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Research Article

**COMPARISON OF INDICATIONS OF LOWER SEGMENT
CAESAREAN SECTIONS IN PRIMIGRAVIDA VERSES
MULTIGRAVIDA**Hafiza Fatima Naseem¹, Quratulain Khalil², Laraib Hafeez²¹Tehsil Headquarter Hospital Hasilpur, District Bahawalpur²Rural Health Center Hajipur, District Rajanpur**Article Received:** October 2019**Accepted:** November 2019**Published:** December 2019**Abstract**

Introduction: The incidence of cesarean section has doubled or tripled all over the world in the last 15 years. Though modern technology and facilities have made this operation remarkably safe, but still cesarean section is associated with increased risk of maternal morbidity and mortality as compared to vaginal delivery as well as it also complicates the management of subsequent pregnancies. **Objectives of the study:** The purpose of this study is to compare the incidence, indication and complication of primary cesarean section in primigravida and multigravida so that the aspects which need due attention in either group could be differentiated and better obstetric management could be given to them. **Methodology of the study:** This cross sectional study was conducted at RHC Hajipur during January 2019 to July 2019. This study was based on the local female population of Pakistan. Total number of selected patients was 585. All patients who delivered vaginally or abdominally during this period were considered and were divided into two groups- primigravida and multigravida. Ist group contain 369 females and second group contain 216 females. **Results:** There were total 585 deliveries during this period of which 369 were primigravida and 216 were multigravida. On comparing the indications of cesarean section in two groups (table 2), fetal distress accounted for 112 cases in primigravida while it was an indication for 64 cases in multigravida (p value <0.001). Other indications were comparable in both the groups except for APE and APH. In primigravida, APE was responsible for 4.42% cesarean sections as compared to 0.73% cases in multigravida (p value <0.01). **Conclusion:** Thus, to conclude, the rate of primary cesarean section in primigravida is increasing as elsewhere and is higher than multigravida.

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INTRODUCTION:

The incidence of cesarean section has doubled or tripled all over the world in the last 15 years. Though modern technology and facilities have made this operation remarkably safe, but still cesarean section is associated with increased risk of maternal morbidity and mortality as compared to vaginal delivery as well as it also complicates the management of subsequent pregnancies¹. Also this increase in cesarean rate has not contributed significantly to the simultaneous observed reduction in perinatal mortality. Hence the primary cesarean section performed on a woman is of much obstetric significance and needs an in depth study². Furthermore, the two groups, primigravida and multigravida show significant variation in terms of indications and complications of primary cesarean section and require separate evaluation. Most of the multiparous women who had previous uneventful labors, a sense of false security prevails in them³. At most of the multiparous women have had easy vaginal deliveries they do not pay much attention to the antenatal care they deserve. Moreover, the socio economic condition of these patients does not permit them to have adequate balanced diet, which the pregnant stage demands⁴. These patients get expert supervision only when unforeseen emergency arises during pregnancy and labour. The relative ease with which some multiparous women deliver in the presence of faulty position and presentation may account for false sense of security⁵. This invites laxity on part of patients as well as Obstetrician. Due to those factors the multiparous women pass through the stage of pregnancy and labour in a subnormal stage of health with a potential risk, when cesarean section has to be performed. Lack of scrupulous antenatal examination and intranatal care may lead difficulty in labour from an unsuspected and undetected abnormality. The hazards associated with such labour show that mothers with past history of eutocia may exhibit dystocia and one must be on guard for such dystocias⁶. The term "grand multi" applies to a woman with five or more previous viable deliveries. In spite of much emphasis by government of developing countries on small families, high parity still remains an obstetric problem. The incidence of high parity is declining in western countries but still remains a common obstetric problem in many developing countries. The grand multipara has almost disappeared in western countries due to advancement of family planning. In developing country like India where poverty, illiteracy, ignorance and lack of knowledge of family planning facility available have greatly increased the incidence of grand multipara. Until the grand multipara disappears it must be regarded as high risk obstetrical situation⁵⁻⁷.

OBJECTIVES OF THE STUDY:

The purpose of this study is to compare the incidence, indication and complication of primary cesarean section in primigravida and multigravida so that the aspects which need due attention in either group could be differentiated and better obstetric management could be given to them.

MATERIAL AND METHODS:

This cross sectional study was conducted at RHC Hajipur during January 2019 to July 2019. This study was based on the local female population of Pakistan. Total number of selected patients was 585. All patients who delivered vaginally or abdominally during this period were considered and were divided into two groups- primigravida and multigravida. Ist group contain 369 females and second group contain 216 females.

COLLECTION OF DATA:

Thorough history was taken and complete examination done. Vitals were recorded and patients were closely monitored in labor room for fetal heart rate and progress of labor. Indication for cesarean section was noted before the operation was done and any intraoperative or postoperative complication were observed and noted till the discharge of the patient from the hospital.

