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PROSPECTIVE ANALYSIS OF PRIMARY CAESAREAN SECTION IN PRIMIPARA AND MULTIPARA ADMITTED IN A TEACHING HOSPITAL

Obstetrics & Gynaecology

Dr. Shanti Snehlata* Assistant Professor, Deptt. of Obs & Gynae, Nalanda Medical College & Hospital, Patna. *Corresponding Author

Dr. Kavita Associate Professor, Deptt. of Obs & Gynae, Nalanda Medical College & Hospital, Patna.

ABSTRACT

Background: Primipara refers to a woman who has delivered one viable child and Multipara refers to a woman who has delivered two or more viable child. Primary caesarean section in a Parous women means first caesarean section done in a woman who has previous one or more vaginal delivery beyond the age of viability (28 weeks).

Aim & Objective- The objective of study is to find out incidence, indication and feto-maternal outcome of Primary caesarean section in Parous women. The ultimate aim is to improve feto-maternal outcome.

Materials & Methods- A prospective study of Primary caesarean section cases in Parous women with previous one or more vaginal delivery was done. Grand multipara cases were excluded in my study. The study was conducted in women admitted in LRE Nalanda Medical College and Hospital, Patna from June 2019 to March 2020 (Ten months).Age, incidence, indications and feto- maternal outcome was analyzed. Total 120 cases were included in the study.

Observation & Result - The incidence of Primary CS in Parous women was 7.6% in my study. The most common age group was 20- 25 years. Majority of the women were from low socio-economic group and were unbooked. Most common indication was fetal distress followed by malpresentation, APH, PROM, Prolonged labor, obstructed labor etc. Fetal distress was the most common indication for caesarean section in these women. There was no maternal death and nine perinatal death.

Conclusion - Previous vaginal delivery does not ensure safe delivery in successive pregnancy. Each pregnancy requires proper ANC, early identification of high risk pregnancy and good emergency obstetric care.

KEYWORDS

Caesarean section (CS), Cephalopelvic disproportion (CPD), Labour Room Emergency (LRE), Lower Segment Caesarean Section (LSCS).

INTRODUCTION -

Caesarean section is one of the most commonly performed operations today. With advancement in Anesthesia & surgery Caesarean births have become safer. Previous vaginal delivery gives the patient as well as her relatives a false sense of security. 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.

AIM & OBJECTIVE-

The objective of study is to find out incidence, indication and evaluation of feto-maternal outcome of Primary caesarean section in Parous women. The ultimate aim is to improve feto- maternal outcome.

MATERIALS & METHODS-

Prospective study of Primary caesarean section cases in Parous women with previous one or more vaginal delivery beyond the age of viability was done. Age of viability is 28 weeks. Grand multipara women were excluded in the study. The study was conducted in Primipara and multipara admitted in LRE, Nalanda Medical College and Hospital, Patna from June 2019 to March 2020 (Ten months).Age, incidence, indications and feto- maternal outcome was analyzed. Total 120 cases were included in the study.

OBSERVATION & RESULT-

The incidence of Primary LSCS in Parous women is 7.6% in my study.

Table -1. Showing Socio-demographic characteristics-

characteristics		number	Percentage (%)
Age group	20-25 years	54	45
	26-30 years	48	40
	31-40 years	18	15
ANC status	Booked	52	43.33
	Unbooked	68	56.66
Socio-economic status	Low	62	51.66
	Middle	48	40
	upper	10	8.33

As the above table -1, shows majority (85%) of the women were below 30 years of age. Most of them belong to lower socio-economic group and only 43% of women were booked.

Table-2. Showing indications of Caesarean Section

Indications	Number	Percentage(%)
Fetal Distress	56	46.66
Malpresentation	14	11.66
APH	12	10
PROM	11	09.16
Prolonged labour	07	5.8
Obstructed labour	05	4.16
miscellaneous	15	12.5

As shown in table- 2, Fetal distress was the most common indication in Parous women in my study.

DISCUSSION-

Majority of the cases were emergency cesarean section under spinal anesthesia. The indications of caesarean in my study were fetal distress, malpresentation, APH, PROM, Prolonged labor, obstructed labor etc.

Fetal distress was the most common indication. Increased intrapartum surveillance and use of electronic fetal monitoring due to medicolegal concern could be a factor for fetal distress being the commonest indication of LSCS in Parous women.Associated medical complications were anaemia, diabetes mellitus, cardio vascular diseases and hypertension. As Grand multipara is a high risk pregnancy so they are not included in the study.

There was nine perinatal death due to prematurity, IUGR, septicemia, asphyxia etc. Few women had post operative minor complications, like headache, paralytic ileus, wound infection, fever, urinary symptoms. All these post-op problems treated appropriately and all patients were well at the time of discharge. There was no maternal death in study group.

CONCLUSION -

Previous vaginal delivery does not ensure safe delivery in successive pregnancy. Each pregnancy requires proper ANC, early identification of high risk pregnancy and good emergency obstetric care.

All multigravida should also have institutional delivery in order to reduce maternal and perinatal morbidity and mortality

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