Research Paper Medical Science

Trial of Labour after Caesarian delivery

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ABSTRACT

Aim: To determine success rate and safety of trial of labour after 1 prior Caesarian section.
Abstract: This study was performed to asses success rates and safety of trial of labour after 1 previous caesarian delivery. This was to reduce the rate to repeat Caesarian deliveries.
Methods: This is a prospective study carried out in the department of obstretric and gynecology at Kurnool medical college, Kurnool from Jan 2014 to Dec 2014 for a period of one year.
Results: This study included 100 cases of 1 prior c/s delivery who were allowed TOLAC (Trial of labour after caesarian section) over a period of 1 year in our hospital out of which 73%cases delivered vaginally and 27%cases had to undergo repeat caesarian section.
Conclusion: Substantial reduction in C/s rate can be achieved safely and efficiently by encouraging trial of labour in women with a single previous C/s.

KEYWORDS Trial of labour after caesarian section repeat caesarian section maternal complications.

Introduction: Incidence of primary caesarian section has increased multifold overlast 20 years.As a result increase no of women face the issue of mode of delivery in subsequent pregnencies.

In a appropriate clinical setting and properly selected group of women TOLAC offers distincnt advantages over a repeat C/s since the operative risks are completely eliminated hospital; stay is much shorter and expenses involved are much less.

Aims and Objectives: To determine the success rate and safety of TOLAC (Trial of labour after 1 C/s). This study was carried out to asses maternal and foetal outcome in 1 prior C/s as well as various indications of a repeat C/s so that a definite and safe protocol can be related for patient who is fit to undergo trial of labour after 1 prior c/s.

Method: This is a prospective study conducted for 1 year from Jan 2014 to Dec 2014 at department of OBG Kurnool medical college, Kurnool.

A total of 100 cases were studied during this period.

Inclusion criteria: Obstretric cases having more than 28 weeks with 1 prior c/s, single ton pregnancy with non recurrent indication.

Exclusion criteria: History of more than 1 c/s contracted pelvis estimated wt 3.5kg obstretric complications like preculampsia, APH, multiple pregnancy malpresentation. Medical complications like Anemia,Hypertension,Diabetis,Renal diseases, Heart diseases.

Informed valid consent was taken and those women who fulfilled criteria according to Acog guidelines (2004) were given trial of labour. All women were admitted 2 weeks prior to their due date.All were allowed to gro into spontaneous labour. Labour was monitored with

1. Hourly recording of vital parameters, pulse ,repiration, BP.
2. Monitoring uterin contractions
3. Partogram
4. Aclose watch for early recognition of scardehiscence by identifying tachy cardia, vaginal bleeding faetal heartrate alterations. Attemfits of vaginal delivery was abondoned if there is suspicious of scar dehiscence causing foetal distress or unsatisfactorly progress of labour.

Results:

Table-1
Demographic Profile

Age	Number
21-25	50
26-30	20
31-35	25
>35	5

Table-2
Period of gestation on Weeks

28-37 weeks	6
37-41 weeks	92
>41 weeks	2

Table-3
Indications for prior c/s

Foetal diseases	41%
Cpd	34%
Breech	13.9%
Transverse lie	1.3%
Placenta pressia	1.3%
Abortion	1.3%
Elderly primi	2.6%
Severe pre ecclampsia	2%
Cord prolapse	1.3%

Table-4
Mode of delivery

Spontaneous	28
Vaccine extraction	24

Forceps delivery	21
Emergency repeat c/s	27

Table-5
Indication as per repeat c/s

Faetal diseases	50	50%
Scar tenderness	22	22.7%
Failed progress	14	13.7%
Abruption	5	4.5%
Cord prolapse	9	9.1%

Table-6
Maternal complications

Placental abruption	3	3%
Scar dehiscence	1	0.5%
Cervical tear	2	1.5%
Second degree perineal tear	1	0.5%
Primary atonic PPH	1	0.5%

Table-7
Neonatal Complications

Prematurity	15
Asphyxia	2
Neoanatal septic semia	2
Intra cranial hemorrhage	2

Table-8
Distribuition of neonates who required NICU admission

	c/s Emer	vaginal delivery	Total
Yes	12	14	26
No	20	54	74

Discussion: This study represents our observations over a period of 1 year.The objective was to evaluate success rate and safety of TOLAC after 1 year.

In the present study after strict inclusion and exclusion criteria out of 100 women studied 73% had TOLAC 27% had repeat c/s. Willing and paul stated the success of TOLAC varies with indications for c/s. The maternal and perinatal complications are identical to those with in over normal vaginal delivaries except scar dehiscence.There was a scar dehiscence in Icase (1%).

Conclusion: An attemfit at TOLAC is well justified for post c/s pregnancies with non-recurrent indications. Proper selection,appropriate timing close supervision by competent staff are key factors at achieving greater degree of success.