

TRIAL OF LABOUR IN PATIENTS WITH PREVIOUS CAESAREAN SECTION

V.K. SINGH ● M. NAWANI ● A. BHAGOLIWAL ● B. ROHATGI

SUMMARY

Increase in the caesarean section rate during past few years has led to increasing number of patients who are having subsequent pregnancy with previous caesarean section scar on uterus. Much controversy exists even now-a-days in the attitude and mode of tackling such common cases met in day to day practice. Many studies in past have shown trial of labour in these patients is safe. The present study was done in Deptt. of Obstet. & Gynae., U.I.S.E.M. Hospital, Kanpur on 120 patients with previous caesarean. We had found good results with 65.84% patients delivered normally. Augmentation of labour was done in 58.33% cases and successful results were obtained in 92.85% cases, without any case of scar rupture. Incidence of scar dehiscence in study was 1.67%. The study concluded that trial of labour in patients with previous caesarean section as well as oxytocin augmentation in carefully supervised cases is safe.

INTRODUCTION

Caesarean section is a major obstetric procedure. During last quarter of century there has been increased in rate of caesarean section for non-recurrent causes, leading to increasing number of mothers with previous caesarean section in subsequent

pregnancy labour. It is found that in 30% cases of caesarean section the sole indication was previous caesarean section in U.S.A. (Flamm et al 1990). It is being said that these patients should have at least trial of labour if indication of previous caesarean section had been a non-recurrent one. The present study has been done to know the outcome of trial of labour in patients with previous caesarean section.

Dept. of Obs. & Gyn. U.I.S.E.M. Hospital and G.S.V.M. Medical College, Kanpur.

Accepted for Publication on 13.9.95

MATERIAL AND METHOD

The present study was done in Deptt. of Obstet. and Gynae., U.I.S.E.M. Hospital from August, 1993 to October, 1994. 120 patients with previous caesarean section were divided into two groups - Group - A was consisting of 84 patients who had no history of previous vaginal delivery were comparable to nulliparous patients and Group - B consisting 30 patients who had history of vaginal delivery with previous caesarean section were comparable to multiparous patients. In all these patients indication of previous caesarean section was a non-recurrent one. Partogram was prepared, oxytocin augmentation of labour was done in selected cases, mode of delivery was noted as well as indication of repeat caesarean section.

OBSERVATIONS

Mean age in the study group was 27.5 + 4.2 years, 67.5% cases belonged to middle

socio-economic status. 89.33% of patients were antenatally booked cases. 73.33% patients had uneventful puerperium after previous caesarean section.

In study group 65.84% cases had vaginal delivery, while 34.16% had repeat caesarean section. In group A 58.33%, patients had vaginal delivery while 83.33% of Group B.

Scar dehiscence was found in 1.67% cases during repeat caesarean section.

DISCUSSION

In the study 70% patients had no history of previous vaginal delivery, while 30% had history of previous vaginal delivery. 65.85% of patients delivered normally while 34.16% had repeat caesarean section. Baurant et al 1993 reported 63.4% Novas et al (1989) reported 80%, Flannum et al (1984) reported 79%, Cowan et al (1994) reported 81% success rate of trial of labour.

Table I
Indications of previous caesarean section

Indications	No. of Pts.	Percentage
1. Foetal distress	41	34.17
2. Malpostition & Malpresentation	16	13.33
3. Dystocia	15	12.50
4. Antepartum haemorrhage	13	10.83
5. Bad Obstetric history	07	5.84
6. Induction failure	06	5.00
7. Post dated pregnancy	05	4.16
8. Cephalopelvic disproportion	04	3.33
9. PET/Eclampsia with failed induction	03	2.50
10. Cord prolapse	01	0.84
11. Unknown	09	7.50

Table-II
No. of vaginal deliveries following or before caesarean section

Vaginal Deliveries	No. of cases	%
Group A 0	84	70.0
Group B 1	27	22.5
2	09	7.5
	36	30.0

Table-III
Mode of delivery in study group

Mode of delivery	Group A	Group B	Total	%
Vag.delivery without assistance	42	27	79	65.84
Assisted vaginal deli.	7	3		
	n = 49	(n=30)	-	-
Repeat caesarean (n=36)	35	6	41	34.16

Table-IV
Augmentation of labour by Oxytocin

	No.of Pts.	Delivered No. %	Induction failure	Scar rupture
Group A	52	47 90.38	5(9.60)	-
Group B	18	18 100.00	-	-
	n = 70(58.33)	65(92.85%)	5(7.14%)	0

Table-V
Indications of repeat caesarean section

Indications	Group A		Group B		% in Total
	N	%	N	%	
1. Labour disorders	16	45.72	3	50.00	46.34
2. Foetal distress	10	28.56	2	33.33	29.26
3. Induction failure	05	14.29	-	-	12.20
4. Scar Tenderness	03	8.57	1	16.67	8.76
5. Post dated pregnancy	01	2.86	-	-	2.43

Table-VI
Scar integrity in patients who underwent trial of labour

	Scar Dehiscence	Rupture
n	2	0
%	1.67%	

Forceps were applied in 12.67% cases in our study. Lawrence (1953) applied forceps in 12.3% cases. History of vaginal delivery after caesarean section increases the prospects of vaginal delivery in subsequent pregnancy (Duckering 1936). In our study patients with previous vaginal delivery had 83.33% success rate while those without previous vaginal delivery had 58.33% success rate of trial of labour.

Augmentation of labour was done in 58.33% cases, out of which 92.85% patients delivered normally. There was no case of scar rupture in these patients. Sakala et al (1990) also noted that augmentation group had more incidence of vaginal deliveries (89%), than non-augmentation group (68%). There had been no significant difference

of scar rupture or dehiscence in these patients.

Commonest indication of repeat caesarean section was labour disorders (46.34%) cases, while next common cause was fetal distress (29.26%) cases. Chazotte et al (1990) found indication of repeat caesarean section in 41.9% cases were labour disorders, while Cowan et al (1994) found labour disorders in 57% cases and fetal distress in 29% of cases.

REFERENCES

1. Baurant E., Boubli L., Nadal F.: *J. Gynec. Obstet. Biol. Reprod. (Paris)*, 22(5), 543, 1993.
2. Chazotte C., Robert M., Wayne R. Cohen: *Am. J. Obstet. & Gynec.* 75, 850, 1990.
3. Cowan R.K., Kinch R.A.H., Brenda Ellis. R. Anderson: *Am. J. Obstet. & Gynec.* 83, 933, 1994.

4. Duckering F.A.: *Am. J. Obstet & Gynec.* 51, 621, 1936.
5. Flamm B.L., Dunnett C., Fisherman E.: *Am. J. Obstet. & Gynec.* 148, 759, 1984.
6. Flamm B.L., Newman L.A., Thomas S.J., Fallon O., Yoshida M.M.: *Am. J. Obstet & Gynec.* 76, 750, 1990.
7. Lawrence R.E.: *J. Obstet. & Gynec. Brit. Emp.* 60, 237, 1953.
8. Novas J., Stephen A., Norbert G.: *Am. J. Obstet. & Gynec.* 160, 364, 1989.
9. Sakala, Sarah K., Rick D.M., Munson J.: *Am. J. Obstet. & Gynec.* 75, 356, 1990.