SPECIAL COMMUNICATION

Midline versus transverse incision for cesarean delivery in low-income countries

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ABSTRACT

While transverse incision is the recommended entry technique for cesarean delivery in high-income countries, it is our experience that midline incision is still used routinely in many low-income settings. Accordingly, international guidelines lack uniformity on this matter. Although evidence is limited, the literature suggests important advantages of the transverse incision, with lower risk of long-term disabilities such as wound disruption and hernia. Also, potential extra time spent on this incision appears not to impact neonatal outcome. Therefore, we suggest that it is time for a change in guidelines for low-income settings in which resources are limited for treating complications that may be life threatening.

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In 2013, the CORONIS Collaborative Group presented its randomized controlled trial from 7 low- and middle-income countries on short-term outcomes of 5 elements of the cesarean delivery technique [1]. Notably, abdominal entry was not among them. Therefore, we find it important to emphasize the lack of uniformity regarding incisional techniques for cesarean delivery in international guidelines and the possible severe consequences of this.

In high-income countries, transverse incision is the recommended abdominal entry technique for both elective and emergency cesarean. To the best of our knowledge, there are no reports on the incidence of midline versus transverse incision for cesarean delivery in low-income countries. However, it is our experience that midline incision is used routinely in many settings and, interestingly, this is in line with the current WHO guidelines [2]. The main incentives appear to be that midline incision is less time consuming, may be used under local anesthesia and extended upward, and is easier for inexperienced surgeons [2].

However, cesarean delivery is a common procedure in many low-resource facilities, and surgeons are often experienced in performing it. Although evidence is limited, the advantages of the transverse incision seem to outweigh those of the midline incision (Fig. 1); the risks of disruption, infection, and incisional hernia are lower; the extra time spent is debatable and, if it exists, it comprises a minimal fraction of the total

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decision-to-delivery interval and appears not to impact the neonatal outcome; and the cosmetic result is better [3,4].

Rates of cesarean delivery are rising in the world’s poorest countries, where resources are limited for treating women with potentially life-threatening disabilities such as wound disruption and hernias. Continuous critical assessment of high-impact guidelines is essential for avoiding unnecessary risks of complications.

Conflict of interest

The authors have no conflicts of interest.

References


