IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 17, Issue 12 Ver. 2 (December. 2018), PP 44-47
www.iosrjournals.org

Study of Primary Cesarean Section in Multiparous Women at Tertiary Care Hospital

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Abstract
Background*: Cesareandelivery is one of the most commonly performed surgical procedure across the world. Primary cesarean section in a multipara means firstcesarean in a women who has undergone childbirth vaginally once or more. With the advancement in technology it has become much safer and therefore C-section rates are on a continuous rise. The objective of this study was to study the cesarean section in context of various indications , age incidence and to evaluate maternal and perinatal outcome.*
Methods: *It was a observational study of primary caesarean section done in multiparous women at Umaid Hospital, Dr. S.N Medical college at the Department of Obs and Gynae over a period of six months.Labour was monitored through out as per protocol and indication of cesarean section noted.*
Results:*During the study period a total of 3170 cesarean deliveries were conducted in our hospital and it was observed that proportion of primary cesarean in parous women was 17.44%. The maximum number of women undergoing cesarean section were in age group of 25-29 years(39.78%). APH was the most common indication for cesarean section, having highest number of cases 144(26.04%) which was just followed by fetal distress, 118(21.34%)and then the no. of cases having malpresentations were 97(17.54%).*
Conclusion: *Every pregnancy is different so is every chidbirth so, complications may occur in women who previously had a normal vaginal delivery at any stage making cesarean section mandatory for her. Labour in these women should be monitored with utmost vigilence as in a primigravidae. So, the belief –that multipara means an easy labour is a myth and may not always assure a spontaneous vaginal delivery.*

Date of Submission: 27-11-2018 Date of acceptance: 08-12-2018

I. Introduction

There is a trend of worldwide increase in cesarean section rates. It is one of the most commonly performed surgical procedure across the world. Primar y cesarean section in a multipara means firstcesarean in a women who has undergone childbirth vaginally once or more. Attention has focussed to reduce its use due to the concern that higher cesarean section rates do not confer any additional health gain but - may increase maternal risk ,have implications on future pregnancies, lead to an increased risk for repeat cesarean delivery.

WHO recommends that the cesarean section rate of > 15% is not justified(1). The increase in cesarean rates has been attributed to factors such as fetal monitoring with early detection of fetaldistress,early detection of high risk cases increasing maternal age at delivery, changes in clinical management of labour,rising rates of elective induction of labour and socio-economic factors(2) and the common reasons in multipara include placental localisation and a increse in size of fetus or fetal head leading to CPD.It is a common belief that if a mother delivers her child vaginally, all her successive deliveries will be normal , and a sense of false security prevails in them but not only the labor in primigravida may be a difficult one ,an obstetrician may encounter hard times in cases of labour in multiparous women. Unforeseen complications that may occur in multipara were identified long ago and studied by Solomon in 1932,who called them as "dangerous multipara"**(3)** and Feeny**(4)** in 1953 as "unpredictable multipara".

The objective of this study was to study the cesarean section in context of various indications , age incidence and to evaluate maternal and perinatal outcome.

II. Material And Method

It is a observational study of over 553 cases of cesarean section done for the first time in multiparafor a period of 6 months from jan 2016 to june 2016
Inclusion Criteria :multigravida, pregnancy >32 weeks, multiple pregnancy

Exclusion Criteria: Primigravid, Prev. LSCS,Gestational age <32 weeks, Known medical complication except anaemia Labour was monitored through out as per protocol and indication of cesarean section noted ,detailed history of patient was taken at admission with reference to present pregnancy and also previous pregnancy,basic investigations like CBC,RFT ,LFT ,RBS,HIV ,HBsAg ,VDRL done,USG done to estimate gestational age , for placental localisation and to rule out any congenital anomaly. Decision for mode of delivery made based on evaluation of progress of labour and maternal and fetalindications.All intra-operative details recorded.All neonates were attended by paediatrician.All post-operative maternal complications and newborn complication noted and managed appropriately.

III. Results

During the study period a total of 3170 cesarean deliveries were conducted in our hospital and it was observed that proportion of primary cesarean in parous women was 17.44%. The study was done on these 553 cases.

