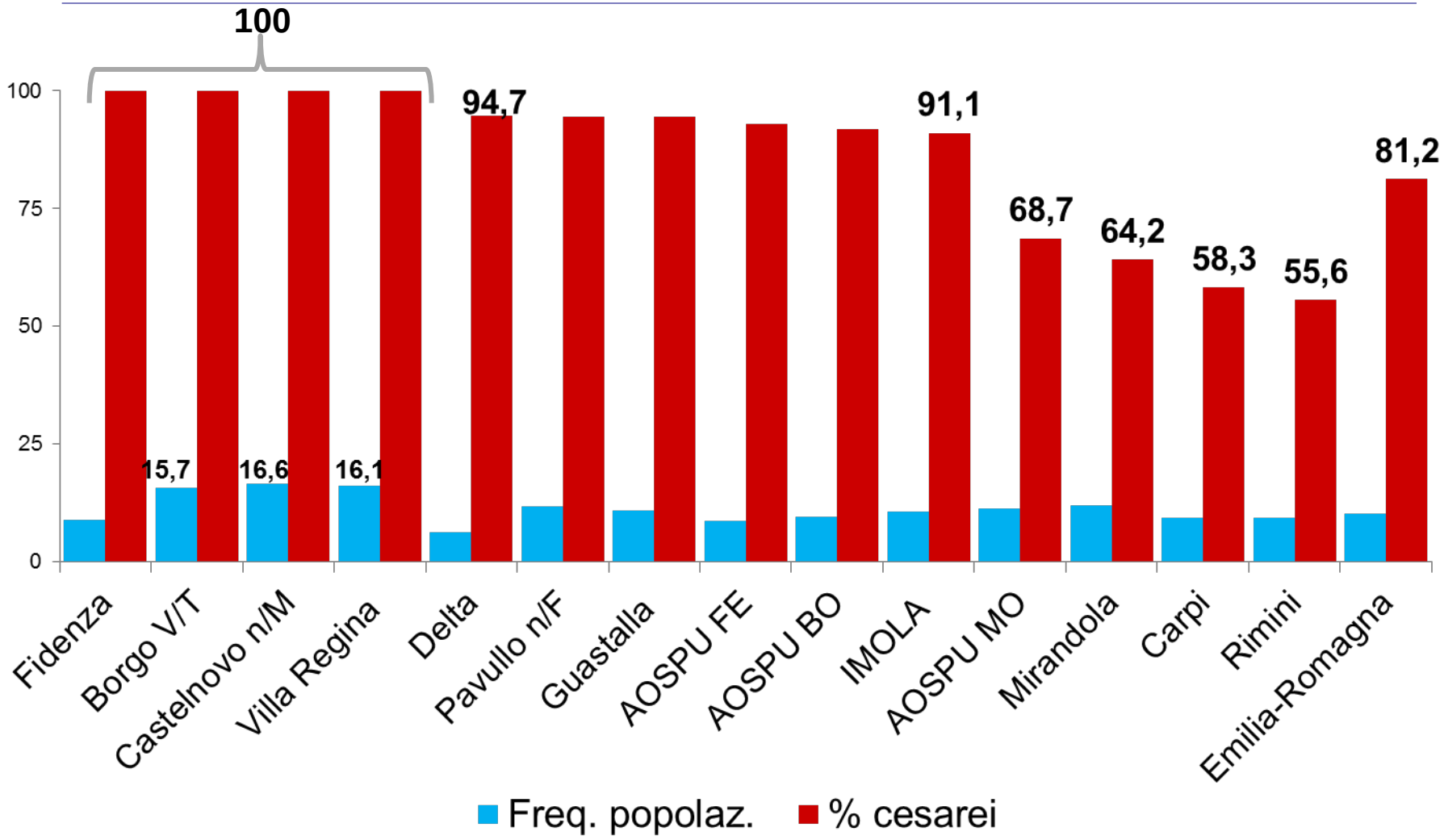


TC in classe V, ER 2014

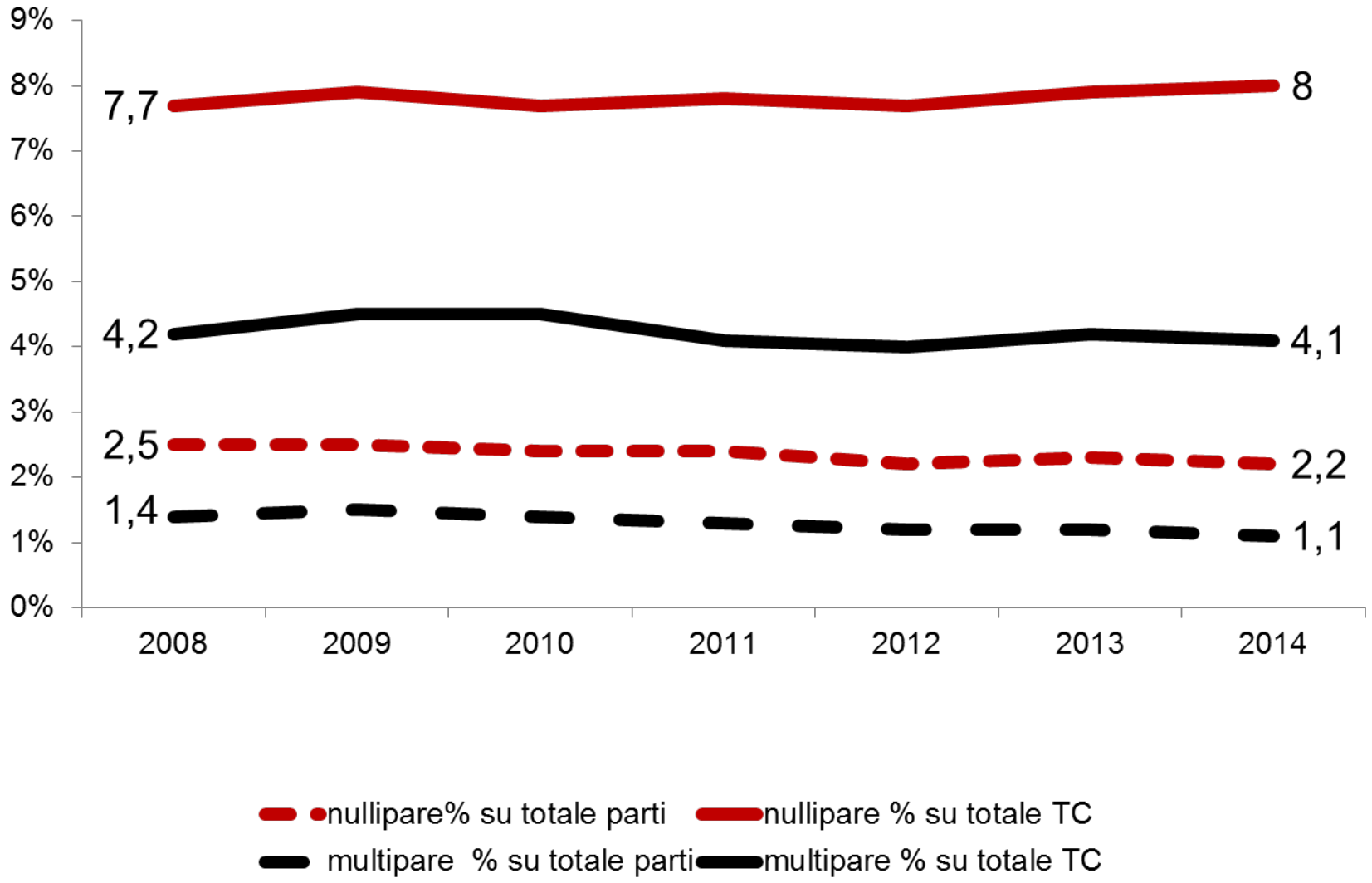
TC in classe V, ER 2008-14



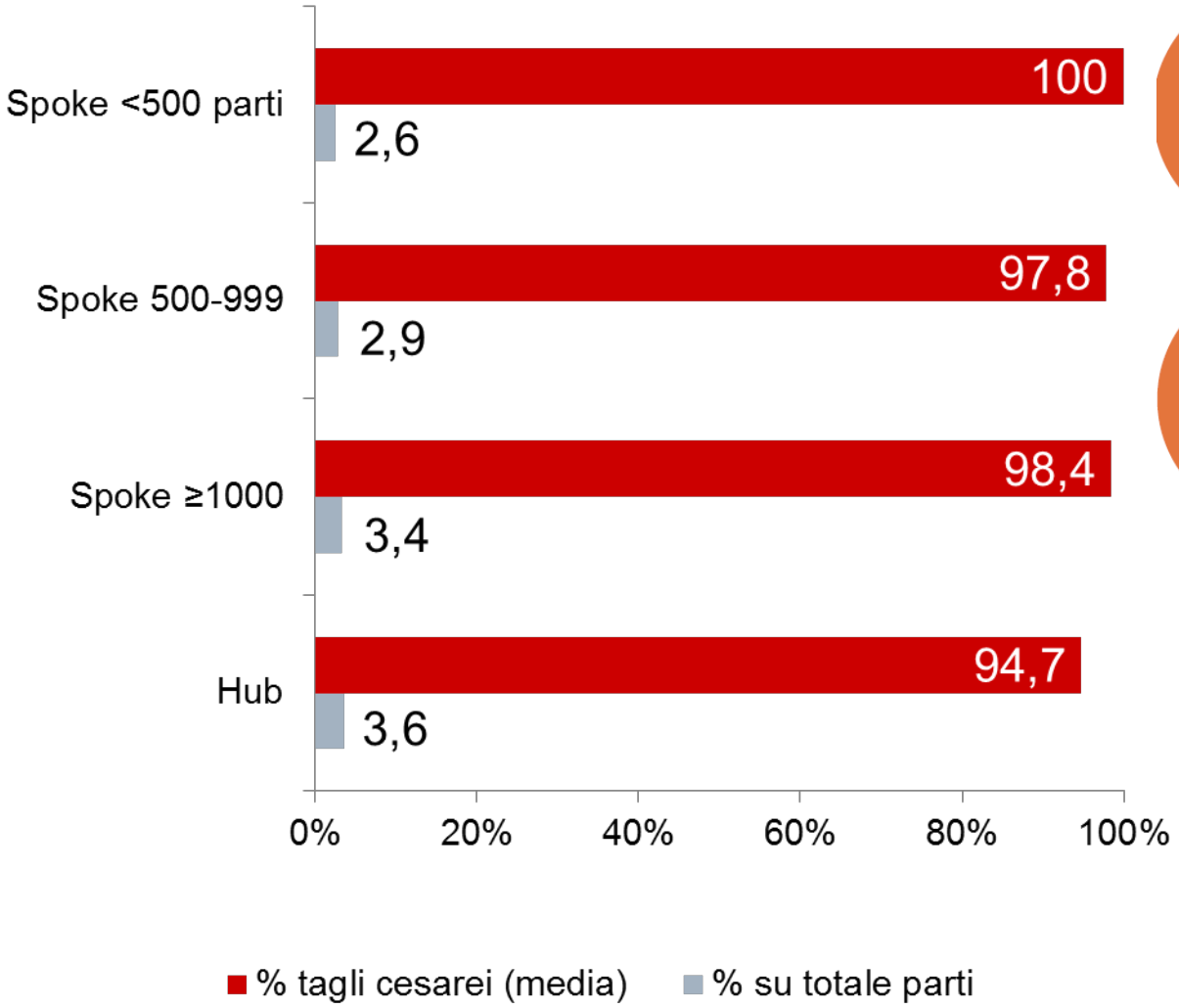
