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## Clinical study of primary cesarean section in multiparous women

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### Abstract

**Background:** Caesarean section is the most commonly performed major surgery among women. The aims and objective of this study was to know the incidence of primary Caesarean section in multigravidas, its indications and to know the maternal and foetal outcome among these patients.

**Methodology:** This was an observational study conducted at District hospital Dharwad recognized DNB course. Aim of the study was to study the indication, maternal and fetal outcome in primary cesarean in multiparous women. All multiparous women admitted for delivery were included in the study

**Results:** The total number of deliveries were 3064 and cesarean section were 1026(33%). The total number of primary cesarean section in multiparous women were 84 constituting 2.7%. In this study, majority of women were Gravida 2. 91.6% of the cases were underwent emergency cesarean section and anesthesia was spinal. Majority of patients were between age group of 22 to 27 yrs (70%).

Indications for cesarean section in our study were severe oligohydramnios (22%), fetal distress (15.4%), and breech presentation (14%), premature rupture of membrane (12%). Intra operative findings were meconium stained liquor, post partum hemorrhage, thinned out lower segment and extension of incision.

Out of 84 cases, 48 cases needed intra operative or immediate post operative blood transfusion. The post operative morbidity was present in 6 cases i.e paralytic ileus, puerperal fever, urinary tract infection and wound gaping.

Majority of babies, weighed in the range of 2-3kgs (55%). Out of 84 cases 7 were causes were placenta previa, obstructed labor and fetal distress.

**Conclusion:** Many unforeseen complications occur in women who previously had a normal vaginal delivery. It is recommended that all antenatal patients must be booked and receive proper and regular antenatal care. Also 100% deliveries in multigravida should be institutional deliveries in order to reduce maternal and perinatal morbidity and mortality.

**Keywords:** Multigravida, maternal outcome, neonatal outcome, primary caesarean section

### Introduction

Cesarean section is the most commonly done major surgery in pregnant women, to save the life of mother, baby or both. Cesarean section has become safer due to improved anesthesia, surgical technique, blood transfusion and availability of broad spectrum antibiotics.

In developing countries women marry at early age with long reproductive period and majority will not use family planning methods and undoubtedly have more problem. Grandmultiparae undoubtedly have a more problem and are susceptible to series of unsuspected dangerous complications. Dr. Bethal Soloman (1934) coined the phrase dangerous multipara and Feency *et al.* Prepared the term unpredictable multipara.

Study conducted by Toohey *et al.* (1995) has shown no significant increase in the incidence of intrapartum complications in multipara. The term grand multipara according to FIGO is delivering the 5<sup>th</sup> to 9<sup>th</sup> babies. Ian Donald (1953) defined grand multiparas patient who has had 5 full term deliveries.

Complications of multipara during antenatal period specific to pregnancy are abortion, pre-eclampsia, antepartum hemorrhage, multiple pregnancy and polyhydramnios. Associated medical complications are anaemia, diabetes mellitus, cardio vascular diseases and hypertension, during labor- cephalopelvic disproportion, malpresentation, malposition, uterine inertia, increased operative deliveries, ruptured uterus, retained placenta and post-partum hemorrhage.

### Methodology

This is retrospective study conducted at District hospital Dharwad which is attached to DNB course.

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Data is collected for the period of 2018 Jan to Dec 2018. The present study concentrated on the indication of primary cesarean in multiparous women who delivered vaginally in her previous pregnancies at least once. The cesarean section done in 2<sup>nd</sup> stage of labor was also conducted for maternal and fetal outcome.

### Aim of the study

To study the indication, maternal and fetal outcome in primary cesarean in multiparous women.

### Materials and methods

This study was conducted in Department of Obstetrics and Gynecology, District hospital, Dharwad accredited to DNB course.

### Study design

It was prospective observational study conducted from January 2018 to December 2018

### Inclusion criteria

All multiparous pregnancy with more than 28 weeks. Information of the patients was collected in a pre-designed proforma about demographic profile, obstetrics history, physical examination, and indication for cesarean section, maternal and fetal outcome.

