

# Frequency and indications of primary caesarean section in multipara in tertiary care hospital

Meha Agrawal<sup>1</sup>, Supriya Waydande<sup>2\*</sup>, V Jadhav<sup>3</sup>, S Bhave<sup>4</sup>

<sup>1</sup>Resident, <sup>2</sup>Associate Professor, <sup>3</sup>PG Guide, <sup>4</sup>Professor and HOD, Department of OBGY, BVDU Medical College and Hospital, Sangli, Maharashtra, INDIA.

Email: [waydandesupriya@gmail.com](mailto:waydandesupriya@gmail.com)

## Abstract

**Introduction:** Caesarean delivery is one of the most commonly performed operations today. Caesarean births have become safer. Primary caesarean section in a multipara means first caesarean section done in the patients who had delivered vaginally once or more. **Methods and Materials:** It was a prospective hospital based observational study of primary caesarean sections performed in multiparous patients means those who had delivered viable fetus (i.e. 28 weeks of gestation or above) vaginally once or more conducted at Bharati Hospital, sangli in the Department of Obstetrics and Gynecology. In this study analysis of the cases in relation to frequency and indications have been done. **Results:** The frequency of primary caesarean section in multiparae is 9.65% amongst multiparae who had previous vaginal delivery admitted in labour ward at BVDUMCH Sangli. Among the various indications for caesarian section in multipara preeclampsia and APH were the main causes followed by oligohydramnios and PROM. The percentage of primary C.S. in referred multiparae was 63.64% and in registered multiparae was 36.36%. **Conclusion:** Though vaginal delivery is always safer than Caesarean section, difficult vaginal delivery and obstructed labor carries more morbidity and perinatal mortality when compared to elective Caesarean section. Previous vaginal delivery gives the patient as well as her relatives a false sense of security. In many multigravidas, caesarean section becomes mandatory. The fact that a multipara has had one or more vaginal deliveries should be regarded as an optimistic historical fact, not as diagnostic criteria for spontaneous delivery of the pregnancy at hand.

**Keywords:** Caesarean section, Multiparae, Primiparae.

## \*Address for Correspondence:

Dr. Supriya Waydande, Associate Professor, Department of OBGY, BVDU Medical College and Hospital, Sangli, Maharashtra, INDIA.

Email: [waydandesupriya@gmail.com](mailto:waydandesupriya@gmail.com)

Received Date: 15/02/2016 Revised Date: 16/03/2016 Accepted Date: 02/04/2016

Access this article online	
Quick Response Code:	Website: <a href="http://www.statperson.com">www.statperson.com</a>
	DOI: 04 April 2016

## INTRODUCTION

Caesarean delivery is one of the most commonly performed operations today. It has become safer than previous days. Multipara means those who had delivered once or more after the age of viability. It includes multipara (Para 2, 3, 4) and grand multipara (para more than 4). Primary caesarean section in the multipara means

first caesarean section done in the women who had delivered vaginally a viable fetus once or more. Small family norms and earlier detection of high risk pregnancies contribute to increasing frequency of C.S. Besides there have been numerous other obstetrical, medical, social, ethical, economic and medico legal factors which have added to the list of indications leading to alarmingly high rate of caesarean sections all over the world. It is a common belief amongst public that once a mother delivers a full term child vaginally; all her subsequent deliveries will be normal as a result such multiparous mothers often neglect routine antenatal checkup and labour. It is for these reasons that one's attention has been directed to the indications for caesarean section in women who have previously delivered vaginally.

## MATERIAL AND METHODS

**Study design:** observational study

**Study place:** Bharati Vidyapeeth Medical College & Hospital, Sangli.

**Study duration:** 12 months (august 2014 – july 2015)

**Study population:** All multiparous patients having previously delivered vaginally; admitted in Labour ward at BVDUMCH Sangli.

**Study subjects:** Multiparous patients who required primary caesarean section.

### Inclusion Criteria

- Term and Near Term pregnancy in multiparae with previous vaginal deliveries.
- Term and Near Term pregnancy in multiparae with previous vaginal deliveries in labour.

### Exclusion Criteria

- Primigravida
- Previous C.S.
- Previous hysterotomy
- Previous myomectomy

## MATERIAL AND METHODS

This includes the multiparous cases who were admitted in the ANC ward and those who reported directly to labor room in various stages of labor and were taken up for caesarean section. Amongst the cases presenting directly to labor room, some patients were first subjected to trial of labor and then subsequently were taken for C.S. and some were taken directly on the emergency basis. All the cases of study population were followed up till they were discharged from the wards. At the time of admission, the cases were explained about the importance of contraception and immunization.

## RESULTS

**Table 1:** Total no. of multiparae cases with previous vaginal deliveries (n=228)

	No. Of Cases	Percentage
Referred	134	58.77%
Registered	94	41.23%

Referral cases were more as compared to registered cases at BVDUMCH, Sangli.

**Table 2:** Parity and frequency of primary caesarean section in multiparae

Parity	No. of cases	Percentage
Second	15	68.19%
Third	06	22.27%
Fourth	01	04.54%

Total primary C.S. in second para were more as compared to third and fourth.

