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# COMPARATIVE STUDY OF MATERNAL AND FETAL COMPLICATIONS IN ONE PREVIOUS LOWER SEGMENT CAESAREAN SECTION VERSUS MULTIPLE LOWER SEGMENT CAESAREAN SECTION

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**ABSTRACT**

**Aims and objectives:** Comparative study of maternal and fetal complications in 1 previous caesarean section versus multiple caesarean sections.

**Materials and methods:** Retrospective study .I have taken 24 cases in this study which was divided in to Group-A-12 cases with 1 previous section ,Group-B-12 cases with multiple sections. This study was conducted over a period of 6 months at Department of Obstetrics and Gynecology in Mamata general hospital Khammam.

**Results:** In this study Abruptio placenta seen in GroupA -16.67%, Group B-8.3%.Placenta previa seen in GroupA-25%,Group B-0%. Adhesions present in GroupA-16.67,which was 4 times more in Group B-66.67%.Post operative infections (UTI) GroupA-25% which was comparatively less in GroupB-16.67%.Peripartum Hysterectomy was needed in GroupA-2 cases-16.67% Maternal mortality in GroupA-1 case -8.3%,none in Group B.Perinatal mortality 8.3% both in GroupA and Group B .Post operative hospital stay was equal in both GroupA and GroupB about 10-12 days.

**Conclusion**- In order to avoid complications in multiple caesarean sections, vaginal birth after caesarean section to be done in more cases.

**KEYWORDS :** Maternal complications

## INTRODUCTION

Over the past decade caesarean section increased steeply in women of all ages.Maternal complications increases with increased number of caesarean sections[1]. Caesarean complications include Intra-operative - adhesions, scar dehiscence,injury to bowel and bladder,placenta previa,caesarean Hysterectomy.Post-operative - blood trasnsfusions, infections,pneumonia and deep vein thrombosis[2,3].

## MATERIALS AND METHODS

Type of study- Retrospective study.Place of study-Department of OBSTETRICS AND GYAECOLOGY in Mamata General Hospital at Khammam.Duration of study-6months.Sample size-24.

Which was divided into
Group-A-12 cases with one previous lower segment caesarean section.
Group-B-12 cases with multiple lower segment caesarean sections.

## RESULTS:

Of the 200 deliveries carried out during the study period , 24 women were found with 1 previous lower segment caesarean section and multiple caesarean sections. Among them 12 had 1 previous lower segment caesarean section and remaining 12 had multiple sections.

Primi sections are more common in younger age group(21-25 yrs)-58% whereas there is equal distribution in multi sections.

Placenta previa is observed in 25 % cases and abruption in 16.67% of primi sections. Scar dehiscence was seen in 2 women( 16.67 % )in group -A because both of these women had shorter interpregnancy interval and one women is from low socioeconomic status which is responsible for insufficient strength .None in group -b had scar dehiscence.Adhesions were observed 4 times more in multi-sections than in primi-sections- 66.67%.There is less occurrence of postoperative infections in both groups due to good aseptic precautions . Maternal mortality is observed in 1 women in a primi-section due to postpartum haemorrhage.In this women inspite of doing peripartum hysterectomy she was not able to withstand and intra op 3 units of whole blood was transfused and on 1st POD she died due to shock. In this study Perinatal mortality equal in both groups.Peripartum Hysterectomy was needed in GROUP-A-16.67% in 2 women among this 1 women died and 1 women survived.

Post-operative hospital stay was equal in both GROUP-A and GROUP-B about 10-12 days.

**Table 1: distribution according to obstetric complications**

| Obstetrical complications | GROUP-A | GROUP-B |
|---|---|---|
| Placenta previa | 3(25%) | 0% |
| Abruptio placenta | 2(16.67%) | 1(8.3%) |
| Other complications | 1( 8.3%) | 1(8.3%) |
| No complications | 6 (50%) | 10( 83.3%) |

**Table 2:distribution according to perinatal mortality**

| Perinatal Mortality | GROUP-A | GROUP-B |
|---|---|---|
| Alive | 11( 91.7%) | 11(91.7%) |
| Dead | 1( 8.3%) | 1(8.3%) |

## DISCUSSION:

In this study more complications were seen in previous 1 section group because most of the women in previous section group are from lower socioeconomic status and their nourishment is not adequate which is comparable to study done by paul[4]. In multiple section group also complications were present during intra operative period like adhesions.we had 2 cases of scar dehiscence with an apgar score of 7 and 8 , 6 and 8 at 1 and 5 min respectively.

## CONCLUSION

In order to avoid complications related to caesarean sections, Primigravida caesarean sections have to be decreased upto large extent. Vaginal delivery is to be more encouraged during antenatal period and vaginal birth after caesarean section has to be encouraged as rate of successful TOLAC in women with a birth weight >3500 g is 79.6 and 85 % observed in india[5].

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