Total no. of	**No. of cases**	**Percentage**
Primary C.S in multigravida	553	17.44
C.S in primigravida	1265	39.91
Repeat C.S	1352	42.65

Distribution of cases according to age and parity

The maximum number of women undergoing cesarean section were in age group of 25-29 years(39.78%) and majority of patient belonged to parity 2 with an incidence of37.9 followed by para 1 with an incidence of 32.

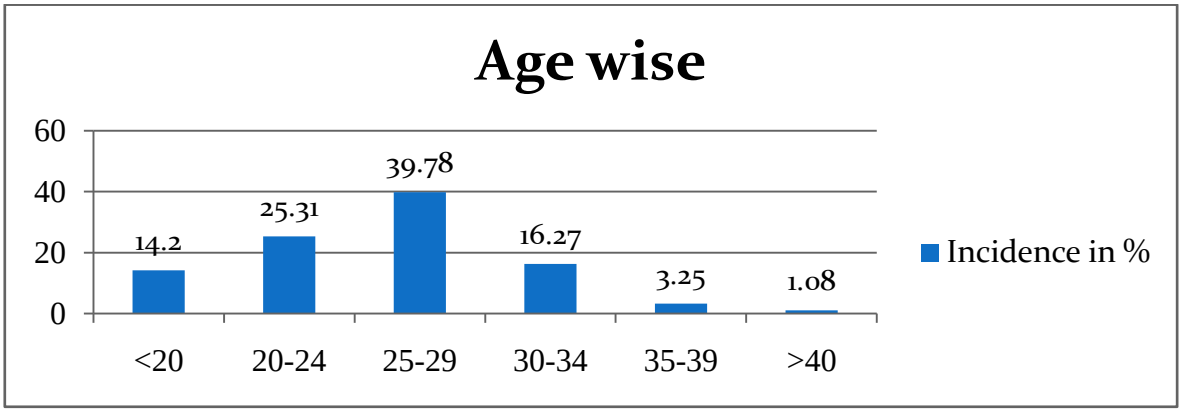

Table 1:DistributionAccording to Parity Status

S.no	**Parity**	**No.of cases**	**% of cases**
1	Para 1	177	32
2	**Para 2**	**210**	**38**
3	Para3	83	15
4	Para 4	33	6
5	Para 5	28	5
6	Para 6 & above	22	4

Table 2: Status of Cases

S.NO.	**ANC BOOKING**	**No.**	**%**
1.	Booked	188	34
2.	Unbooked	365	66
S.NO.	REFERRAL STATUS	No.	%
1.	Referred	196	35.44
2.	Direct admissions	357	64.56

Out of 553 cases 188(34%) were booked at our hospital and unbooked were 365(66%) showing negligence towards antenatal care. Further the no. of cases that were referred were 196(35.44%),direct admissions included 357(64.56%) cases .

Table 3: Maternal indications for C.S

S.NO.	**INDICATIONS**	**NO.**	**PERCENTEGE%**
1.	**APH**	**144**	**26.04**
2.	Fetal Distress	118	21.34
3.	Malpresentation	97	17.54

4.	Prolonged labour	48	8.68
5.	CPD	40	7.23
6.	BOH	28	5.06
7.	Failed induction	28	5.06
8.	Cord Prolapse	22	3.98
9.	Obstructed labour	17	3.07
10.	Impending Rupture	11	1.99

APH was the most common indication for cesarean section, having highest number of cases 144(26.04%) which was just followed by fetal distress, 118(21.34%). Then the no. of cases having malpresentationswere 97(17.54%). Around 48(8.68%) patients had prolonged labour and 40(7.23%) had CPD. Cesarean in 28(5.06%) patients were done for bad obstetric history and in same no. of patients for failed induction and in 22 patients for cord prolapse. 17(3.07%)came with obstructed labour. Only 1.99% of pts were operated for impending rupture.

Table 4: Type of cesarean

S.NO.	TYPE	No.	%
1.	Elective	155	28
2.	Emergency	398	72

The number of patients who underwent emergency cesarean section were 398(72%) and 28% of patients were taken for elective cesarean section. The most common indication for elective cesarean was malpresentation like transverse lie and breech followed by placenta previa and then CPD.

