Original Article

TREND OF REPEAT CESAREAN SECTION AFTER PREVIOUS ONE LSCS AT FATIMA MEMORIAL HOSPITAL LAHORE TWO YEARS STUDY

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Abstracts: The cesarean section rate has been increasing both in developed and undeveloped world. The study was conducted in order to analyze factors leading to repeat cesarean section and to elaborate on "Preventable Factors" under given conditions.
Duration : Two years (January 2007 to December 2008)
Methods: This study was conducted in Obstetric and Gynaecology Department of Fatima Memorial Hospital from January 2007 to December 2008. A total of 119 patients with history of previous one lower segment cesarean section (LSCS) who underwent repeat lower segment cesarean section (LSCS) were analyzed and included in the study.
Results: Out of 119 CASES, 75 (63%) were elective and 44 (37%) were emergency Lower segment cesarean section (LSCS). .
Keywords: Lower segment cesarean section (LSCS); Elective (LSCS) Lower segment cesarean section

Introduction

In the past three decades, rate of cesarean section has risen dramatically and repeat cesarean section contributes upto 30%.[1] Recognizing preventable factors is one solution to limit rising cesarean section rate[2] which improves maternal and neonatal outcome.

The study was conducted to highlight absolute indications, emergency inevitable indications, as well as relative indications. The preventable risk factors were picked up to justify the further management amongst these cases.

Material and Methods

]This retrospective study was conducted in Obstetrics & Gynaecology department Unit II of Fatima Memorial Hospital, Shadman Lahore from January 2007 to December 2008. A total of 119 patients were selected with previous one Lower segment cesarean section (LSCS).

Inclusion criteria involved previous one low transverse cesarean section from non-recurrent cause and singleton pregnancy.

Results

During the study period, a total of 119 patients were included. The results are as below.

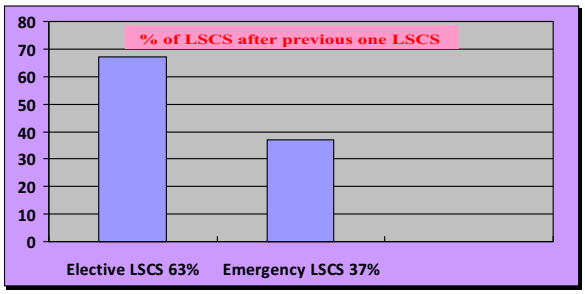

Fig. 1: Breakup of nature of LSCS after Previous One LSCS

Table-1: Indications for Elective LSCS

Variable	Number of Case	Percentage
Post date	11	9.24%
Bad Obs. History	08	6.72%
PIH (Pregnancy induced hypertension)	10	8.40%
PROM (Preterm rupture of membranes)	06	5.04%
IUGR (Intrauterine growth retardation)	08	6.72%
Breech	08	6.72%
Transverse Lie	05	4.20%
Anomalousbady	02	1.68%
Good size baby	03	2.52%

CPD (Cephalo pelivic disproportion)	03	2.52%
Chronic hypertension	02	1.68%
Polyhydramnios	02	1.68%
Placental PRAEVIA	03	2.52%
Placental abruption	03	2.52%
Myomectomy	01	0.84%
Patients request	01	0.84%

Table-2: Indications for Emergency LSCS

Variable	Number of Case	Percentage
Failure to progress	11	8.40%
PROM	06	5.40%
Irregular pains	10	8.40%
Breech in labour	06	5.04%
Transverse lie	03	2.52%
Grade -II Meconuim	04	3.38%
Variable decelerations	04	3.38%
Post dates	14	0.84%

Discussion

The cesarean section rate has been increasing both in developed and undeveloped World during the past three decades.[1] Although the World Health Organization recommends that there is no justification to increase a cesarean section rate in excess of 10-15%, it may be difficult to maintain this rate in tertiary care centers, catering to a large population of transferred high risk cases.

An evaluation of cesarean section by the American College of Obstetricians and Gynaecologists reported that first time mothers with term singleton cephalic pregnancies and women with previous cesarean section account for greatest increase in rates of cesarean section and much of variation between institutions.[2] Higher rate of cesarean section are associated with increased maternal and neonatal morbidity.

However it is important task of a clinician to counsel the patient regarding pros and cons of vaginal birth after lower segment cesarean section.[4] In case previous cesarean section is being converted to a repeat section, it should be justified with a valid scientific indication for a subsequent abdominal delivery.[5]

In this study, 63% of patient underwent elective cesarean section and 37% underwent emergency cesarean section. The leading indications for elective lower segment cesarean section (LSCS) was post dates. However, there was no uniform standardized criteria for the cut-off value to define abdominal delivery of post dates patients. Hence almost all the post dates patients were elective lower segment cesarean section unless in labour. This call for a protocol setup for such patient.

Pregnancy induced hypertension included the second largest group of patient in elective cesarean group, which is self explanatory as it affects neonatal outcome in high risk patients.[6]

In the emergency group, ten (8.40%) of cesarean section were done due to failure to progress of labour and irregular pains. However this is an ill-defined terminology. It is prudent to monitor progress of labour according to graphical presentation by partograph, thus decreasing rates of cesarean section.[7] Hence in the absence of properly monitored partograph, adequate analgesia, maintenance of hydration status with proper counseling, the rates shown here may also have been over diagnosed.

For certain absolute indication like transverse lie and breech presentation, it is worthwhile to attempt external cephalic version at 37 weeks of gestation. However in our setup, most of these attempts either became hazardous or unsuccessful. Repeat cesarean section for placenta praevia are justified because of obvious reasons. Cases of inevitable emergency cesarean including fetal distress, placental abruption are self explanatory.

Hence in order to reduce the rates of lower segment cesarean section (LSCS), it is worth while to carry out audits and to assess intrinsic role of caesarian section influencing fetomaternal outcome. This will lead to development of protocol system in managing the mode of delivery in patients with previous one lower segment cesarean section (LSCS).

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