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Natural Birth In Uterine Prolapse Complicating Pregnancy

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Abstract:- *Here 2 cases are reported during the year 2014 from january to december. 2 cases are admitted in laboour room in active phase of labour on 3-10-2014 & 16-10-2014. Both are admitted in labour room and are monitored carefully, they delivered vaginally with mere care, one case had a cervical laceration. Both are followed upto 6wks puerperium no other complication like PPH, infection to genital tract because of exposure of genital tract outside the vagina during pregnancy.*
Keywords: , *Delivery , Labour, Uterine Prolapse ,Pregnancy , Vagina.,*

I. Introduction

Prolapse complicating pregnancy is rare. Occurs only 1 in 10,000-15,000. Most of the cases have the complaints of heaviness in lower abdomen, urinary tract infection, abortions, preterm deliveries, dystocia, high incidence of caeserean section , infection to uterus. studies shows around 300-350 cases are recorded in literature from 1960's.

II. Case Report

A 22yr old G2P1L1 with 9months gestation patient by name A, unbooked case came with labour pains and admitted in labour room . on examination gravid uterus corresponds to term pregnancy with cepalic presentation, uterus is acting 3 contraction for 20 seconds each in 10min, FHRis 126/min liquor is adequate. External genital is healthy, cervix is visible outside the vagina(Fig1). per vaginal examination is done cervix is 4-5 cms dilation, membranes are intact , ppvertex at 0 station. After 2hrs patient delivered vaginally with mere care. Blessed with an alive female child weight about 2.8kgs apgar score 8-10 on 3-10-2014 at 3.37am.

2nd case is A 20yr oldG2P1L1with 9 months gestation patient by name B unbooked case came with labour pains and admitted in labour room . on examination gravid uterus corresponds to term pregnancy with cepalic presentation, uterus is acting 3-4 contraction for 25-30 seconds each in 10min, FHRis 128/min liquor is adequate. External genital is healthy, cervix is visible outside the vagina(Fig1). per vaginal examination is done cervix is 6-7cms dilation membranes not intact , ppvertex at +1 station. After ½ an hour patient delivered vaginally with mere care.Ant lip of cervical tear occurred and it was repaired under short general anaesthesia. Blessed with an alive male child weight about 3kgs apgar score 8-10 on 16-10-2014 at 7.20pm

For two womens, uterus is involvuted normally and repositioned in normal pelvic cavity after delivery Both cases are followed for a period of 6wks no other complication like PPH, trauma to cervix ,infection to genital tract, urinary tract infection. They were managed well. Both mother and babies are well doing .

3.Figures fig 1 cervix visible outside the vagina

III. Discussion

The causative factors for prolapse in pregnancy is gradual increase in parity, increase in age, child trauma, prolonged labour[1], history of difficult delivery for large babies[1,3], congenital weakness of muscles and ligaments, obesity, large pelvic cavity. Uterine descent may be aggravated by pregnancy as a result of physiologic increase in cortisol & progesterone lead to concomitant softening& stretching of pelvic tissue[5]. Prolapse of cervix during pregnancy might secondary to simple uterine prolapse or hypertropic elongation of cervix[3]. An impairement of blood flow & cervical edema lead to anoxia contribute for higher incidence of

abortion[5]. The key to sucessful pregnancy is bed rest[2,3,4,5] low dose aspirin, tocolytics,reposition of cervix with acriflavin & glycerine multivitamins.

IV. Conclusion

Aware to prevent abortion, preterm labour by bed rest reposition of cervix. Pessary treatment for early pregnancy upto 20wks. If is there is an edema and ulceration to cervix plan for abdominal delivery.If dense scar or fibrous cervical tissue is present Duhressen incision is given and can allow trial of labour if no other risk factors are associated.

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