CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

http://doi.org/10.5281/zenodo.1323223

Available online at: http://www.iajps.com Research Article

COMPARISON OF INDICATIONS OF LOWER SEGMENT CAESAREAN SECTIONS IN PRIMIGRAVIDA VERSES MULTIGRAVIDA

[1]Dr. Memoona Hanif, [2]Dr. Nudrat Sohail, [3]Dr. Tahira Akhtar

[1]Assistant Professor OBGY, DHQ Hospital, Gujranwala

[2]Professor OBGY, DHQ Hospital, Gujranwala

[3]Associate Professor OBGY, DHQ Hospital, Gujranwala

Abstract:

Introduction: *The incidence of caesarean 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 caesarean 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 and indication of primary caesarean 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 was a prospective study conducted at DHQ hospital Gujranwala during 2015 to 2017. This study was based on the local female population of Pakistan. Total number of selected patients was 3244. All patients who delivered abdominally during this period were considered and were divided into two groups- primigravida and multigravida. 1st group contains 2127 females and second group contain 1117 females.* ***Results:*** *There were total 3244 deliveries during this period of which 2127 were primigravida and 1117 were multigravida. On comparing the indications of caesarean section in two groups (table 2), fetal distress accounted for 819 cases in primigravida while it was an indication for 320 cases in multigravida (p value <0.001). Other indications were comparable in both the groups except for eclampsia and APH. In primigravida, eclampsia was responsible for 3.51% caesarean sections as compared to 1.32% cases in multigravida (p value <0.01).* ***Conclusion:*** *Thus, to conclude, the rate of primary caesarean section in primigravida is increasing as elsewhere and is higher than multigravida.*

Key words: *Multigravida, APH, Cesarean*

*** Corresponding author:**

Dr. Memoona Hanif,

Assistant Professor OBGY,

DHQ Hospital,

Gujranwala

QR code

Please cite this article in press Memoona Hanif et al., ***Comparison of Indications of Lower Segment Caesarean Sections in Primigravida Verses Multigravida.,*** *Indo Am. J. P. Sci, 2018; 05(07).*

INTRODUCTION:

The incidence of caesarean 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 caesarean 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 [1]. Also, this increase in caesarean rate has not contributed significantly to the simultaneous observed reduction in perinatal mortality. Hence the primary caesarean section performed on a woman is of much obstetric significance and needs an in depth study [2]. Furthermore, the two groups, primigravida and multigravida show significant variation in terms of indications of primary caesarean section and require separate evaluation. Most of the multiparous women who had previous uneventful labors, a sense of false security prevails in them [3]. 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 demands [4]. 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 malposition and malpresentation may account for false sense of security [5]. 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 caesarean 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 dystocias [6]. 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 Pakistan 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 situation [5-7].

BACKGROUND OF THE STUDY:

Caesarean section reduces both the maternal and fetal mortality in case of cephalopelvic disproportion, placenta previa, accidental haemorrhage, Malpresentation and malposition, pregnancy induced hypertension and in cases of fetal distress as detected by continuous electronic fetal monitoring. The obstetrician now prefers a caesarean section for a difficult mid cavity forceps delivery or an internal podalic version where delivery outcome may be hazardous to the mother or fetus. Various types of caesarean section are performed for different indications. Out of which the incidence of lower segment caesarean section is 99.8%, classical or upper segment 0.002% and caesarean hysterectomy 0.18% [8].

Objectives of the study

The purpose of this study is to compare the incidence and indication of primary caesarean 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:

Study design

This was a prospective study conducted at DHQ hospital Gujranwala during 2015 to 2017. This study was based on the local female population of Pakistan. Total number of selected patients was 3244. All patients who delivered abdominally during this period were considered and were divided into two groups- primigravida and multigravida. 1st group contain 2127 females and second group contain 1117 females.

Inclusion Criteria

Patients who had primary caesarean section were taken as cases.

Exclusion Criteria

Those patients which have non-viable pregnancy or ectopic pregnancy were excluded from this study.

