Ain Shams University

Faculty of Medicine

Department of Obstetrics and Gynaecology

MULTIPLE CAESAREAN SECTIONS

OUTCOME AND COMPLICATIONS

By

Sawsan Galal Mohamed

under supervision of

Prof. Dr. Ibrahim El Metwally Samaha

Professor of Obstetrics and Gynaecology

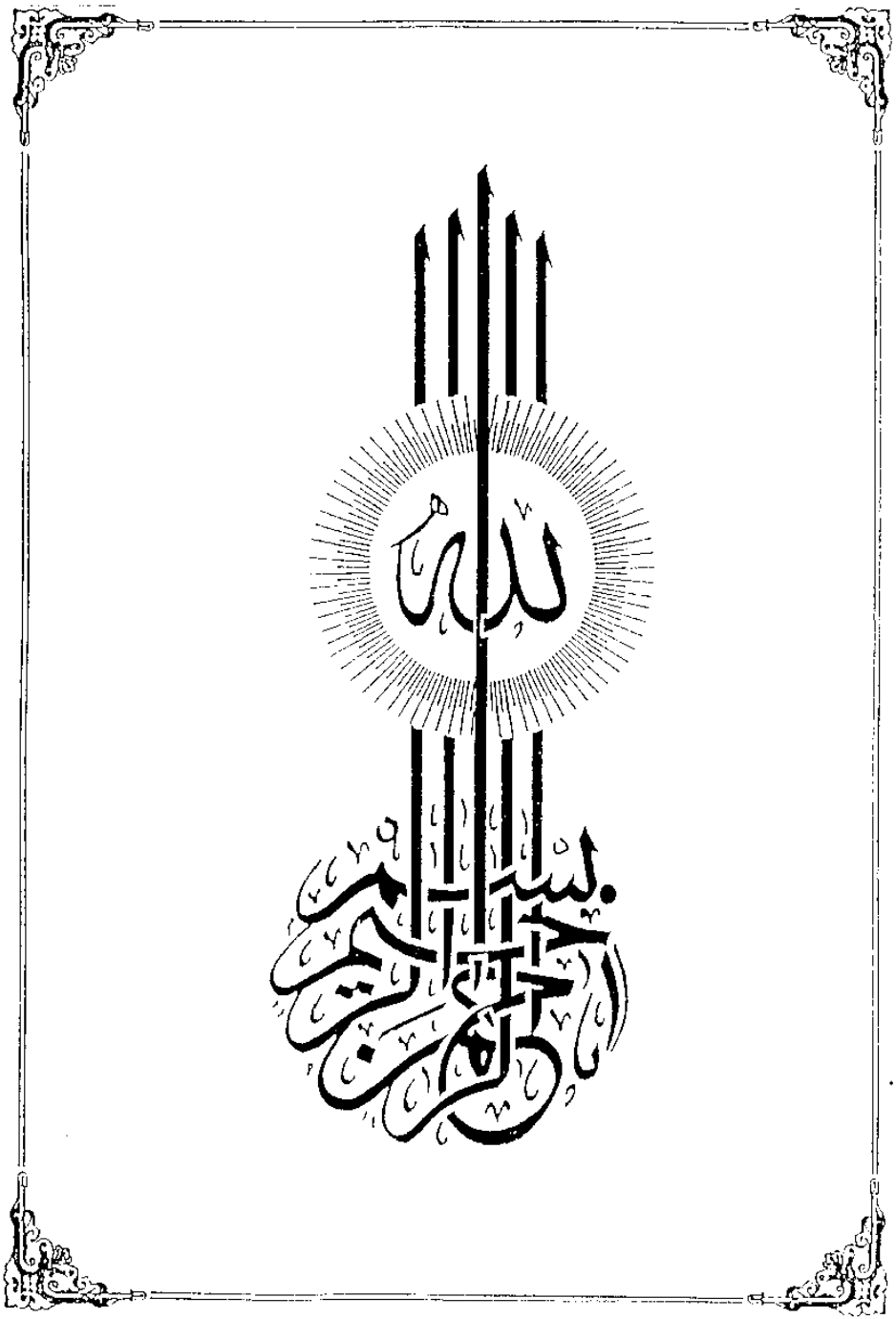
Ain Shams University

Dr. Hazem Amin El Zenneiny

Lecturer of Obstetrics and Gynaecology

Ain Shams University

1990



A C K N O W L E D G E M E N T

I would like to express my deep gratitude to Prof. Dr. IBRAHIM EL METWALLY SAMAHA , Professor of Obstetrics and Gynaecology , Ain Shams University , for giving me the utmost honour to work under his supervision.

I would like also to offer my unlimited appreciation to Dr. HAZEM AMIN EL ZENNEINY , lecturer of Obstetrics and Gynaecology , Ain Shams University , for his kind advice and invaluable suggestions.

C O N T E N T S

INTRODUCTION

I N T R O D U C T I O N

During the past 20 years , there has been a dramatic increase in the caesarean birth rate, from less than 5% of all deliveries ,in 1965 to more than 15% in 1978 (Petitti et al., 1985)

It is generally assumed that the improvements in the safety of anaesthesia , pre and post operative monitoring , antibiotics and the availability of blood products , together with altered obstetric practices , are the reasons which have increased the caesarean section rate all over the world.

