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PREVIOUS LOWER SEGMENT CESAREAN SECTION;

OUTCOME OF PREGNANCIES WITH PREVIOUS LOWER SEGMENT CESAREAN SECTION

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ABSTRACT... Objectives: To find out safe mode of delivery for patients with previous lower segment Cesarean Section. **Study Design:** Descriptive analytical study. **Setting:** Department of Obs and Gynae, Civil Hospital, Bahawalpur. **Period:** From June 2017 to November 2017. **Material and Methods:** 200 women with previous lower segment Cesarean section. Women scheduled for trial of scar were closely observed for evidence of either maternal or fetal distress. **Results:** Out of 200 patients, 54 (27%) delivered vaginally. Most common indication for repeat Cesarean was previous Cesarean followed by CPD & Fetal distress. **Conclusion:** Properly selected cases of previous one Cesarean section, the chances of having a successful vaginal delivery could be as high as 63%.

Key words: Lower Segment Cesarean Section, Vaginal Delivery, Trial of Scar.

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INTRODUCTION

Women with a previous history of cesarean section commonly undergo repeat cesarean section. Research done earlier proved that careful selection of patients for trial of labor is more safer than elective cesarean because of less surgical risk, shorter duration of hospital stay, less risk of infection, less chances of hemorrhage and lesser risk of prematurity of newborns.[1-3]

Scarred uterus may result in rupturing the uterus which can then lead to severe maternal and perinatal complications. These are the reasons why TOS is adopted hesitantly after previous one cesarean section.[4] Deciding a delivery plan involves a careful assessment of these cases.[1] Women with one previous cesarean section, initial counseling plays a very important role to predict the outcome of an attempted trial of scar.

TOS after a prior cesarean is a good choice to have if cases are chosen carefully so it is not unfamiliar to get families who ask for vaginal delivery attempting VBAC in this part of the world. This was the reason for choosing this particular study in the selected population. Recognition of factors that aid the outcome of a TOS has been a topic of interest for the researchers recently. This study was done to find out the safer outcome of delivery in women with prior cesarean section.

MATERIAL AND METHODS

This was a descriptive analytical study which was conducted at Department of Obs and Gynae, Civil Hospital, Bahawalpur from June 2017 to November 2017. A total of 200 women with previous lower segment Cesarean section were included in the study. Patients with previous Cesarean section during which T–Shaped incision was done, were excluded. Patients were also excluded who had previous history of myomectomy, hysterotomy, anomalous uterus, medical complication during the current pregnancy like Pregnancy induced hypertension, gestational diabetes mellitus, anemia or estimated fetal weight at term of more than 3250g.

The discharge summary of the previous cesarean were reviewed for operative details, diagnosis or complications. At the time of admission, detailed history was taken, general and systemic examinations were done in addition

to obstetric examination. The gestational age, lie, presentation, position, presenting part and engagement of presenting part were noted. FHS was counted and scar tenderness was elicited.

Related laboratory investigations were sent. If during labor, per vaginal examination with strict asepsis to know the effacement, dilatation, presence and absence of membranes and station of the presenting part were assessed. CPD was also ruled out.

Patients who had more than one previous cesarean section and needed repeat cesarean either emergency or elective were named as Group A. Patients with one previous non complicated cesarean and no cephalo pelvic disproportion, single fetus in vertex presentation were considered for Vaginal delivery and named as Group B. Only those patients who went into spontaneous labor were allocated for vaginal birth trial.

Non stress test was done. Written informed consent was taken from all patients. Eighteen gram IV line secured and fluids were started. Patients were kept nil orally. Close fetal monitoring was done. Progress of labor was noted using partogram. Maternal pulse and heart rate were looked after. Signs of scar tenderness were also noted.

After every 4 hours, per vaginal exam was made and after rupture of membranes to know color of liquor, station of head dilatation and effacement and to rule out prolapse.

In result of fetal or maternal distress, scar tenderness, incordinate uterine action, patients were immediately rolled for cesarean.

Second stage progress was constantly monitored. Second stage was cut short with vacuum. Active management was practiced.

Placenta was allowed to separate on its own & delivered by controlled cord traction. After delivery of fetus and placenta, routine exploration of the scar was not made.

Bladder was emptied later. TPR and BP chart was maintained. Uterus was observed for contraction.

RESULTS

Out of 200 patients, 90% were having age group of 20 – 30 years.(7). There were 57.5% patients who were 2nd gravida. (Table-I)

Gravidity Distribution	No. of Patients (%)
Gravida-2	115 (57.5%)
Gravida-3	72 (36%)
Gravida-4	13 (6.5%)

Table-I. Gravidity distribution

Out of 200 patients, 75 were selected for trial of scar, remaining 125 underwent Cesarean section. Twenty one cases out of the 75 selected for trial of scar were taken up for emergency cesarean section.

Out of the 54 cases who went in to trial of scar, 34 (63%) had prior history of vaginal birth. All 54 patients who had a vaginal birth after Cesarean had received either episiotomy or vacuum extraction.

History of 2 Cesareans, 42 (28.8%) patients, was the commonest indication for repeat cesarean section, followed by cephalo pelvic disproportion (CPD) 34 (23.2%) and fetal distress in 28 (19.2%). (Table-II)

Indication	No. of patients (%)
Previous 2 or more cesarean section	42 (28.8%)
CPD	34 (23.2%)
Fetal Distress	28 (19.2%)
PIH	22 (15.1%)
Non progress of labour	12 (8.2%)
Mal presentation	4 (2.7%)
Malposition	2 (1.4%)
Others	2 (1.4%)
Total	146

Table-II. Indication for cesarean section

DISCUSSION

More babies are delivered with cesarean section and this has been increasing the medical expenses and post surgical morbidity. The

RCOG & ACOG have advised that most women with single previous Cesarean delivery with a low transverse incision and with adequate pelvis should be offered a trial of labor.[5]

In the present study, 90% of women were between 20-30 years of age. This was quite comparable to a previous finding done by Flamm & Geiger.[6]

Previous large data depicted that outcome of labor is highly influenced by the number of instances a woman has got cesarean section. History of cesarean section has been found to be reducing the chances of vaginal delivery.[6,7] It has been demonstrated in various studies that prior vaginal delivery is associated with a higher chances of successful trial of scar in comparison to those women who had no prior history of vaginal delivery.[8-10] Current study also found that 63% of the women had a previous history of vaginal delivery. These result are similar to others as well[8] who concluded that history of previous vaginal delivery is the biggest predictor for successful trial of scar.

In the present study, history of 2 Cesareans, 42 (28.8%) patients, was the commonest indication for repeat cesarean section, followed by cephalo pelvic disproportion (CPD) 34 (23.2%) and fetal distress in 28 (19.2%). These findings were very similar to another study conducted in India by Bhat S and colleagues.[11]

Women's wishes and the presence of factors favorable for vaginal delivery holds the central position while choosing cases for trial of scar.[12,13]

CONCLUSION

So this study showed that properly selected cases of previous one Cesarean section, the chances of having a successful vaginal delivery could be as high as 63%.Prior vaginal delivery is associated with a higher rate of successful trial of scar.

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AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	Sobia Tabassum	Main concept and data collection for study.	
2	Arshia Sabir	Data analysis.	
3	Hafiz M. Anwar ul Haq	Data collection and compilation of results, Methodology and drafting.	
4	Hafiz M Ejaz ul Haq	Introduction, background of topic and study result analysis.	