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 caesarean 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

Calculations were made separately for primigravida and multigravida and expressed in percentage and results were compared. 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 3244 deliveries during this period of which 2127 were primigravida and 1117 were multigravida. On comparing the indications of caesarean section in two groups (table 2), fetal distress accounted for 819 cases in primigravida while it was an indication for 320 cases in multigravida (p value <0.001). Other indications were comparable in both the groups except for eclampsia and APH. In primigravida, eclampsia was responsible for 3.51% caesarean sections as compared to 1.32% 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 leads to caesarean section in 19.8% cases (p value <0.001). Also Obstructed labor was an indication in 8.73% cases in primigravida while in multigravida, it was 5.63%. Thus, where in fetal distress and eclampsia require due concerns in primigravida, APH requires in multigravida.

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

	Primigravida	Multigravida
Total deliveries	2127	1117
Number of pre-eclampsia	188	104
Percentage of pre-eclampsia	11.31	10.74

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	819	320	<0.001
Eclampsia	161	49	
APH	107	177	
Breech	195	37	
PROM/Oligo	104	108	<0.01
Mal presentation	93	64	
FOI	129	71	
Obstructed labor	96	37	
FOP	90	74	<0.001
Previous pregnancy	42	11	
CPD	45	-	<0.01
Twins	68 (1st breech)	56	

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 eclampsia significantly increase the operation rate in primigravida whereas in multigravida, the same credit goes to APH[8] 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 Gaddi Suman reveals that the incidence of eclampsia is more in population with no antenatal care. From this we can conclude that in primigravida [9], a good antenatal checkup must be stressed on to prevent incidence of eclampsia and thus lesser women will have to face the operative morbidities [10]. In multigravida, an optimal health status, early diagnosis, timely referral and proper birth spacing by effective implementation of family planning services are the key points to reduce associated maternal morbidities like PPH [11], disseminated intravascular coagulation and blood transfusions and fetal morbidity and mortality. Besides obstetrical causes, factors like lack of adequate antenatal care, low socio-economic group and illiteracy also play a major role [12]. It can be concluded that women who had previous uneventful labors, may have different complications during subsequent pregnancy and due importance should be given to each pregnant mother [13].

CONCLUSION:

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

REFERENCES:

1. O'Driscoll K, Foley M. Correlation of decrease in Perinatal mortality and increase in caesarean section rates. Am J Obstet Gynecol 1983; 61 (1): 1-5.
2. 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.
3. Susan F, Claudia A, Zhang J, Lawrence W. A national estimate of elective caesarean delivery rate. J Obstet Gynecol. 2005; 105 (9):751-56.
4. Omar, Adnan A. Abu, and Suleiman H. Abu Anza. "Frequency Rate and Indications of Caesarean Sections at Prince Zaid Bin Al Hussein HospitalJordan." JRMS. 2012; 19(1): 82-86.
5. 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.
6. 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.
7. Dr. Shruthee Birla, Dr Vishnu Kumar Gupta; Comparison of Various Factors Affecting Incidence of Blood Transfusion During Cesarean Section in Primigravida and Multigravida. Indian Journal of Research, 2016: Volume 5, Issue 8, August
8. 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.
9. G Sharmila, Ch.Nishitha; Study of Caesarean section in multigravida. Asian Pac. J. Health Sci., 2016; 3 (4):89-94.
10. Meha Agrawal, Supriya Waydande, V Jadhav, S Bhave. Frequency and indications of Caesarean section inmultipara in tertiary care hospital. International Journal of Recent Trends in Science And Technology, 2016: Volume 18, Issue 3, pp 430-32.
11. Desai E, Leuva H, Leuva B, Kanani M. A study of primary caesarean section in multipara. Int J Reprod Contracept Obstet Gynecol 2013; 2 (3): 320-324. doi: 10.5455/2320-11770. ijrcog 20130912.
12. Himabindu P, Tripura Sundari M, Sireesha K V, Sairan M V. Primary caesarean section in multipara. IOSR-JDMS may 2015; 14 (5) ver VI: 22-25, eISSN: 2279-0853, pISSN: 2279-0861.
13. Sethi P, Vijaylaxmi S, Shailaja G, Bodhare T, Devi S. A study of primary caesarean section in multigravidae. Perspectives in Medical Research May-Aug 2014;2 (2): 3-7.