Table 5: Various causes of Maternal Morbidity

S.NO.	TYPES	NO.	%
1.	PPH	54	9.76
2.	Wound sepsis	42	7.59
3.	Extension of uterine incision	32	5.78
4.	Pyrexia	31	5.60
5.	Paralytic ileus	19	3.43
6.	Prolonged catheterization	7	1.26
7.	Psychosis	2	0.36

In this study, 34% of patients had intra operative or post-operative complications leading to maternal morbidity, commonest being PPH seen in 54(9.76%) patients. PPH occurred intra op. in 32 patients while the rest had PPH in post-op period mainly in first 6-8 hrs. Second common complication noted was wound sepsis in42(7.59%) patients.

Extension of uterine incision was seen in 32(5.78%) patients, usually those who presented with obstructed labour.

31(5.60%) had pyrexia, paralytic ileus was seen in 19(3.43%).5 of these pts. required Ryle's tube insertion while the rest were kept NBM till 3rd post op day. 7 pts. Required prolonged catheterisation and 2 ptsalso had post -partum psychosis.

There were 2 maternal deaths noted in the study population. Both patients were referred to our hospital and primary cause of death was irreversible haemorrhagic shock due to PPH.

One of them came to us in moribund condition with APH due to placenta previa patient, also underwent cesarean hysterectomy but could not be saved.

Table 6: According toFetal Outcome

S.NO.	TYPES	No.	%
1.	NICU Admission	74	13.38
2.	IUFD	22	3.97

In this study 82.64% of newborns were healthy and shifted to mother. There were 22(3.97%) IUFD's , causes were abruptio placentae, transverse lie with obstructed labour, congenital anomalies. There were 74(13.38) NICU admissions causes being preterm/low birth weight , low apgar score and fetal distress with meconium stained liquor.

IV. Discussion

Incidence of primary cesarean section in multipara in this study was 17.44% which is comparatively lower than the incidences in studies done by Desai et al(5) which was 29.05% &Himabindu et al(6), whose incidence was much higher at around 40%.The higher cesarean rate was because our hospital is a tertiary

referral centre for many rural areas from where high risk cases are referred. Among the indications for primary cesarean sections, the most common were APH(26.03 %) followed by fetal distress(21.33%) &malpresentations(17.54%) similar to study done by Desai et al(5).

Most of the cases were unbooked(66%) with no antenatal check ups, highlighting the need for appropriate care in ANC period to detect high risk cases timely ,which was similar to percentage of unbooked cases in study done by Himabindu et al**(6)**,whereas the incidence of booked and unbooked cases in study done by R.Samal et al**(7),** were 97.1% and 2.9% respectively.

In present study maximum no. of patients undergoing primary cesarean section were in age group of 25-29 years(39.78%) which was similar to study done by Sethi et al**(8)** , where majority of patients(40%) belonged to this age group. This may be due to trend of early marriage, lack of education & unawareness regarding family planning methods.

The electronic fetal monitoring ,commonly used to detect fetal distress is known to have poor specificity resulting in increased no. of cesarean . Fear of litigation increases the use of continuous fetal monitoring and intervention in early labour. Malpresentations are more common in a grand –multipara and are favoured by a pendulous abdomen &lordosis of lumbar spine.Post-operative complication were seen in 34% of cases which was lower than the study done by Desai et al**(5)** in which it was around 46%.There were 2 maternal mortalities and 1 patient underwent subtotal hystrectomy for PPH.

V. Conclusion

Every pregnancy is different so is every childbirth so, complications may occur in women who previously had a normal vaginal delivery at any stage making cesarean section mandatory for her.Multipara ,especiallygrandmultipara are usually of low socioeconomic status, poor, ignorant , illiterate and unaware of family planning methods. These belong to high risk group and shall not be overlooked.Proper antenatal care and councelling regarding adoption of small family norms may help in reducing maternal morbidity. Labour in these women should be monitored with utmost vigilance as in a primigravidae. Though vaginal delivery is safer than cesarean section ,in some cases cesarean may be life saving for both mother and fetus. So, the belief –that multipara means an easy labour is a myth and may not always assure a spontaneous vaginal delivery.

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Dr. Ankita Choudhary, "Study of Primary Cesarean Section in Multiparous Women at Tertiary Care Hospital". " IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 17, no. 12, 2018, pp 44-47.