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Vaginal delivery following cesarean section in a rural teaching hospital

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Abstract

Cesarean section rates at present are very high worldwide WHO States that no region in the world is justified in having the cesarean rate greater than 10 to 15%. The most important complication in women trying vaginal delivery following cesarean section is rupture uterus, vaginal trial should be an option for all fit candidates.

Objective: To know the prevalence of vaginal delivery following cesarean section
To know the success and safety of vaginal delivery following cesarean section

Study design: Retrospective study

Duration of study: From 1st Jan 2011 - 31st Dec 2011

Place of study: R L Jalappa Hospital and Research Center, Kolar

Materials and Methods: During the above study period there were 2308 deliveries. Cesarean sections were 1021(44.23%), out of which 352(34.5%) were repeat cesarean sections. There were 45 (12.9%) women who delivered vaginally following previous cesarean section. Among 45 vaginal deliveries 34(76.6%) were primigravidae. Majority (73.3%) of the women were between 38-42 weeks gestation. Labor was induced in 2 women both following premature rupture of membranes one at 37 weeks and another at 32 weeks gestation. Labor was augmented in 10(22%) patients. Anemia was present in 6 women. There were 4 women with premature rupture of membranes. Outlet forceps was used in 3 deliveries. Majority (51%) of babies weighed between 2.5 to 2.99 kgs.

Conclusion: Rates of Vaginal birth following previous section are very low (12.9%)
Allowing women for vaginal trial following previous cesarean section in selected patients can reduce elective repeat cesarean rates.

Keywords: Previous cesarean section, vaginal birth after cesarean

Introduction

One of the greatest challenges in current obstetric practice is decision making surrounding vaginal delivery following cesarean section. The rates of cesarean sections have risen steadily in the past two decades, and may be associated with a disproportionate rise in cesarean section due to a decline in vaginal birth after caesarean and the use of instrumental deliveries. Uterine rupture is a potentially dangerous complication of vaginal delivery after a previous cesarean section. Concerns about this complication have led to a significant decline in attempted vaginal birth after cesarean in nearly all countries, with a simultaneous increase of cesarean rates. Several factors have been associated with intrapartum uterine rupture, including induction of labor, number of previous cesareans, inter delivery interval, maternal age, gestational age at delivery, and birth weight.

Objective

To know the prevalence of vaginal delivery following cesarean section
To know the success and safety of vaginal delivery following cesarean section.

Myomectomy, h/o previous classical cesarean were excluded. We recorded maternal characteristics, medical and reproductive history, and characteristics of the previous cesarean section. Distribution of cases according to age, parity, gestational age, associated medical and obstetrical risk factors, any induction/ augmentation of labor, any instrumentation and weight of the babies were done and analysed.

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Results

During the above study period there were 2308 deliveries. Cesarean sections were 1021(44.23%). out of which 352(34.5%) were repeat cesarean sections. There were 45(12.9%) women who delivered vaginally following previous cesarean section. Among 45 vaginal deliveries 34(76.6%) were gravida2 Majority (73.3%) of the women were between 38-42 weeks gestation, Labor was induced in 2 women both following Premature rupture of membranes one at 37 weeks and another at 32 weeks gestation Labor was augmented in 10(22%) patients. Anemia was present in 6 women. There were 4 women with Premature rupture of membranes Outlet forceps was used in 3 deliveries Majority (51%) of babies weighed between 2.5 to 2.99 kgs.

Table 1: Distribution of cases according to mode of delivery

	No. of cases	Percentage
Total Deliveries	2308	100%
Cesarean sections	1021	44.23%
Repeat cesarean section	352	34.11%
Vaginal birth after cesarean	45	12.9%

Table 2: Distribution of cases according to Age.

Age in years	Total no. Of Cases(n=45)
20yrs	3
21yrs	2
22yrs	9
23yrs	8
24yrs	6
25yrs	8
26yrs	4
27yrs	
28yrs	
29yrs	
30yrs	4
31yrs	
32yrs	3

Table 3: Distribution of cases according to Parity.

Parity	Total No. of Cases	Percentage
Gravida2	34	75.6%
Gravida3	9	20%
Gravida4	2	4.4%

Materials and Methods

The current study is a retrospective study that aimed to know the prevalence of vaginal delivery following cesarean section & to know the success and safety of vaginal delivery following cesarean section. It was conducted from 1st Jan 2011 - 31st Dec 2011 in the Department of Obstetrics and Gynecology at R L Jalappa Hospital and Research Center, Kolar. Inclusion criteria were women with singleton pregnancy in cephalic presentation with previous cesarean section. Women with previous cesarean section with scar tenderness, previous h/o.

Conclusion

Rates of Vaginal birth following previous section are very low (12.0%). Allowing women for vaginal trial following previous cesarean section in selected patients can reduce elective repeat cesarean rates.

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