TC in classe V – variabilità fra H

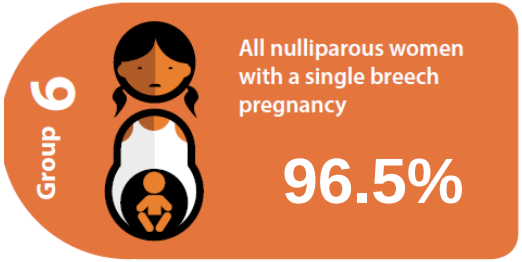


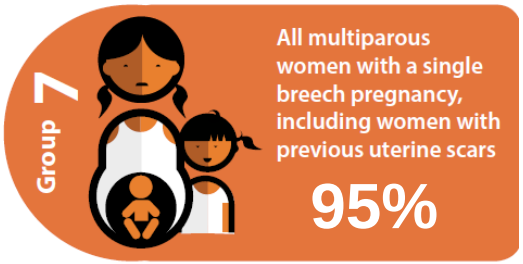
TC in classi VI e VII, ER 2008-14



TC percentuale nelle p. podaliche







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World Health Organisation

APPR

In April,
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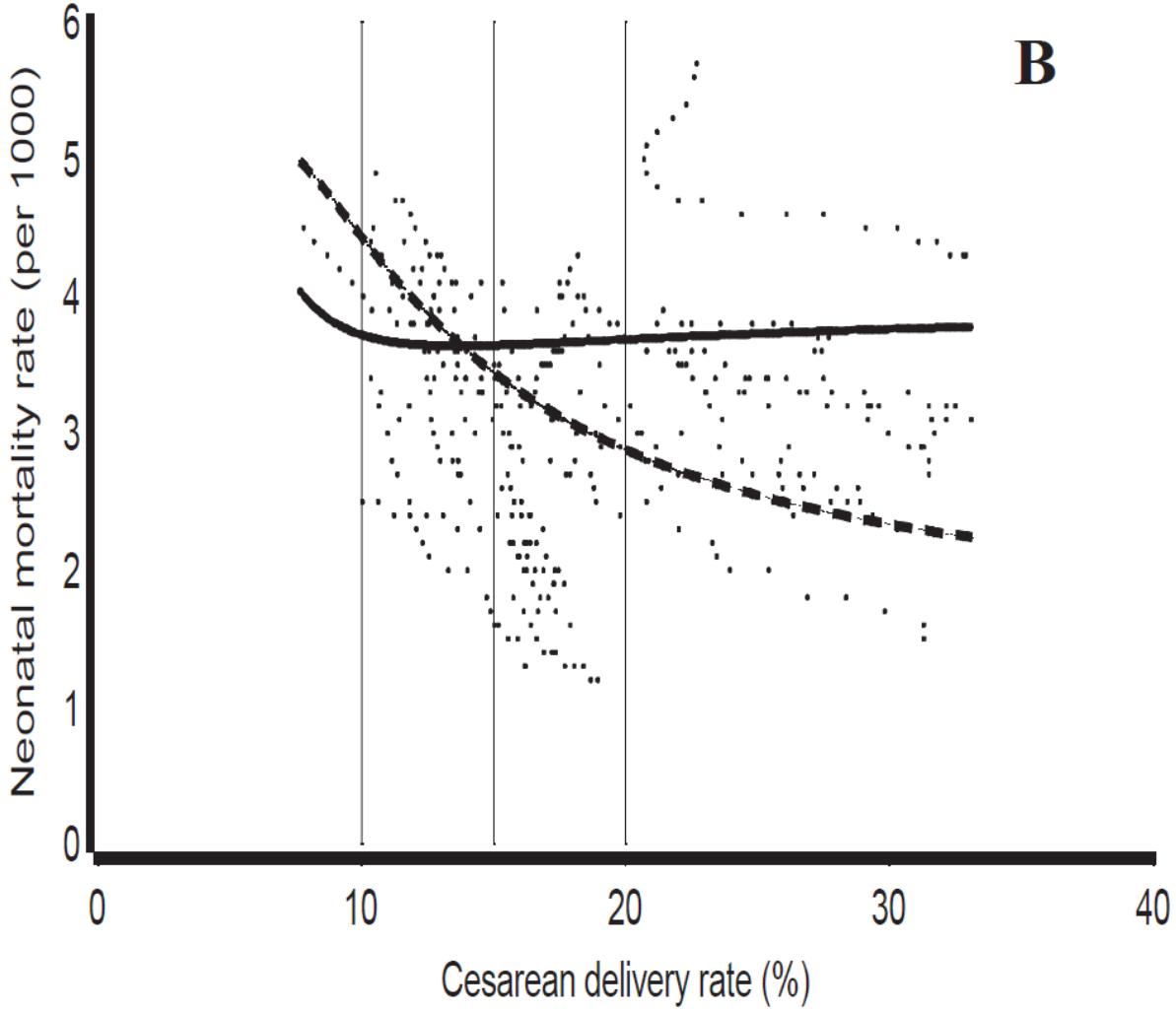
Paesi con più bassi tassi di mortalità perinatale nel mondo hanno tassi di TC <10%. Non c'è giustificazione - globalmente - per tassi >10%-15%

