

Original article:

Study of indications of repeat emergency LSCS in urban population

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Abstract:

Introduction: Recent studies have shown that maternal request for caesarean section has received much publicity and interest in medical literature. With this background present work was planned to study of indications of repeat emergency LSCS in urban population.

Methodology: The study was a cross sectional study conducted among 100 women admitted in the labour room in the Department of obstetrics & gynecology of Sri Siddhartha Medical College & Research Centre, Tumkur, as per fulfilling the inclusion and the exclusion criteria's as mentioned below.

Results: Indications for previous caesarean delivery in present cases. The major indication for emergency repeat caesarean delivery was fetal distress (60.5%), threatened scar rupture (48.75%) accounted for highest no in emergency repeat caesarean group, followed by CPD (18.75%) , PIH (8.75%) and the other indications.

Conclusion: The mode of delivery should be decided depending upon the previous caesarean section indications, type of uterine scar, condition of the fetus and any associated maternal complications in the present pregnancy.

Keywords: urban population, LSCS

Introduction:

Each year, this century has set record rates of caesarean deliveries. Caesarean section is considered by many as the most significant intervention in childbirth. If the cost of a caesarean section is significant factor then, the cost of not doing one at the right time and in the right place is also equally significant. The justification of a caesarean section is difficult to prove, not only in economic terms, but also in terms of maternal satisfaction and fetal and maternal morbidity and mortality. In India, the obstetric practice in urban viv-a-vis rural setting presents a glaring dichotomy, possibly

due to lack of infrastructure in the rural sector.¹The rates of elective and emergency caesarean sections, increased almost in parallel with each other, the ratio of emergency to elective sections staying roughly at about 60% to 40%. The rate of elective caesarean section rose from 5.8% to 10.6% in 1999, a total rise of 83%.²

Recent studies have shown that maternal request for caesarean section has received much publicity and interest in medical literature.¹ With this background present work was planned to study of indications of repeat emergency LSCS in urban population.

Methodology:

The main source of data for this study were patients who were handled in PHC's, CHC's, private nursing homes, untrained dais and referred to us for further management.

The study was a cross sectional study conducted among 100 women admitted in the labour room in the Department of obstetrics & gynecology of Sri Siddhartha Medical College & Research Centre, Tumkur, as per fulfilling the inclusion and the exclusion criteria's as mentioned below.

Simple size: 100 cases

Type of study: Cross sectional study

Period of study: November 2011 to April 2013.

Duration of study: 1^{1/2} year.

Inclusion criteria:

All term pregnant women with previous history of single uncomplicated lower segment caesarean section done for non recurrent indications with spontaneous onset of labour.

Exclusion criteria:

Women with any previous uterine scar due to myomectomy, hysterotomy operation and previous classical caesarean section , or scar due to previous rupture uterus repair.

Results and observations:

TABLE 1 Showing indications of emergency repeat LSCS in present pregnancy: (n=80)

Indications of Emergency repeat LSCS	Frequency	Percentage%
Fetal distress	50	62.5
Threatened scar rupture (TSR)	39	48.75
CPD (cephalo pelvic disproportion)	15	18.75
Pregnancy induced hypertension (PIH)	7	8.75
Cervical dystocia	1	1.25
Gestational diabetes mellitus (GDM)	2	2.5
In coordinate uterine action	2	2.5
Bad obstetric history (BOH)	2	2.5
Post dated pregnancy	1	1.25
Total	80	100

From the above table different indications for previous caesarean section is noted.

Indications for previous caesarean delivery in present cases. The major indication for emergency repeat caesarean delivery was fetal distress (60.5%), threatened scar rupture (48.75%) accounted for highest no in emergency repeat caesarean group, followed by CPD (18.75%) , PIH (8.75%) and the other indications.

TABLE NO 2 showing outcome of repeat emergency LSCS in present study:

Type of present LSCS:	Frequency	Percentage%
LSCS (Transverse)	79	98.75
LSCS with repair of uterine rupture scar	1	1.25
Caesarean section with hysterectomy	0	0
Total	80	100

Above table shows that out of 80 cases that underwent emergency repeat LSCS 79 underwent repeat emergency LSCS with transverse incision and in one case scar rupture was seen & repair was done. No case of caesarean hysterectomy was there in the present study.

shown in above table and figure there is a significant statistical relation (p value = 0.03) between interval between last caesarean delivery and present pregnancy outcome.

Discussion:

Pregnant women with a prior section may be offered either a trial for VBAC or an elective or emergency repeat caesarean section. The proportion of women, that decline trial for VBAC, is in turn, a significant determinant of overall rising rates of caesarean birth in all over world.

Out of 2430 patients who delivered in our hospital during the present study period of one and half years, 80 term patients had a history of a prior one LSCS, accounting for 5.17 % of the total number of patients (table 1). This incidence is comparable to the recent study by *Gonen* and colleagues, in which 5.8% of the total number of patients who delivered had a

history of prior caesarean delivery.³*Sagar* and associates, in 1983, reported an incidence of 4.53%³⁸. *Flamm* and colleagues reported an incidence of 8.6% and *Pickhardt* reported an incidence of 11.7%.^{4,5}

Our study is comparable to this study, with 20% of the patients delivering vaginally (table 10). However, *Gonen* and colleagues in their study reported 51.22% of patients delivering vaginally. *Chattopadhyay* and colleagues reported an incidence of 40% and *Pickhardt* reported an incidence of 42%.^{4,5,6} The probable reasons for the low rate of vaginal deliveries in our study were that, about 65 % of the patients were taken up for an EmRCS directly due to other obstetrical high risk factors and only 35 % of the patients who had a TOLAC, 57.14 % underwent successful trial after caesarean section and delivered vaginally.

Conclusion:

The mode of delivery should be decided depending upon the previous caesarean section indications, type of uterine scar, condition of the fetus and any associated maternal complications in the present pregnancy.

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