

FETAL OUTCOME IN LOWER SEGMENT CAESAREAN SECTION

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The risk to newborn is appreciably increased due to intervention in the normal way of deliveries, but such risk is outweighed by the advantages and it becomes imperative to undertake such procedures when occasion demands. A planned caesarean section is preferred to complicated vaginal deliveries. However the risk is drastically enhanced in emergency caesarean sections. Different workers have reported different figures for the neonatal morbidity and mortality following caesarean sections (Landsman, 1951; Huber, 1951, Schaffer 1971, Jacob *et al* 1973, Pragne *et al*, 1975). The object of this study was to find out the mortality and morbidity pattern of babies delivered by caesarean section and to compare the same amongst the elective and emergency procedures and also to have an idea of the percentage of cases requiring caesarean section.

Material and Method

This study is a prospective study carried out at the State Zenana Hospital Jaipur during the period from March 1975 to November 1975. Total number of deliveries during the period was 6,183, out of which 300 cases were of caesarean section. Anesthesia was given by closed circuit endotracheal technique and I.V. pentothal was used for induction of anesthesia. A proforma was prepared including comparison of data regarding health of the mother during pregnancy and just before delivery, indication of caesarean section, history of previous cesarean, whether caesarean was elective or otherwise. APGAR score was done immediately after the birth of the child and after 5 minutes. A routine thorough examination of the newborn was done within 4 hours after birth and then daily twice a day for 7 days and the data were recorded. Those requiring special care were examined as and when occasion demanded. Appropriate diagnostic studies were carried out wherever indicated. A follow up study was done for 4 weeks. Neonatal morbidity and deaths along with the cause of death were noted.

Observations

The present study is comprised of 6183 cases having the following distribution:—

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TABLE I
Distribution of Cases

Total number of deliveries	6183	100.0%
By vaginal route	5072	95.15%
Deliveries by lower segment cesarean section (LSCS)	300	4.85%
Elective (LSCS)	34	
Emergency (LSCS)	266	

The total number of deaths in elective and emergency cesarean sections were (12%). In elective L.S.C.S. there was only 1 death (2.4%) which was due to congenital cyanotic heart disease while in emergency caesarean there were 9.6% deaths due to neonatal septicemia, and asphyxia neonatorum.

Discussion

The incidence of caesarean section in the present series was 4.85% while it was 6.68 in the study of Sharma 1978, and 7.5% in series reported by Chakrabarty, 1971. It is widely accepted that caesarean section is responsible for enhanced morbidity and mortality of the new borns. In the present series the caesarean sections were performed mainly for fetal distress (23.7%), obstructed labour (17.0%) and abnormal presentations (15.8%). The corresponding figures reported by other workers were C.P.D. (37.03%), malpresentations (18.0%) and uterine inertia (8.88%). Almost identical observations were reported by Sharma (1978), Cha-

TABLE II
Indications of Emergency (L.S.C.S.) of 266 Cases

Indication	No. of cases	Percentage
Obstructed labour	45	17.0
Antepartum hemorrhage	40	15.0
Foetal distress	63	23.7
Cervical dystocia	40	15.0
Abnormal presentations	42	15.8
Miscellaneous including uterine inertia, prolonged labour, eclampsia	36	13.5

The morbidity in elective cesarean was 5 cases (14.5%) and in emergency L.S.C.S. morbidity was in 104 patients (39.1%) showing the break up as follows:—

TABLE III
Morbidity Pattern in Babies Born After Caesarean Section

	Total No. Elective L.S.C.S.	Percentage	Total No. Emergency L.S.C.S.	Percentage
Prematurity	0	0	10	3.8
Umbilical sepsis	1	2.9	5	1.9
Conjunctivitis	0	0	10	3.8
Diarrhoea	0	0	15	5.6
I.R.D.S.	1	2.9	13	4.9
Sclerema	1	2.9	15	5.6
U.R.I.	1	2.9	5	1.9
Thrush	0	0	7	2.6
Neonatal septicemia	0	0	4	1.5
Asphyxia Neonatorum	1	2.9	15	5.6
Miscellaneous	0	0	5	1.9
	5	14.5	104	39.1

krabarty (1971) and Jacob and Bhargava (1973).

The morbidity in elective cesarean was (14.5%) only as compared to 39.1% in emergency cases. The incidence of prematurity, asphyxia neonatorum, sepsis, diarrhoea, respiratory distress syndrome (RDS) was higher in emergency cesareans as compared to elective cesareans which is in concordance with the observations of many other workers (Klein *et al* 1960; Schaffer and Avery 1971).

It is apparent from the Table III that prematurity, respiratory distress syndrome, sclerema and asphyxia neonatorum constituted major factors in the morbidity pattern of the cases in the present series. The findings appear to lend support to Synder's conclusion that elective cesarean section, even at term involves an enhanced hazard of hyaline membrane disease and respiratory distress problem for the child. However these results fail to furnish support to conclusions derived by Klein *et al* (1960).

The reduction in the perinatal mortality associated with elective cesarean is the primary goal of the obstetricians (Huber, 1951). Mortality rate in present series was 12%. Ghosh *et al* (1971) reported 15%, Karan *et al* (1972), 19.4% which is higher as compared to the present series. Pragna *et al* (1975) have brought out a 12% incidence which is exactly identical with the observations in the present series. The difference can be attributable to the relationship between maturity, indication for the operation and the perinatal mortality.

Summary

The study includes 6183 deliveries, out of which 5072 (95.15%) were by vaginal route and 300 (4.85%) were by lower segment caesarean section, either elective or emergency one. There was 9.6% mortality in emergency caesarean which was much higher in comparison to only 2.4% death in elective L.S.C.S. The corresponding morbidity rates for emergency and elective L.S.C.S. were 39.1% and 14.5% respectively. The important causes for morbidity after L.S.C.S. were asphyxia neonatorum (5.6%), sclerema (5.6%), diarrhea (5.6%), I.R.D.S. (4.9%), prematurity (3.8%) and umbilical sepsis, etc. As there is only 1 death (2.4%) in elective caesarean, it may be concluded that this procedure is quite safe and can appreciably reduce the untoward effects on the mother or the neonate if timely decision is taken for the operation.

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