Lancet 1985;326:436–7

TC e mortalità neonatale in 19 paesi



Ye J et al. Birth 2014;41:237-44

World Health Organization

hrp

WHO Statement on Caesarean Section Rates

Every effort should be made to provide caesarean sections to women in need, rather than striving to achieve a specific rate

Executive summary

Since 1985, the international healthcare community has considered the ideal rate for caesarean sections to be between 10% and 15%. Since then, caesarean sections have become increasingly common in both developed and developing countries. When medically justified, a caesarean section can effectively prevent maternal and perinatal mortality and morbidity. However, there is no evidence showing the benefits of caesarean delivery for women or infants who do not require the procedure. As with any surgery, caesarean sections are associated with short and long term risk which can extend many years beyond the current delivery and affect the health of the woman, her child, and future pregnancies. These risks are higher in women with limited access to comprehensive obstetric care.

In recent years, governments and clinicians have expressed concern about the rise in the numbers of caesarean section births and the potential negative consequences for maternal and infant health. In addition, the international community has increasingly referenced the need to revisit the 1985 recommended rate.

http://apps.who.int/iris/bitstream/10665/161442/1/WHO_RHR_15.02_eng.pdf

WHO Statement on Caesarean Section Rates, 2015

World Health Organization

WHO Statement on Caesarean Section Rates

- a livello di popolazione, tassi di TC >10% non sono associati con riduzione di tassi di mortalità materna e neonatale

- effetti dei tassi di TC su altri esiti (morbosità materna e perinatale, esiti pediatrici, benessere psicosociale, a lungo termine) sono ancora poco chiari

http://apps.who.int/iris/bitstream/10665/161442/1/WHO_RHR_15.02_eng.pdf

WHO Statement on Caesarean Section Rates, 2015

Rischi di esiti avversi

Table 1. Risk of Adverse Maternal and Neonatal Outcomes by Mode of Delivery

Outcome	Risk	
Maternal	*Vaginal Delivery*	*Cesarean Delivery*
Overall severe morbidity and mortality*†	8.6%	9.2%*
	0.9%	2.7%†
Maternal mortality‡	3.6:100,000	13.3:100,000
Amniotic fluid embolism§	3.3–7.7:100,000	15.8:100,000
Third-degree or fourth-degree perineal laceration‖	1.0–3.0%	NA (scheduled delivery)
Placental abnormalities¶	Increased with prior cesarean delivery versus vaginal delivery, and risk continues to increase with each subsequent cesarean delivery.	
Urinary incontinence#	No difference between cesarean delivery and vaginal delivery at 2 years.	
Postpartum depression‖	No difference between cesarean delivery and vaginal delivery.	
Neonatal	*Vaginal Delivery*	*Cesarean Delivery*
Laceration**	NA	1.0–2.0%
Respiratory morbidity**	< 1.0%	1.0–4.0% (without labor)
Shoulder dystocia	1.0–2.0%	0%

