

## OXYTOCIN USAGE IN TRIAL OF LABOUR IN PREVIOUS CAESAREAN SECTION CASES

By  
NIRMALA TATED

### Introduction

The dangers to mother during a trial of labour in a previous caesarean section have been well documented by Holland (1921) Kerr (1921), Lawrence (1952) and Dewhurst (1957). They have found that the incidence of a ruptured scar following vaginal delivery in patients with a previous lower segment caesarean section is 1.2% and 8.9% in previous classical section. Recently a trial of labour for patients who previously have undergone caesarean section is becoming an increasingly accepted alternative to routine elective repeat caesarean section.

### Material and Methods

A study of 50 cases of previous caesarean sections is done in E.S.I. Hospital, Jaipur from February, 1985 to March 1986. Careful monitoring was done. Role of oxytocin was assessed in patients with previous caesarean section who underwent a trial of labour, oxytocin was given by infusion method.

### Observations

In the present study out of 50 cases, 25 (50%) received oxytocin. Table I shows the indications for the use of oxytocin.

TABLE I  
*Indications for the Use of Oxytocin in Previous Caesarean Section Cases*

Indication	Total No.	No. of vaginal delivery	Percentage
1 Induction of labour	5	4	80
2 Augmentation of labour	12	3	66
3 Prolong labour	3	3	100
4 Arrest of dilatation	2	0	0
5 Reason not clear	3	1	33

The use and role of oxytocin has become of significant issue in previous caesarean section cases.

The present study has been done to evaluate the risks and benefits of oxytocin usage in trial of labour in previous caesarean section cases.

Out of 25 cases who received oxytocin 16 (64%) delivered vaginally. The mean duration of oxytocin infusion was 7 hours. Vaginal delivery was found more in non oxytocin group than in oxytocin group in our study. Indications for repeat caesarean section were similar in both groups.

Table II shows intraoperative complications in repeat caesarean section who received oxytocin infusion,

*From: Lecturer, Department of Obstet. & Gynaecology, S.M.S. Medical College, Jaipur, Rajasthan.*

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TABLE II  
Intra-operative Complications

Complication	No.	Percentage
1 Haemorrhage	4	16
2 Uterine Atony	1	4
3 Incision extension	0	0
4 Bladder injury	0	0
5 Mysterectomy	0	0

#### Discussion

In this series incidence of vaginal delivery was 64% out of 25 previous caesarean section cases who received oxytocin infusion. Where as Janet (1985) has described 69% incidence.

Among patients undergoing a trial of labour, the duration of hospitalization and febrile morbidity was similar in both the oxytocin as well as non-oxytocin group.

Perinatal outcome was not influenced by the use or non use of oxytocin.

Patients having previous indication cephalo-pelvic disproportion for caesarean section was less likely to deliver vaginally if given oxytocin, whereas successful trial of labour cases had vaginal delivery, whether oxytocin was administered or not.

The results of this study suggest that the use of oxytocin with careful monitoring is safe in patient with careful monitoring is safe in patient with previous caesarean section, who undergoes a trial of labour.

#### References

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