**Table 3:** Number of vaginal deliveries & primary C.S. in multiparae with previous vaginal delivery (N = 228)

Type of delivery	Multipara	Percentages
Vaginal delivery	206	90.35%
Caesarean section	22	9.65%
<b>Total</b>	<b>228</b>	<b>100%</b>

Primary C.S. was required in less no. of cases of multipara; but was mandatory.

**Table 4:** Primary C. S. in referred and registered cases of multiparae

	No. Of Cases	Percentage
Referred	14	63.64%
Registered	08	36.36%

Percentage of primary C.S. in referred cases was more.

**Table 5:** Indications of primary caesarean section in multiparae (N=22)

Number	Indication	No. Of Cases	Percentage
1	Pre-Eclampsia and Eclampsia	5	22.72 %
2	Aph	5	22.72 %
3	Oligohydramnios	3	13.63 %
4	Prom	2	9.03 %
5	Multiple Pregnancy	2	9.03 %
6	Deep Transverse Arrest	1	4.54 %
7	Cervical Dystocia	1	4.54 %
8	Abnormal Presentation (Breech/Shoulder)	1	4.54%
9	Fetal Distress	1	4.54 %
10	Cpd	1	4.54 %

Most common indication of primary C.S. In multiparae were pre-eclampsia/Eclampsia and APH.

1. The frequency of primary caesarean section in multiparae is 9.65% amongst multiparae who had previous vaginal delivery admitted in labour ward at BVDUMCH Sangli.
2. Among the various indications for caesarian section in multiparae preeclampsia and APH were the main causes followed by oligohydramnios and PROM.
3. The percentage of primary C.S. in referred multiparae was 63.64% and in registered multiparae was 36.36%.

## DISSCUSSION

Most of the cases were referred (58.77%) with no antenatal checkups or having only one ANC visit to outside obstetrician and came as emergency admission to labour ward. The present study deals with the frequency and indications of cesarean section among multiparae who had previous vaginal delivery. Total number of multiparae with previous vaginal delivery admitted in labour ward was 228 and among them 206 delivered vaginally and 22 required C.S. Among the indications for primary caesarian section in multiparae, most common

were pre-eclampsia and eclampsia (22.72%). Antepartum hemorrhage accounted for 22.72% of cases with placenta previa (4 cases) and abruptio placentae (1 case). Most of the cases of placenta previa were referred for delivery from outside. Obstetric hysterectomy was done for 1 case of central placenta previa with uncontrolled hemorrhage. Oligohydramnios accounted for 13.63%. Premature rupture of membranes accounted for 9.03%. Both of them were referred from outside with PROM for more than 24hrs. Among 2 cases of twin pregnancies, in one case caesarian section was done for 2nd twin with transverse lie. Other indications were Deep Transverse Arrest, Cervical Dystocia, Abnormal Presentation, Fetal Distress and CPD.

### CONCLUSION

Though vaginal delivery is always safer than Caesarean section, difficult vaginal delivery and obstructed labor carries more morbidity and perinatal mortality when compared to elective Caesarean section. Previous vaginal delivery gives the patient as well as her relatives a false sense of security; but in many multiparae caesarean sections becomes mandatory. The fact that a multipara has had one or more vaginal deliveries should be regarded as an optimistic historical fact, not as diagnostic criteria for spontaneous vaginal delivery of the pregnancy at hand.

### REFERENCES

1. Desai E, Leuva H, Leuva B, Kanani A study of primary caesarean section in Multipara. *Int J Reprod Contracept Obstet Gynecol.* 2013; 2(3): 320-324. Doi: 10.5455/2320-1770.
2. Stavrou EP, Ford JB, Shand AW, Morris JM, Roberts CL. Epidemiology and trends for Caesarean section births in New South Wales, Australia: a population-based study. *BMC Pregnancy Childbirth.* 2011 Jan 20; 11:8. Doi: 10.1186/1471-2393-11-8.
3. Ugwu EO, Obioha KC, Okezie OA, Ugwu AO. A five-year survey of caesarean delivery at a Nigerian tertiary hospital. *Ann Med Health Sci Res.* 2011 Jan; 1(1):77-83.
4. Purandare CN. The Over Roofing Rates of Caesarean Section. *The Journal of Obstetrics and Gynecology of India (September–October 2011)* 61(5):501–502.
5. Carbonne B. Increase in caesarean delivery: Are we facing a pandemic? *International Journal of Gynecology and Obstetrics* 2009; 107:183-184.
6. Jessie Ford, Jagteshwar Grewal, Rafael Mikolajczyk, Susan Meikle, Jun Zhang. Primary Caesarean among Parous Women in the United States, 1990-2003. *Obstet Gynecol.* 2008 december; 112(6):1235-1241.
7. Florica M, Stephansson O, Nordstrom L. Indications associated with increased caesarean section rates in a Swedish hospital. *International Journal of Obstetrics and Gynaecology* 2006; 92: 181-185.

Source of Support: None Declared  
Conflict of Interest: None Declared