ACOG-SMFM. Obstet Gynecol 2014;123:693-711

Mortalità materna, Italia

6 Regioni 20013-15: n = 39
MMR = 7,7/100.000 nati vivi

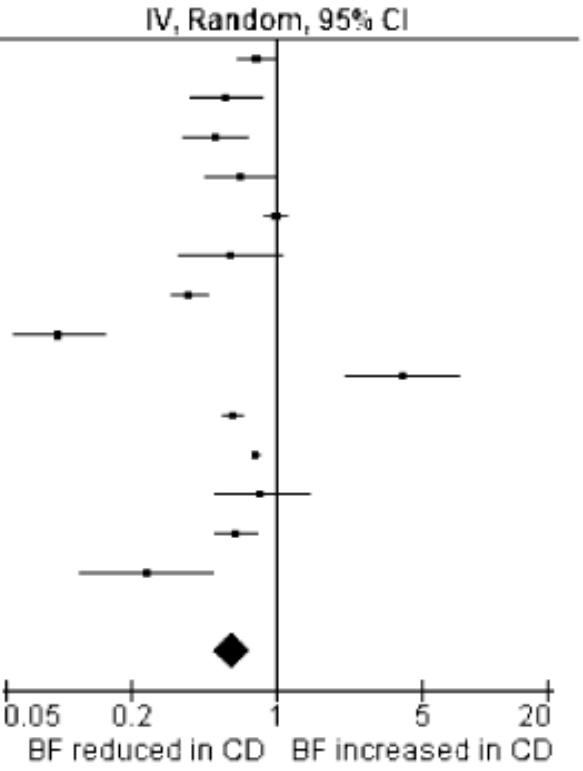
modalità del parto	*RR (IC 95%)*
TC vs parto vaginale 5 Regioni 2006-12	**4,15** (2,60-6,63)
TC vs parto vaginale ER 2001-07	**4,7** (1,8-12,5)

Donati S, presentazione Roma 05.03.15

Allattamento al seno dopo TC

Study or Subgroup	log[]	SE	Weight	IV, Random, 95% CI
Al-Sahab 2010 [119]	-0.22314355	0.10312458	8.5%	0.80 [0.65, 0.98]
Butler 2004 [10]	-0.56036607	0.20198758	6.9%	0.57 [0.38, 0.85]
Chung 2008 [36]	-0.67334455	0.18297643	7.2%	0.51 [0.36, 0.73]
Crost (Foreign)1998 [37]	-0.40047757	0.20432529	6.9%	0.67 [0.45, 1.00]
Crost (French) 1998 [37]	-0.01005034	0.06294848	9.0%	0.99 [0.88, 1.12]
Dashti 2010 [122]	-0.5108256	0.29035435	5.4%	0.60 [0.34, 1.06]
Ever-Hadani 1994 [11]	-0.96758403	0.10844972	8.5%	0.38 [0.31, 0.47]
Forman 1991 [41]	-2.40794561	0.26062532	5.9%	0.09 [0.05, 0.15]
Jordan 2005 [45]	1.38629436	0.32207744	4.9%	4.00 [2.13, 7.52]
Leung 2002 (1987) [125]	-0.4780358	0.05457761	9.1%	0.62 [0.56, 0.69]
Liston 2008 [50]	-0.23572233	0.02520038	9.3%	0.79 [0.75, 0.83]
Patel 2003 [8]	-0.17435339	0.26425668	5.8%	0.84 [0.50, 1.41]
Perez-Rios 2008 [128]	-0.4462871	0.12018677	8.3%	0.64 [0.51, 0.81]
Theofilogiannakou2006[62]	-1.43969514	0.37473233	4.2%	0.24 [0.11, 0.49]
Total (95% CI)			**100.0%**	**0.61 [0.50, 0.75]**

Heterogeneity: Tau² = 0.12; Chi² = 187.14, df = 13 (P < 0.00001); I² = 93%
Test for overall effect: Z = 4.71 (P < 0.00001)



OR_a: 0.61 (0.50, 0.75)

Prior E et al. Am J Clin Nutr 2012;95:1113-35