Further more, a previous caesarean section has acquired increasing importance as an indication for delivery by caesarean section in the next pregnancy.
(Yudkin and Redman , 1986)

Although we have a great deal of experience in trial of labour after a previous caesarean section (Lavin et al., 1982 ; Martin et al., 1983 ; Flamm ,1985). It is still considered a complicating factor in the obstetric care of later pregnancies and deliveries.

Modern medicine has facilitated repeated operations , but little is known about the risks involved in multiple

caesarean sections.

It is propable that multiple caesarean sections will also become more common in ordinary communities if the rate of caesarean section continues to increase. (Kirkinen , 1988).

REVIEW OF THE LITERATURE

Definition:

Caesarean section , or caesarean delivery , is defined as delivery of the foetus through incision in the abdominal wall (laparotomy) and the uterine wall (Hysterotomy). This definition does not include removal of the foetus from the abdominal cavity in case of rupture of the uterus or abdominal pregnancy (Cunningham et al., 1989).

The first caesarean section performed on a patient is known as primary caesarean section , subsequent ones are reffered to as secondary , tertiary , etc., or simply as repeat caesarean section.

An elective caesarean section is one that is performed before the onset of labour or before the appearance of any complications that might constitute an urgent indication. (Benson ,1983).

Indicated caesarean section which is done after the onset of labour (Douglas ;Stromme W.B.,1976).

Frequency:

Recently, concern has been focused in the National Institute of Child Health and Human Development of the N.I.H. about the rising caesarean birth rates. Thus , a task force to study this issue was formed , the results were

first reported in septemper ,1980 and later published at 1981.

During the 1970s , the caesarean birth rate in the United States increased three folds from 5.5% in 1970, to 15.2% in 1978 , and appears to continue to increase.
This trend is pervasive affecting hospitals and patients in all parts of the country.
An increase in caesarean rates is also evident internationally.
Repeat caesareans accounted for 25 to 30% of the increase in the caesarean rate from 1970 to 1978 (30% of incidence).
Following caesarean delivery , more than 98% of women in United States undergo a repeat caesarean for any subsequent pregnancy.(Caesarean Birth Task force ,1981)

In 1980, Bottoms and colleagues concluded that the major indications for caesarean section that needed to be reassessed were dystocia and repeat operations. Between 1980 and 1985 , there was a decrease of 3 percent in the number of repeat caesarean sections ; however , the percentage of all women delivered by repeat caesarean section increased from 5.1% to 8.4% .
This result in an actual increase in the rate of repeat caesarean section from 4.9% in 1980 to 7.9% in 1985, an increase of 48 %.

At the National Maternity Hospital in Dublin , Ireland, 1980, repeat caesarean accounted for 1.1 of 4.3 total caesarean deliveries. (Cunningham , et al.,1989).

A recent audi of caesarean sections from Glasgow (Rosenberg et al., 1982) showed a trend in section rates very similar to the North American pattern. In Britain , Jhon Radcliffe Hospital , Oxford , of 32735 singleton births in 6 years , 1978-1983 , 10% were by caesarean section. In contrast to national data , no trend in this rate was observed.

Repeat caesarean sections accounted for 30% of all sections and the poroportion of women who had had a previous caesarean section rose gradually in the hospital population. However , the Oxford rates of repeat section were considerably lower than the Corresponding North American rates. In Oxford ; the rate was3.0% compared with North American rates of between 5.4% and 7.2%.

Common North American practice to deliver all women with a previous section by repeat section (meier and Porreco ,1982) and this helps to explain why North American rates are much higher than Oxford.

In Oxford , over 60% of the women who had had a previous section were delivered by repeat section . Thus ,

although such women formed only 5% of the maternal population , they contributed about 30% of all sections. (Yudkin P.L. ; Redmancaf ,1986).

Indications:

Caesarean section is not to be taken lightly, and unless the indications are unmistakable ,one should pause to consider its risks versus its benifits.

In general , elective repeat caesarean section is indicated

1-For those whose first caesarean section was done because of cephalopelvic disproportion.

2-For those whose labour is likely to be long and tedious (e.g. , when the patient enters the hospital with ruptured membranes , a high presenting part , and uneffaced , rigid cervix).

3- For those who have had a prior classic caesarean section or myomectomy (unless short, easy labour and uncomplicated vaginal delivery can be confidently predicted.

4- For those who after viability reached , experience persistent pain in the region of uterine incision.

5-For those who are one week overdue with a baby estimated to be at term.

(Benson ,1983)

Gibbs C.E. (1980) ,also stated that , he elects to

repeat the caesarean section at 41 weeks without awaiting the onset of labour , and without stress testing.

According to Myerscough (1982), Now it must be admitted that perfection is not always possible , more especially if the lower segment has already been overstreched by a prolonged or obstructed labour.

For that reason " I have come to distrust the uterus that has already been overstreched , and I believe that in those circumstances an elective caesarean section should be performed on every subsequent occasion." (Myerscough, 1982).

O'Sullivan and co-workers (1986) ,said that , elective repeat caesarean section is to be done for the women whom any of the following apply:

1-Any patient whose uterine incision was other than a low segment transverse , e.g. , "T" , low segment vertical ,classic , unknown incision.

2-Inadequate facilities for a prompt emergency caesarean section .

3-Patient refusal (to trial of labour).

4- Contracted pelvis or macrosomic infant.

5-Recurrent condition.

6-Medical or obstetric complications that may increase the risks for either mother or infant , e.g. , dibetes , multiple gestation , malpresentations , induction for