



A CLINICAL STUDY OF PRIMARY CAESAREAN SECTION IN MULTIPAROUS WOMEN IN TERTIARY CARE HOSPITAL

Obstetrics And Gynaecology

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ABSTRACT

Background: Caesarean Section is the most commonly performed obstetrics operation among women. Multipara may still have cephalopelvic disproportion even having previously delivered a full term child vaginally. Since the foetus increases in size with multiparity, the size of foetus and foetal head should be carefully estimated. **Aims & Objective:** To study the indications, maternal and fetal outcome in primary caesarean section in multiparous women. **Result:** Most common age group was between 26 and 30 years. Out of 52 patients, induction was done in 20(38%) followed by augmentation of labour. Among the various indications, the most common was fetal distress(42.3%) followed by malpresentation (13.46%). There was no neonatal mortality or adverse maternal outcome. **Conclusion:** In our study mainly the baby was responsible for the caesarean section in multipara. Fetal distress was the most common indication for primary caesarean section in parous women followed by malpresentation.

KEYWORDS

primary caesarean section, caesarean section, multiparous women, cephalopelvic disproportion, vaginal delivery

INTRODUCTION:

Primary caesarean section in multipara means the first caesarean section done in patients who had vaginal delivery once or more'. Caesarean Section is the most commonly performed obstetrics operation among women. Multipara may still have cephalopelvic disproportion even having previously delivered a full term child vaginally[1] Since the foetus increases in size with multiparity, the size of foetus and foetal head should be carefully estimated[2]

Over the recent years there has been a disturbing rise in cesarean section in India. The overall rate showed an increase from 7.3% in 1998-99 to 17.2% in 2015-16. High risk patients do not show a major change in cesarean section rate irrespective of the place of delivery. However the rise in cesarean delivery in the low risk patients is disturbing, specifically the nulliparous patients with singleton fetus with vertex presentation devoid of other complications. WHO recommendation was 10-15% as ideal rate of cesarean section in accordance to 2005 Geneva convention, but as the increased rate of cesarean section did not reduce the perinatal morbidity and mortality, in April 2015, WHO officially withdrew its previous recommended rate of 15% and stated that it should be done as per medical indications, rather than striving to achieve specific rate.

Multiparity is usually associated with early marriage, low literacy rates, poverty, preference for male offspring, lack of knowledge about contraception. Cesarean section for the first time in multiparous women who delivered vaginally once or more is called as primary caesarean section in multipara. Risks of cephalopelvic disproportion and malpresentations are more in multiparous women because of increased size of fetus, pendulous abdomen and lumbar lordosis. [3]

There have been numerous other factors of medical, social, ethical, economic and medicolegal factors which have added to the list of indications leading to alarmingly high rate of caesarean sections all over the world[4,5] It is a common belief amongst public that once a mother delivers her child or children normally, all her subsequent deliveries will be normal[6] As a result such multiparous mothers often neglect routine antenatal checkup³ It is for these reasons that one attention has been directed to the indication for caesarean section in women who have previously delivered vaginally[5] This study intends to analyse the primary caesarean section in multiparous women.

METHODOLOGY:

This retrospective study was done from October 2023 to May 2024. Conducted on ANC patients admitted in department of OBG in SIMS and RC. A total of 52 patients were enrolled for the study based on inclusion and exclusion criteria. Demography data was collected using

a predesign performa in parous women who had a previous vaginal delivery. Patients were admitted to labour room in active labour. They were monitored for the progression of the labour. All the patients taken up for study were followed up during the labour, caesarean section and postoperative period. At the time of discharge, the patients were explained about the importance of spacing, contraception and immunization.

RESULT:

In the present study we observed that 269 were multiparous women admitted in the labour room. Total number of primary caesarean sections in multiparous women were 52(19.33%). (Table 1) Majority of the women were Gravida 2. Most common age group was between 26 and 30 years. (Table 2) Out of 52 patients, induction was done in 20(38%) patients followed by augmentation of labour. (table 3) Out of 52 patients, 48(92.3%) patients underwent emergency LSCS. (Table 5) Among the various indications, the most common was fetal distress (42.3%) followed by malpresentation (13.46%). (Table 6)

Table 1:

Multiparous	Cases(N) 269	Percentage(%)
Normal delivery	88	32.71
Primary section in multiparous women	52	19.33
Previous 1 LSCS	114	42.37
Previous 2 LSCS	14	5.20
Previous 3 LSCS	1	0.37

