

Obstetric Outcome in Cases with Previous One Lower Segment Caesarean Section and Its Neonatal Outcome

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Abstract: Background: One of the outstanding features of modern obstetrics is increasing rate of caesarean sections both in developed and developing countries across the world. It has been seen that both primary or repeat sections rate are increasing. This is because of the safety of this operative method, advances in antibiotics, blood transfusion, anaesthesia, antisepsis and asepsis. Previous one caesarean section leads to a high risk state in the subsequent delivery, which affects the obstetrics and neonatal outcome needs to be evaluated. The objective behind the study is to understand the contributing factors for the new trends. **Methods:** It is a prospective observational study in dept of OBG of D R Ambedkar Medical College and Hospital, Bangalore. All women with previous one LSCS, admitted to labour ward are enrolled into this study after taking consent and counselling. **Results:** 80 women were taken into this study and divided into 3 groups. Group 1- 65 (81.25%) women enrolled, Group 2- 9 (11.25%) women taken and finally Group 3- 6 (7.5%) taken into study. **Conclusion:** In this study there was no maternal mortality and only four neonatal death. **Keywords:** Lscs, scar tenderness, foetal distress, failed progress, Twin pregnancy.

Introduction

The journey of management of previous caesarean cases has gone through the path of "Once a caesarean always a caesarean" to "Once a caesarean, always a hospital delivery", to recent studies analyzing for Vaginal Birth After Caesarean (VBAC). Despite the known risk of uterine rupture, TOLAC remains an option for many patients who wants vaginal delivery. A ICMR study done in 1980 showed a section rate of 13.8% in a teaching hospitals in India¹ In Delhi, section rate in teaching hospital is 35-40%² Shell first reported VBAC in 1923 as successful vaginal delivery of 34 infants in 23 mothers with previous LSCS³ Scar dehiscence is considered when uterine muscle is separated but visceral peritoneum is intact. Scar rupture is considered when all the layers of uterus are separated⁴ So maternal and obstetric history can provide a way of chance of a successful trial of labor⁵

Material and Methods

It is prospective study done for a period of one year in the Dept of OBG of DR B R Ambedkar Medical college and Hospital, Bangalore were all the women with history of previous one LSCS who were admitted to the labour ward enrolled into study after taking consent. 80 women enrolled in this study and these were divided into 3 groups.

Results

In this study, 80 women were included and depending on mode of delivery, women were grouped into 3 groups; Group 1: Direct repeat Caesarean section (DRCS), 65 (81.25%) women included, Group 2: VBAC (vaginal birth after caesarean), 9 (11.25%) women included and finally in Group 3: Failed trial of labour and requiring emergency section done and 6 (7.5%) women included in this group as shown in table 1 and 2. Out of 80 women 15 women given trial of labour. Out of this 15 women, 9 (60%) women had VBAC and 6 (40%) women had failed trial of labour who needed emergency section as shown in table 3. As per age distribution majority of women in all the 3 groups were 26-30 yrs as shown in table 4. Out of 80 women 69 (86.25%) were para one as shown in table 5. Majority of cases in this study, about 73 (91.25%) women were booked as shown in table 6. In group 1 (DRCS), out of 65 women, 50 (76.92%) women had indication as Cephalopelvic disproportion (CPD) and 5 (7.69%) for foetal distress as shown in table 7. In group 3, were 6 women underwent emergency section after failed trial of labour. In this group, 3 (50%) women had scar tenderness and 2 women (33.33%) had foetal distress as shown in table 8. There were 4 neonatal deaths out of 80 women leading to 3.07% as neonatal mortality in this study as shown in table 9.

Table 1: Distribution of women according to selection for mode of Delivery

Sl No	Group	Number (%)
1	Direct Repeat Caesarean Section	65(81.25)
2	Trial of Labor after Caesarean	15(18.75)
	Total	80(100)

Table 2: Showing Distribution of women in Three Groups

Group	Mode of Delivery	Number of women	%
Group A	DRCS-Direct repeat caesarean section	65	81.25
Group B	VBAC-Vaginal Birth after caesarean	9	11.25
Group C	Failed TOLAC (Trial of labor after caesarean section)	6	7.5
	Total number of Women	80	100

Table 3: Showing outcome of TOLAC group

Sl No	Mode of Delivery	No of WOMEN	%
1	VBAC		
	a.Spontaneous	8	53.33
	b.Instrument	1	6.66
2	F.TOLAC	6	40
	Total	15	100

Table 4: Table showing Distribution of Age

Age in Years	Group A N=65	Group B N=9	Group C N=6
20-25 Years	10(15.38)	1(11.111)	2(33.33)
25-30 Years	50(16.92)	7(77.77)	3(50)
31-35 Years	5(7.69)	1(11.11)	1(16.66)

Table 5: Distribution of women according to Parity

Parity	Number	(%)
Para 1	69	86.25
Para 2	10	12.5
Para 3	1	1.25
Total	80	100

Table 6: Distribution of women according to the booking Status

Status of Booking	Number(N=250)
Booked	73(91.25)
Unbooked	7(8.75)
Total	80(100)

Table 7: Distribution of women according to indication of Direct repeat Caesarean (DRCS) in the present Pregnancy

Sl No	Indication	Number	Percentage
1	Celhalopelvic disproportion	50	76.92
2	Not Willing	5	7.69
3	Fetal Distress	5	7.69
4	Scar tenderness	1	1.65
5	Malpresentation	1	1.65
6	Severe PIH	1	1.65
7	Twin Pregnancy	1	1.65
8	Gestational diabetes mellitus	1	1.65
	Total	65	100

Table 8: Distribution of women according to indication of Ceasarean section in failed TOLAC Group

Sl No	Indication	Number	Percentage
1	Scar tenderness	3	50
2	Fetal Distress	2	33.33
3	Failed progress	1	16.66
	Total	6	100

Table 9: Neonatal Mortality

Sl No	Group	No of Cases	Causes
1	Group A DRCS N=65	2(3.07)	Meconium aspiration syndrome Meningitis
2	Group B VBAC n=9	1(11.11)	Low birth weight with septicaemia
3	Group C F.TOLAC N=6	1(16.66)	Asphyxia neonatorum

Discussion

As per age distribution, in our study, majority of women were b/w 26-30Yrs (76.92%) but other study showed 20-30 yrs (73.12%)⁶ and 26-30 yrs (63.1%)⁷. About parity, our study showed 86.25% as para one were as other study showed 61.76%⁸ as para one. In the present study, 91.25% were booked cases as compare to other study 67.28%⁹. In group 1 (DRCS) 81.25% had to undergo direct repeat LSCS, were other study showed 54.5%¹⁰. About indications for DRCS, our study showed 76.92% but other study showed 32%¹¹. About the VBAC, our study showed 60% but other study showed 76%¹². In our study, factors which were associated with increased VBAC success rate were height more than 145 cms, non recurrent indications, cervical dilation more than or equal to 3 cms on admission.

Conclusions

Our study concludes that pregnancy with previous one section does not increase maternal mortality. Trial of labour after section gives a better obstetric outcome with a reduces maternal and neonatal morbidity. Women should be counselled and encouraged for trial of labour after C Section in all teaching hospital for high VBAC success rate.

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