### Results and discussion

This was an observational study conducted at District hospital Dharwad recognized DNB course. Majority of patients were from age group of 22 to 27 yrs (70%) (Table 1). The total number of deliveries were 3064 and cesarean section were 1026 (33%). The total number of primary cesarean section in multiparous women were 84 constituting 2.7%. In this study, majority of women were Gravida 2 (Table 3) 91.6% of the cases were underwent emergency cesarean section and anesthesia was spinal (Table 5)

Indications for cesarean section in our study were severe oligohydroamnios (22%), fetal distress (15.4%), and breech presentation (14%), premature rupture of membrane (12%). Intra operative findings were meconium stained liquor, post-partum hemorrhage, thinned out lower segment and extension of incision.

Out of 84 cases, 48 cases needed intra operative or immediate post-operative blood transfusion. The post-operative morbidity was present in 6 cases i.e paralytic ileus, puerperal fever, urinary tract infection and wound gaping (Table 9).

Majority of babies, weighed in the range of 2-3kgs (55%) (Table 7). Out of 84 cases 7 were causes were placenta previa, obstructed labor and fetal distress (Table 9)

**Table 1:** Age wise distribution of cases

Age (Yrs)	Cases (N)	Percentage (%)
19- 21	12	14
22 -24	29	34
25-27	31	36
28-31	06	07
32 and Above	06	07

Maximum cases are seen in the age group of 22 to 27 (70%)

**Table 2:** Frequency of primary cesarean section in multiparous pregnant women

	Cases (N)	Percentage (%)
Total no. of deliveries	3068	
Total no. of cesarean section	1026	33
Total no. of primary cesarean in multiparous women	84	27

The incidence of primary cesarean section in multiparous women is 2.7%

**Table 3:** Gravidity distribution

Gravida	Cases (n)	Percentage (%)
Primi	0	0
2	37	44
3	20	23
4	21	25
5 and above	06	07

Majority of the cases belonged to the Gravida 2 and 3 (67.8%)

**Table 4:** Type of cesarean section

Type of cesarean section	Cases (n)	Percentage (%)
Emergency	77	91.6
Elective	7	8.4

Most of the cases have undergone emergency cesarean section 91.6 %

**Table 5:** Type of anesthesia used in cesarean section

Type of anesthesia	Cases (n)	Percentage (%)
Spinal	79	94
General	5	06

94% of the patients underwent cesarean section with spinal anesthesia

**Table 6:** Indication for cesarean section

Indication	Cases (n = 87)	Percentage (%)
Severe Oligohydroamnios	19	22
Mal presentations		
1.Breech	12	14
2.Transverse lie	13	35
3.Brow presentation	01	1.1
Premature rupture of membranes	10	45.4
Fetal distress	13	15.4
Ante partum hemorrhage		
1.Placenta previa	7	8.3
2.Abruptio placenta		
Failed induction	5	6
CPD	5	6
Multiple pregnancy	6	7
Severe pre eclampsia	4	4.7
Obstructed labor	3	3.5

Majority of cases had severe oligohydroamnios (22%), Malpresentation (18%) and fetal distress (15.4%) respectively.

**Table 7:** Birth weight distributions

Birth weight (kg)	Cases (n = 87)	Percentage (%)
< 1.5	3	3.5
1.6 – 2	11	13
2.1 – 2.5	25	29
2.6 - 3	30	35
3.1- 3.5	10	12
3.6 and above	5	6

Most of the babies weight lies between 2.1kg to 3kgs (64%)

**Table 8:** Neonatal outcome

Neonatal outcome	Cases (n = 87)	Percentage (%)
Live birth	77	91.6
Still birth	7	8.4

91.6% were live births and 8.4% were still births

**Table 9:** Causes for still birth

Causes	Cases (n = 7)	Percentage (%)
Placenta Previa	2	28.5
Abruptio Placenta	1	14.2
Cord Prolapse	1	14.2
Obstructed labor	1	14.2
Fetal distress	2	28.5

Out of 7 still births 2 cases were central placenta previa, 2 had fetal distress, 1 had cord prolapsed.

**Table 10:** Maternal morbidity

Maternal morbidity	Cases (n = 6)
Puerperal fever	2
Wound gaping	2
Urinary tract infection	1
Paralytic ileus	1

Out of 84 cases, 6 had minor complications like puerperal fever, wound gaping etc.

### Conclusion

Many unforeseen complications occur in women who previously had a normal vaginal delivery. It is recommended that all antenatal patients must be booked and receive proper and regular antenatal care. Also 100% deliveries in multigravida should be institutional deliveries in order to reduce maternal and perinatal morbidity and mortality.

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