



## POSTMORTEM CAESAREAN SECTION

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**ABSTRACT**

I am presenting a case report of postmortem caesarean section of women at 38 weeks gestational age. The infant was delivered 35 minutes after the death of the mother by caesarean section. I am presenting this case report as very few such cases have been reported.

**KEYWORDS :** Postmortem Caesarean Section**INTRODUCTION-**

The concept of postmortem cesarean section dates back to 800 BC. It is an uncommon occurrence and before 1986 only 188 postmortem cesarean sections were reported. I am presenting a case of postmortem caesarean section in a primigravid woman of 38 weeks with infant survival after 35 minutes of maternal death. The decision needs to be prompt and it is full of dilemmas about medico-legal issues and the prognosis of the surviving infant. There is always a worry about the risk of neurological handicap in the baby. Obstetricians should have a clear view on whether to operate and timing of operation.

**Case history-**

A 22 Year old primigravid woman was brought to the casualty at Dande Hospital at the midnight of December, 31st 2011 in an unconscious state. Her face, mouth, nostrils and clothes were soaked with fresh blood. She had a history of loss of consciousness and haematemesis few minutes prior to the admission. She was registered at Government run hospital before being brought to Dande Hospital. She was unconscious and was not responding to oral commands and painful stimuli. On examination she was had no pulse and had cold extremities. Blood pressure was not recordable. Pupils were dilated, fixed and not reacting to light. ECG showed a flat line. Her abdominal examination showed a full term pregnancy with cephalic presentation. Uterus was relaxed and fetal heart was audible with FHR of 40 to 60 beats per minute. Immediately a fetal heart trace was recorded on CTG machine. As soon as the viability of the fetus was confirmed the relatives were informed about her status as well as that of the fetus. The relatives gave a go ahead for the postmortem caesarean section.

**Procedure -**

A Joel Cohens incision was taken with a 23 number blade on the casualty bed. It was preferred as the procedure is fast and I am more comfortable with it. A full term male child was delivered on January 1, 2012 at 35 minutes past midnight. Uterine cavity was full of blood clots which suggested placental abruption. Placenta and membranes were removed completely. Uterine closure was done with number 1 Vicryl. Abdomen was closed in layers. The baby was limp with feeble heart and was not breathing and had a poor APGAR score. The baby was resuscitated by the neonatologist and shifted to neonatal intensive care unit.

**DISCUSSION-**

The likelihood of post mortem caesarean section resulting in a living and neurologically normal infant is related to the interval between onset of maternal cardiac arrest and delivery of the fetus. KATZ et al summarised the successful cases of postmortem cesarean sections reported between 1900 and 1985. 93 % of the surviving neonates were born within 15 minutes of maternal death and only two had neurological deficit. 70% were delivered in 5 minutes of maternal death.

On the review of outcome of postmortem caesarean sections over past 25 years there is no reported case where survival beyond the early neonatal period was accompanied by neurological disability. De Pace described successful resuscitation of both mother and baby after 25 minutes of advanced CPR. In our case we could not revive the mother though.

Lopez Zeno et al reported intact fetal survival with delivery 47 minutes after maternal injury by gunshot wound.

Accurate information of the preceding condition, timing of cardiac arrest and the length of resuscitative measures may influence the decision whether to do a caesarean section. If there is sudden death of mother the chances of infant survival is better than if the mother had chronic illness before death. The shorter the interval to deliver the fetus and onset of resuscitative measures the less is the risk of neurological deficit.

It is necessary that every hospital should have clear policies on performing of postmortem caesarean section and it should be known to all the hospital staff. The decision to perform caesarean section should be made on discussion with the relatives.

Many obstetricians are reluctant to do a caesarean section after maternal death. It has the risk of bringing up of a handicapped child for the partner left.

**Follow up-**

The surviving child is now 6 years old. He is physically and mentally fit. He is attending school. There is no residual neurological deficit.

**REFERENCES**

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