Table 2:

Gravida	Cases (N)	Percentage(%)
Gravida 2 with previous normal delivery	46	88.46
Gravida 3 with previous 2 normal delivery	6	11.53

Table 3:

Gravida	Cases(N)	Percentage(%)
Gravida 2 with previous normal delivery	46	88.46
Gravida 3 with previous 2 normal delivery	6	11.53

Table 4: Type Of Labour

Type of labour	Cases(N)	Percentage(%)
Induced	20	38
Spontaneous	32	62

Table 5: Type Of Caesarean Section

Type of caesarean section	Cases(N)	Percentage (%)
Emergency	48	92.3

Elective	4	7.7
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Table 6: Indications For Caesarean Section

Indications	Cases (N)	Percentage (%)
Fetal distress	22	42.30
Malpresentation	7	13.46
Severe oligohydramnios with preeclampsia	6	11.53
CDMR	4	7.69
CPD	3	5.76
Abruption	3	5.76
Failure to progress	3	5.76
Placenta previa	2	3.84
Cord prolapse	1	1.92
Precious pregnancy	1	1.92

DISCUSSION:

Caesarean section is not the panacea for all obstetric problems, but it is an excellent solution when applied judiciously. In this study, primary caesarean sections in multipara constitute small percentage of total deliveries (19.33%). Incidence of primary caesarean sections in multipara in the study by Samal et al [1] is 6.04%. Compared to other studies conducted by Desai et al, whose incidence was 29.05% and Hemabindu et al whose incidence was on higher side that is 40%, our incidence was appreciably lower.[2,7] The higher incidence in the other studies might have been due to negligence on the part of the patients towards antenatal care, which is reflected in the fact that most of the patients in that study were unbooked and hospitals were referral tertiary centre for high risk cases.

Most common age group was between 26 and 30 years in our study, which is comparable to Eastman et al study where majority of the patients (40%) belonged to 25-29 years of age.[8] This may be due to the trends of early marriage and lack of education resulting in high fertility in early ages. In the Parrish series, the maximum number of patients was in the age group of > 40 years.[9] This may be due to older childbearing women and delay in childbirth in the USA.

Out of 52 patients, induction was done in 20(38%) followed by augmentation of labour. Out of 52 patients, 48(92.3%) underwent emergency LSCS. Most of the patients(95.85%) in the study by Rajput et al[10] underwent Emergency caesarean section and only 16(4.15%) had elective caesarean section. Study done by Sethi P et al in 100 patients showed almost similar results showing 91% emergency operative and only 9% were electively operated.[11]

Among the various indications, the most common was fetal distress(42.3%) followed by malpresentation (13.46%) in the present study. Similarly in the study by Desai et al, fetal distress (25.58%), antepartum haemorrhage (APH, 22.09%), CPD (19.77%) and abnormal presentations (17.44%) were the most common indications for caesarean sections.[2] Both the studies were therefore comparable. Fetal distress is a common indication for lower segment caesarean section in multipara. Malpresentations are more common in a grand multipara and are favoured by a pendulous abdomen and lordosis of the lumbar spine. Transverse lie is the most common malpresentation encountered. According to Eastman et al, the causes of transverse lie are: a) abnormal relaxation of the abdominal wall b) pelvic contraction and c) placenta praevia. [8] Klein states that multipara in early labour with fetal head not engaged should receive the same careful investigation for cephalo pelvic disproportion that a primigravida would receive.[12] In study by Belay et al also, the most common indications of first stage caesarean section was fetal distress (37.8%) and second stage caesarean section was cephalopelvic disproportion (48.5%).[13]

There was no neonatal mortality or adverse maternal outcome was found in our study.

CONCLUSION:

In the present study fetal distress was the most common indication for primary caesarean section in parous women followed by malpresentation. Primary caesarean sections in women with previous vaginal deliveries were not associated with any significant neonatal and maternal complications. In the present study there was no maternal mortality because of availability of antibiotics, blood transfusion facilities, safe methods of anaesthesia, timely intervention, better surgical techniques and operative skill of the obstetricians. This study highlights the importance of good antenatal practices and appropriate

labour management. Difficult vaginal birth and obstructed labour have higher morbidity and mortality than an elective caesarean section. Appropriate care during intra and postpartum period have reduced maternal mortality and morbidity in our study.

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