

Clinical Study of 100cases of Caesarean Section in Tairunnessa Memorial Medical College & Hospital. Gazipur

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Abstract

To find out the common indications of caesarean section and complications of this operation, both for mother and baby. This observational study was carried out on 100 cases of caesarean sections, who were operated in the Department of Obstetrics & Gynaecology, Tairunnessa Memorial Medical College & Hospital. Previous caesarean section and oligohydroamnios with fetal distress contribute the major causes of caesarean section. Contribute the major causes of caesarean section. Common complications are UTI, wound infection. Indications of caesarean section should be properly identified to decrease the unnecessary operation, which ultimately decrease indication of previous caesarean section. Maintenance of proper asepsis would avoid the complications of this operation.

Key words: Caesarean section, Indication, Complication

Introduction

Caesarean section is an operative procedure where a baby is delivered by giving incision on anterior abdominal wall and uterus after 28 weeks of pregnancy¹. Caesarean section was introduced in clinical practice as a life saving procedure both for mother and baby. As other procedures of some complexity, its use follows the health care inequity pattern of the world: under in low income setting and adequate or even unnecessary use in middle and high income setting²⁻⁵. There are many reasons why a doctor might feel that patient needs to have caesarean section. Some caesarean section occur in critical situation& some are elective. The first modern caesarean section was done by German gynecologist Ferdinand Adlof Keher 1881⁶. The name of the procedure is said to derive from a Roman legal code "Lex Caesaren" which allegedly contained a law prescribing that the baby be cut out of its mother's womb in the case that she dies before giving birth⁷. It is necessary to find out the common indications and complications of caesarean section, because it is associated with high maternal and neonatal risk. It is important to set up a regular protocol and profile for accurate indications for caesarean section which can reduce the unnecessary caesarean section.

Materials and Methods

This prospective study was carried out in the Department of Obs & Gynae, Tairunnessa Memorial Medical College & Hospital, during the period of November 2013 to April 2014 among 100 cases of caesarean sections. The aim of this study is to find out the indications of caesarean section& complications of it. For which 100 cases were selected for the study. Cases were selected in predesigned proforma. Preterm pregnancies were excluded due to lack of NICU facility in this institution. Indications of caesarean sections were detected antenatally, intranatally and it was compared with the findings of operation. Operation findings were noted, any complication was also noted. Puerperal period up to the end of the day of discharge was observed. Patient came again for post natal check up after seven days. Any complications in this period were noted.

Result

A total of 100 cases were obtained in the department of Obs & Gynae, Tairunnessa Memorial Medical College & Hospital, during six months period (Nov 2013-April 2014).

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Majority of the patients were between 26-30 yrs (31%). Most of them were multipara (49%). Commonest cause of caesarean section in this study was oligohydroamnios (36%) followed by history of previous caesarean section (27%). Most of the babies were healthy (74%). Maternal complication after caesarean section was mainly UTI (17%), followed by wound infection 11%.

Table-1 shows that caesarean section were done most commonly among patients of age group 26-30years, next was 20-25 years.

Table -I: Distribution of patients according to age (n=100).

Age Group(years)	No. of pt	Percentage
< 20	12	12%
20-25	26	26%
26-30	31	31%
31-35	18	18%
36-40	13	13%

Table-II shows multi gravid were under went caesarean section commonly, probably due to previous caesarean section.

Table-II: Distribution of patients according to number of parity (n=100):

Parity	No. of pt	Percentage
Primi gravid	43	43%
Multi gravid	49	49%
Grand multi gravid	8	8%

Table-III shows that previous caesarean section about 27% & amount of amniotic fluid contribute major indications for caesarean section. Some patients underwent caesarean section due to their desire.

Table-III: Distribution of patients according to indication of caesarean section (n=100)

Indications	No. of pt	Percentage
Oligohydroamnios	36	36%
Previous caesarean section.	27	27%
Fetal distress.	23	23%
Mal presentation	17	17%
Failed Progress of labour including failed induction.	16	16%
Severe pre eclampsia	15	15%
Obstructed labour	11	11%
Elective caesarean section	9	9%
Abruptio placenta	9	9%
Placenta praevia	7	7%
Eclampsia	6	6%

Table-IV shows that majority of the babies delivered by caesarean section are healthy, but the rate of still birth is 2%.

Table- IV: Distribution of patients according to fetal outcome (n=100)

Condition of the baby	No. of case	Percentage
Healthy	74	74%
Low birth weight	13	13%
Birth asphyxia	7	7%
Early neonatal death	4	4%
Still Birth	2	2%

Table-V shows UTI is a common post operative complication in caesarean section, 2nd one is wound infection.

Table-V: Distribution of patients according maternal complication after caesarean section (n=100)

Complications	No. of pt	Percentage
UTI	17	17%
Wound Infection	11	11%
P.P.H	8	8%
Post partum Eclampsia	4	4%
Wound Dehiscence	1	1%
Maternal death	1	1%

Table VI shows maximum patient leave hospital within normal time limit.

Table-VI: Distribution of patients according to hospital stay (n=100)

Hospital stay(Days)	Percentage
<5 days	86%
5 — 10 days	12%
>10 days	2%

Discussion

Caesarean section is the most common obstetrical operation, the rate of caesarean section is gradually increasing throughout the world due to modern fetal monitoring technique with the advent of modern anesthesia and antibiotics. Obstetricians, fear of litigation may have made the changing rate and indications for caesarean section seem more acceptable. But caesarean section result in a small overall increase in bad outcomes in low risk pregnancies⁸. Analysis of the age group of the patients showed that 82% are at the age group of maximum fertility and lowest 12% in late fertility group. Caesarean section occurring more in multipara, usually with the history of previous caesarean section & lowest in grand multipara In this institution maximum indication of caesarean section is due to fetal distress with severe oligohydroamnios, of which maximum babies were

meconium stained with birth asphyxia and the lowest indication was elective caesarean section, most of them under went caesarean section to avoid stress of vaginal delivery. This Fetal outcome of study was very good, only 2% were still birth. Most of the patients leave hospital with healthy baby. The incidence of maternal morbidity following caesarean section was very minimum, of all the morbidity conditions, UTI was 17%. One patient expired after caesarean section due to DIC, her caesarean section was done for abruption Placenta. As the incidence of 1st caesarean section due to any cause is gradually rising. So subsequently, the incidence of repeat caesarean section is increasing in a double manner, because majority of obstetricians do not like trial of labour in a patient of previous caesarean section, doing straight a repeat caesarean section in patients with previous caesarean section. The rising trends in caesarean section rates should, therefore, be checked by studies. WHO recommends to put a limit to the rate of caesarean section at 10%.⁹ This study was carried out with the objective to evaluate various aspect, such as incidence, indication, age, parity, maternal & fetal complications of caesarean section. Though this study is not representative of whole population, it has provided certain data & information of a particular institution. From this study we can take the information that judicious & accurate decision & early decision is to be taken in performing caesarean section because late decision may put the mother & baby in moribund condition, inspite of caesarean section. Same type of study was done in BSSMMU on 2004 and showed that the common indication of caesarean section was previous caesarean section and second one was fetal distress.¹⁰

Recommendations

To reduce the post operative complications with caesarean section, some definitive measures should be taken during & after caesarean section:

1. To improve the health status of the mother during pregnancy by antenatal care.
2. To maintain proper asepsis measure.
3. Catheterization should be avoided if possible.
4. To educate the patient & her relative about the importance of cleanliness.

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