**Background:** Caesarean section is the most performed major surgical procedure in obstetrics. But it is also associated with a great deal of maternal and perinatal morbidity. This study aims at comparing maternal and perinatal outcome in emergency and elective caesarean section and identifying preventable risk factors wherever possible.

**Materials and Methods:** This is a prospective comparative study done on 370 women who underwent caesarean section and who fulfilled the inclusion criteria in the Department of Obstetrics & Gynaecology, M GMCRI from November 2015 to April 2017. After taking consent, patients were identified into two groups based on the type of caesarean section that is elective or emergency. Continuous variables like age, period of gestation and Apgar score were summarized as mean and standard deviation. Categorical variables like intra and post-operative complications were summarized as proportions. Comparison of proportions between the emergency and elective CS was done using chi-square
test or fisher’s exact test depending upon the expected cell counts. Comparison of continuous variables between the two groups was done using independent samples t test.

Results: Elective caesarean section group 158 women were studied whereas in emergency caesarean section group 212 women were studied. Intraoperative complications for elective CS group were 10 (6.3%) versus emergency CS group 44 (20.8%). Postoperative complications in elective CS group were 22 (13.9%) compared to emergency CS group 71 (33.5%). Adverse perinatal outcome was higher in emergency CS group in terms of low Apgar score, RDS and NICU admissions.

Conclusion: Adverse maternal and perinatal outcome was found to be more in emergency caesarean section compared to elective caesarean section. Inducing labour with proper indication, assessment of cephalopelvic disproportion and intrapartum monitoring using partogram are some of the preventable factors identified to reduce adverse outcome.