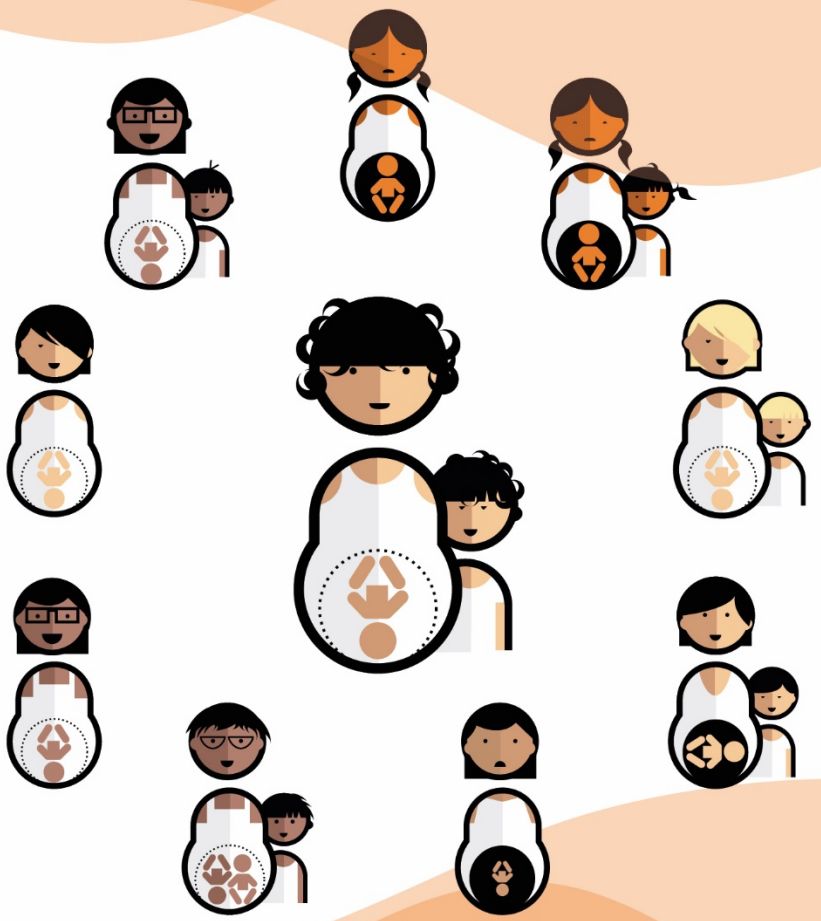
# ROBSON CLASSIFICATION

## Implementation Manual



World Health Organization

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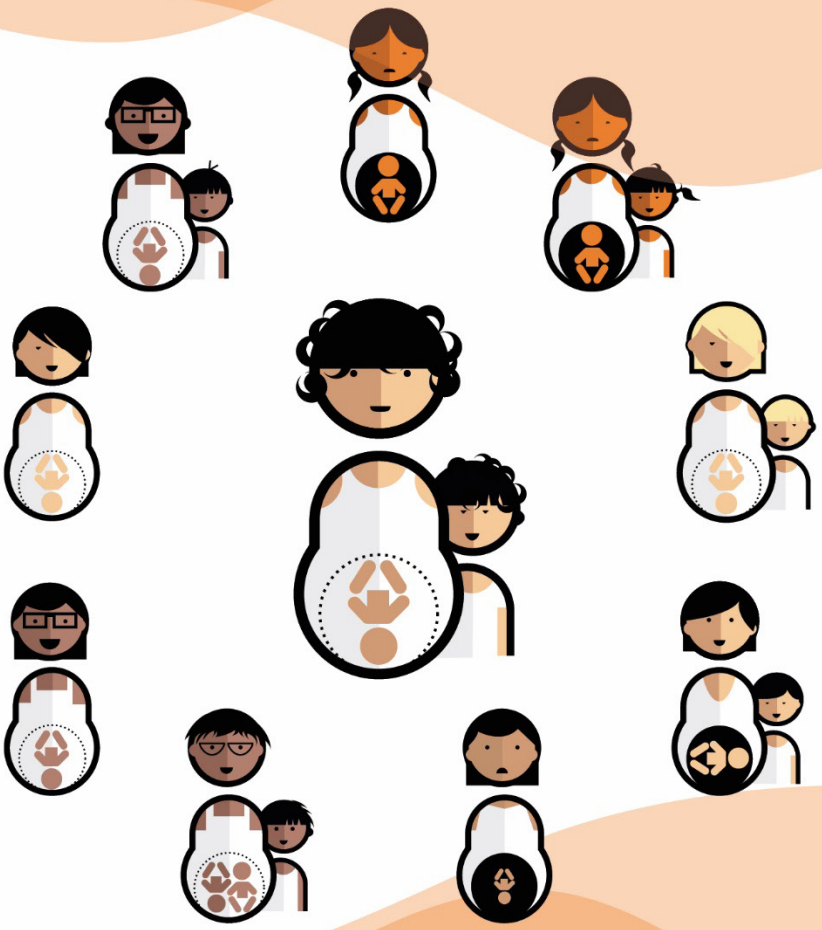

Robson Classification: Implementation Manual

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**Example of Robson Report Table with Interpretation** available at:
www.who.int/reproductivehealth/publications/maternal_perinatal_health/robson-classification/en/

## 01. Introduction

# "RISING CS RATES ARE A MAJOR PUBLIC **HEALTH** CONCERN"

Over the last decades, 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 (1, 2). 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 (3-7).

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.

Traditionally, at facility level, we have monitored CS rates using the overall percentage of deliveries by CS. 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). **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** (3, 8-10).

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 (10, 11). 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.