ANALYSIS OF DATA:

Statistical analysis was done by chi square test of significance using the SPSS package and P value < 0.01 was considered significant.

RESULTS:

There were total 585 deliveries during this period of which 369 were primigravida and 216 were multigravida. On comparing the indications of cesarean section in two groups (table 2), fetal distress accounted for 112 cases in primigravida while it was an indication for 64 cases in multigravida (p value <0.001). Other indications were comparable in both the groups except for APE and APH. In primigravida, APE was responsible for 4.42% cesarean sections as compared to 0.73% cases in multigravida (p value <0.01). With respect to APH, abruption placenta was an indication in only 1.89% of cases in primigravida whereas in multigravida it lead to cesarean section in 12.73% cases (p value <0.001). Also Obstructed labor was an indication in 8.73% cases in multigravida while there was no cesarean section in primigravida for this indication (p value <0.001). Thus wherein fetal distress and APE requires due concerns in primigravida, APH

Table 1: Comparison of incidence of pre-eclampsia in primigravida and multigravida

	Primigravida	Multigravida
Total deliveries	369	216
Number of pre-eclampsia	36	21
Percentage of pre-eclampsia	10.25	10.28

Table 2: Comparison of indication of primary caesarean section in primigravida and multigravida

Indication	Percentage of cases in Primigravida	Percentage of cases in Multigravida	Significant P values
Fetal distress	112	64	<0.001
Eclampsia	18	12	
APH	24	28	
Breech	39	4	
PROM/Oligo	18	24	<0.01
Med presentation	34	11	
FOI	16	11	
Obstructed labor	18	9	
FOP	9	14	<0.001
Precious pregnancy	12	3	
CPD	12	-	<0.01

DISCUSSION:

In the present study, fetal distress and CPD were the most common indications of primary caesarean section in both the groups. Study of Himabindu et al (2015) on primary caesarean section on multipara had fetal distress as an indication in 24.7% cases and APH as an indication in 11.2% cases. Present study also compares the various indications of caesarean section in either group and reveals that where other indications have comparable incidences in either group, fetal distress and APE significantly increase the operation rate in primigravida whereas in multigravida, the same credit goes to APH⁸ i.e., abruptio placenta and placenta previa. Sibai et al states that the presence of eclampsia is not an indication of caesarean delivery. Study by GaddiSuman reveals that the incidence of eclampsia is more in population with no prenatal care. From this we can conclude that in primigravida⁹, a good antenatal checkup must be stressed on to prevent incidence of APE and thus lesser women will have to face the operative morbidities¹⁰.

CONCLUSION:

Thus, to conclude, the rate of primary caesarean section in primigravida is increasing as elsewhere and is higher than multigravida.

REFERENCES:

1. Jyothi H Rao, Nirmala Rampure. "Study of Caesarean Section in Multiparous Women". Journal of Evolution of Medical and Dental Sciences 2013; Vol2, 24, 17; 4414-18.

- Susan F, Claudia A, Zhang J, Lawrence W. A national estimate of elective caesarean delivery rate. J Obstet Gynecol. 2005; 105 (9):751-56.
- Omar, Adnan A. Abu, and Suleiman H. Abu Anza. "Frequency Rate and Indications of Caesarean Sections at Prince Zaid Bin Al Hussein Hospital Jordan." JRMS. 2012; 19(1): 82-86.
- Desai E, Leuva H, Leuva B, Kanani M. A study of primary caesarean section in multipara. Int J Reprod Contracept Obstet Gynecol. 2013;5(2):320-24.
- Rupal Samal, Pallavee Palai, Seetesh Ghose; Clinical study of Caesarean section in multiparous women in a tertiary care hospital. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. Samal R et al. Int J Reprod Contracept Obstet Gynecol. 2016 May;5(5):1506-09.
- Dr. Shruthee Birla, Dr Vishnu Kumar Gupta; Comparison of Various Factors Affecting Incidence of Blood Transfusion During Caesarean Section in Primigravida and Multigravida. Indian Journal of Research, 2016: Volume 5, Issue 8, August
- Dr.P.Himabindu, Dr.M.Tripura Sundari, Dr.K.V.Sireesha, M.V.Sairam, Caesarian Section in Multipara. IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), (May. 2015), Volume 14, Issue 5 PP 22-25.

8. G Sharmila, Ch.Nishitha; Study of Caesarean section in multigravida. Asian Pac. J. Health Sci., 2016; 3 (4):89-94.
9. Meha Agrawal, SupriyaWaydande, V Jadhav, S Bhave. Frequency and indications of Caesarean section in multipara in tertiary care hospital. International Journal of Recent Trends in Science And Technology, 2016: Volume 18, Issue 3, pp 430-32.
10. Desai E, Leuva H, Leuva B, Kanani M. A study of primary caesarean section in multipara. Int J ReprodContraceptObstetGynecol 2013; 2 (3): 320-324. doi: 10.5455/2320-11770. ijrcog 20130912.