Analysis of Risk Factors for the Incidence of Cesarean Section (O82.1) Based on Inpatient Medical Records at Srikandi IBI General Hospital Jember

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ABSTRACT

Cesarean section is an operative procedure performed based on medical indications. At Srikandi IBI Jember General Hospital, 1,247 cesarean section cases were recorded among 1,680 deliveries in 2025. This study aimed to analyze risk factors associated with cesarean section based on hospitalized patients' medical records. This study used an observational analytic design with a cross-sectional approach. Secondary data were obtained from medical records of women who delivered between July and December 2025. A total of 246 medical records were selected using simple random sampling. Data were analyzed using univariate and bivariate analyses with the Chi-square or Fisher's exact test, with the Prevalence Ratio (PR) as the measure of association. Univariate analysis showed that respondents were mostly aged 20–35 years (80.1%), had parity of 1 or >4 (50.4%), experienced premature rupture of membranes (PROM) (77.6%), multiple pregnancy (4.1%), preeclampsia (16.7%), post-term pregnancy (8.5%), failed induction (47.2%), malpresentation or malposition (21.1%), anemia (45.1%), cephalopelvic disproportion (CPD) (9.3%), placenta previa (8.9%), prolonged labor (44.7%), fetal distress (30.1%), and macrosomia (5.7%). Significant associations with cesarean section were found for PROM (p=0.016; PR=1.237), preeclampsia (p=0.023; PR=1.203), failed induction (p=0.004; PR=1.216), malpresentation or malposition (p=0.002; PR=1.278), anemia (p=0.004; PR=1.216), CPD (p=0.006; PR=1.289), prolonged labor (p=0.029; PR=1.163), and fetal distress (p=0.002; PR=1.240). PROM, preeclampsia, failed induction, malpresentation or malposition, anemia, CPD, prolonged labor, and fetal distress were significantly associated with cesarean section. Early detection and monitoring of these factors should be strengthened to support clinical decision-making according to medical indications.

Keywords: *cephalopelvic disproportion, failed induction, medical records, preeclampsia, premature rupture of membranes, risk factors, sectio caesarea*.