

## OUTCOME OF POST-CAESAREAN PREGNANCIES (AT TERM)

### A Review of 148 consecutive cases

by

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With introduction of antibiotics, safer anaesthetics and blood transfusion, indications of caesarean section has been widened with promise of safety to mother and foetus. So cases of post-caesarean pregnancies are ever increasing in the antenatal clinics. Serious thought is given regarding the outcome of a post-caesarean pregnancy at term, irrespective of the etiology of previous section. Even in non-recurrent cause when the present pregnancy is expected to end in natural delivery, operative interference is required for the "unfavourable behaviour of the scar".

#### Materials

Present study was undertaken in the obstetrical and gynaecological department, R. G. Kar Medical College, Calcutta during the year 1975. All the post-caesarean pregnancies that were admitted at term were followed up regarding the outcome of labour and also any complications to mother and baby. Cases included all the emergency admissions and also those cases whose previous sections were done in other institutions.

During this one year period total obstetrical admissions were 8254 of which post-caesarean pregnancies were 148

(1.7%). Total deliveries were 7479 (viable births) and total post-caesarean deliveries were 144 (1.9%). Among these 148 cases, successful vaginal delivery was possible in 32 cases (21%), repeat section had been done in 109 cases (73%). McGarry (1969) reported in his post-caesarean series that 58.3% delivered vaginally and 41.7% required repeat section.

Caesarean hysterectomies had been done in 3 cases and the remaining 4 cases had been discharged. These 4 cases had gestational period of about 37 weeks with no other abnormalities.

Possibility of vaginal delivery was considered for 49 cases (33%). Trial was successful for 32 cases (65.3%); in the remaining 17 cases emergency section had to be done mostly due to scar tenderness along with unsatisfactory progress of labour or foetal distress. In these 17 cases, 5 cases showed tenderness of scar of which 2 cases showed severe intra-abdominal adhesions (with sound uterine scar) simulating scar rupture. Only 1 case showed dehiscence of scar.

In the 32 cases of successful vaginal delivery, 15 had low forceps and episiotomy. One was delivered with ventouse. Remaining 16 cases were delivered naturally without any instrumental aid. In 4 cases syntocinon drip was used to augment uterine contractions (McGarry, 1969) keeping close watch with no untoward effect. Of the 112 abdominal deli-

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veries, in 47 elective sections and in 65 emergency sections had been done.

**Rupture Scar**

In 11 cases rupture or dehiscence of scar was suspected. In 3 cases there was rupture of lower segment scar (2%). Incidence of scar rupture as reported by Mudaliar and Menon (1965) was 1.8%, and by Hellman and Pritchard (1971) was 0.5%. This department deals with large number of cases referred from mofussil. In so many emergency post-caesarean admissions the decision could have been taken earlier but was delayed leading to this high incidence of scar rupture. In another 2 cases there was complete rupture of classical scar. Both patients were admitted in shock. In 1 case local repair was possible with sterilisation, in the 2nd case hysterectomy (subtotal) was done. Five cases showed intraabdominal adhesions after laparotomy, symptoms simulating scar rupture. It is stated that the prognosis for vaginal delivery was much better where there was history of previous vaginal deliveries prior to section (Mudaliar and Menon 1965). In this series of 32 successful vaginal deliveries, 14 (44%) had previous history of successful vaginal delivery and in 18 (56%) there was no such history.

**Caesarean Hysterectomy:** Caesarean hysterectomy was done in 3 cases, one each for rupture uterus, atonic post-

TABLE I

Total obstetrical admission	Total post-caesarean admission	Percentage
8254	148	1.7%

TABLE II

Total delivery viable	Total post-caesarean delivery	Percentage
7479	144	1.9%

TABLE III

Nature of termination of post-caesarean pregnancies	Number	Percentage
Caesarean Section	109	73.6
Caesarean Hysterectomy	2	2
Vaginal Delivery	32	21.7
Discharge	4	2.7
Total	148	100%

partum haemorrhage and placenta accreta, respectively.

**Antepartum Haemorrhage**

Repeat section was done on 4 A.P.H. cases. In 2 there was placenta praevia of major degree. In 1 case twins were delivered by C.S. In 3 out of 4 cases the indication of previous section was antepartum haemorrhage.

TABLE IV

Scar rupture in present series	Before or in labour	Types of previous scar
(1) Dehiscence of lower seg. scar—one	In labour	No records of classical scar available.
(2) Rupture of lower seg. scar—three	-do-	Two classical scar rupture was diagnosed after
(3) Rupture of classical scar—two	Doubtful in labour	laparotomy.

### *Tubectomies*

Out of the 148 cases sterilization was done in 39 cases (26%).

### *Maternal Mortality*

There were 2 maternal deaths in the series (1.3%). One death was due to jaundice. Patient expired after delivery of a stillborn baby. Second case had atonic P.P.H. after the section and collapsed rapidly. Ghosh (1973) showed 0.19% mortality in his series.

### *Perinatal Mortality*

Total 144 babies were born. Five babies were lost i.e. 3.4%. Eliminating death prior to labour the corrected loss is 2.7%. This is high when compared with the figures given by Hall *et al* (1958) viz 2.5% and 0.9% respectively.

*Other complications:* There were very few complications. Delayed postpartum haemorrhage occurred in 2 repeat sections on 7th and 15th day respectively but was controlled successfully.

### *Discussion*

Independent judgement is required for each post-caesarean pregnancy regarding its outcome. We were forced to do abdominal delivery even in cases with non-recurrent previous indications due to unfavourable scar, unsatisfactory progress, foetal distress. Even intra-abdominal adhesions may simulate scar rupture. Judicious use of syntocinon drip is of great help in natural termination of labour. Maternal and perinatal mortality can be lowered by careful supervision of post-caesarean pregnancies and labour and right decision regarding its outcome. In this series it is observed that previous successful vaginal delivery did not help

much in successful natural termination of post-caesarean labour later.

### *Summary*

Outcome of post-caesarean pregnancies at term was observed for all the cases that were admitted in the Obstetrics & Gynaecology Department, R. G. Kar Medical College in the year 1975. Total post-caesarean admissions were 148. Successful vaginal delivery was in 32 cases, repeat caesarean was necessary for 112 cases (including 3 caesarean hysterectomies), 4 cases were discharged. Lower segment scar rupture was detected in 3 cases (2%). In other 2 cases there was complete rupture of classical scar. There were 2 maternal deaths comprising 1.3%. Perinatal mortality was 3.4%, but corrected figure was 2.7%. Other complications were negligible.

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