

STATISCAL ANALYSIS OF CAESAREAN SECTIONS

(At Government General Hospital, Kurnool, From
1958 to 1963, August)

by

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This is an analysis of 353 cases; 63% of these were operated upon as emergencies, not having had antenatal care in a hospital, with worse prognosis for mother and baby.

The incidence of caesarean section is 5.37% of all deliveries in the hospital, with a tendency to increase in the latter 2 year period i.e., 6.8%. Near-

11.4% of cases and the incidence of repeat sections was 14.3%; 20% of the cases were operated on after prolonged labour. Bad obstetric history was present in 17.5% of cases and foetal distress at the time of operation in 18%.

The indications for primary operation are shown in Table I. Con-

TABLE I

Indications for Primary Section	Caesarean No.	Primary %	Repeat Section No.	Classical Section No.
Contracted pelvis ..	111	37	30	3
Osteomalacia ..	11	3.7	1	
Placenta praevia ..	35	11.6		5
Accidental haemorrhage	2	0.6		
Elderly primigravida				
with contracted pelvis	22	7.3		
Abnormal presentation	37	12.3	6	17
Uterine inertia ..	13	4.3	2	1
Bad obstetric history ..	7	2.3		
Cervical dystocia ..	9	3	1	
Miscellaneous ..	55	18.2	11	13
Total ..	302	5.37	51	39

ly 1 in 3 of the patients operated upon, were primigravidae. The classical caesarean section was performed in

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TABLE II

Caesarean Section Incidence

Breech	3.7%
Transverse lie	13.6%
Face and brow	2.5%
Pre-eclampsia and eclampsia	6%
Accidental haemorrhage	2.5%
Placenta praevia	40%

TABLE III

Mortality				Before labour	Within 6 Hrs.	7-24 Hrs.	1 Week	Over 1 Week
Foetal	..	..	..	20	3	9 (32)	8	7 (15)
Maternal	..	..	..		5	5 (10)	2	3 (5)

				Prolonged labour	Early labour	All cases	1962-63
Foetal	..	..		36	13	16	14
Maternal	..	..		11.4	2.5	4.3	1

tracted pelvis, with anticipated or actual dystocia, accounts for 48% of cases. Other causes of dystocia, like malpresentation, osteomalacia, pelvic tumours, have a total incidence of 26%. Ante-partum haemorrhage was the indication in 12.2% of cases, taxaemia of pregnancy in 3.3% of cases, foetal distress and other causes in 11%.

Prognosis

The foetal mortality was 16.0%, neonatal deaths being 27 and stillbirths 29. The associated conditions are as follows: ante-partum haemorrhage 27%, prolonged labour 50%, malformations 6%; general anaesthesia and prematurity 13%.

Twenty-two per cent of the babies delivered by caesarean section were premature. The associated conditions were: contracted pelvis 34%, placenta previa 30%, fistula repaired 8%. The mortality of premature babies was 24%, compared to 13.6% in mature foetuses. Foetal mortality in prolonged labour was 36% and corrected foetal mortality was 5.4% excluding prolonged labour and ante-partum haemorrhage.

The maternal mortality was 4.3%. The causes of death were pulmonary

embolism 3 cases, shock with sepsis 4, post-partum haemorrhage 1, spinal anaesthesia with collapse 1, mismatched blood transfusion 1, acute gastroenteritis 1, shock 2, eclampsia 1, oliguria 1.

Fifty per cent of deaths occurred in cases of prolonged labour and 30% followed classical caesarean section. Maternal mortality in prolonged labour was 11.4%, in others 2.5% and corresponding foetal mortality was 36% and 13%.

In 1962-63 maternal mortality was reduced to 1% and foetal mortality was the same (14%); 66% of maternal deaths and 60% of foetal deaths occurred within 24 hours of delivery, due to prolonged labour, with shock, sepsis and haemorrhage.

Vaginal delivery occurred in 29% of pregnancies following caesarean section. The incidence of rupture of classical section scar was 5% and that of lower segment section 0.3%, and the maternal mortality in these was 7.5% and 4% respectively.

Conclusions

Prolonged labour and ante-partum haemorrhage unfavourably influenced the mortality of mother and foetus. The high rate (22%) of premature

babies, intrapartum sepsis and anoxia by better ante-natal care, proper are responsible for the high foetal nutrition, education of people and mortality. The high maternal and intra-partum care within reach of foetal mortality can be reduced only rural population.