

## ORIGINAL ARTICLE

### ASSESSMENT OF COMPLICATIONS OCCURRING IN PATIENTS UNDERGOING MULTIPLE CESAREAN DELIVERIES

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#### ABSTRACT:


**Background:** Cesarean section is one of the commonly employed procedures in pregnant women these days. Consumer organizations, guidelines and textbooks have given contradictory information about cesarean risk, which can lead to confusion over decision-making, particularly given a desire to support normal birth in the face of increasing cesarean rates worldwide. Hence; we planned the present study to analyse various maternal complications associated with multiple cesarean deliveries.

**Materials & methods:** The present study included assessment material complications associated with multiple cesarean deliveries. The intra-and postoperative intricacies were arranged as either major or minor inconveniences. Late postoperative grimmess, after release, was excluded in this investigation. All the results were analysed by SPSS software. **Results:** In women undergoing two cesarean sections, 3 women suffered from major complications while only 2 women suffered from minor complications. In women undergoing three cesarean sections, 2 women suffered from major complication and 2 women suffered from minor complications. **Conclusion:** Major complications occur in significant proportion of women undergoing multiple cesarean deliveries.

**Key words:** Cesarean, Complication, Delivery.

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## INTRODUCTION

Cesarean section is one of the commonly employed procedures in pregnant women these days. Although induction of labour has been criticized for an associated increased risk of cesarean delivery, recent studies have shown that there are fewer cesarean deliveries with induction than without it.<sup>1-3</sup> However, the findings have not had much impact on practice, in part because the systematic reviews investigated subsets of induction and included few randomized controlled trials (RCTs), and because observational data in a cohort study<sup>9</sup> had risk of confounding. Consumer organizations, guidelines and textbooks have given contradictory information about cesarean risk, which can lead to confusion over decision-making, particularly given a desire to support normal birth in the face of increasing cesarean rates worldwide.<sup>4</sup> Hence; we planned the present study to analyse various maternal complications associated with multiple cesarean deliveries.

## MATERIALS & METHODS

The present study was conducted in the department of gynaecology of the medical hospital and included assessment material complications associated with

multiple cesarean deliveries. Ethical approval was taken from hospital's ethical committee. The therapeutic records of all ladies who experienced at least two arranged cesarean conveyances amid the investigation time frame were assessed. We analyzed maternal intricacies between ladies who experienced at least three arranged cesarean conveyances (multiplecesarean gathering) and ladies who had a moment arranged rehash cesarean conveyance (second-cesarean gathering). Ladies experiencing cesarean conveyance after fizzled VBAC were avoided. Ladies booked for arranged cesarean conveyance displaying in labor were named in labor cesarean conveyance. The intra-and postoperative intricacies were arranged as either major or minor inconveniences. In fact, this characterization is self-assertive, yet it speaks to the size of the confusion, and in particular, the criteria for the order were set up from the earlier. Late postoperative grimmess, after release, was excluded in this investigation. All the results were analysed by SPSS software. Chi- square test and student t test were used for the assessment of level of significance. P- value of less than 0.05 was taken as significant.

**RESULTS**

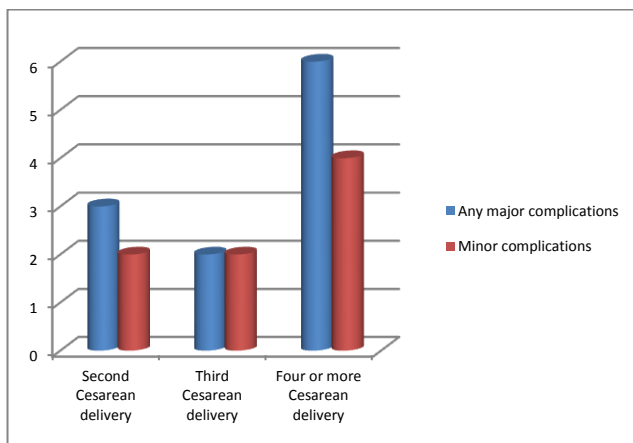
**Table 1** and **Graph 1** show the complications occurring in women undergoing multiple deliveries. In women undergoing two cesarean sections, 3 women suffered from major complications while only 2 women suffered from minor complications. In women undergoing three cesarean sections, 2 women suffered from major complication and 2 women suffered from minor complications.

**Table 1:** Complications associated with cesarean delivery

Parameter	Cesarean delivery number			p-value
	2 (N= 50)	3 (N= 50)	≥4 (N= 50)	
Any major complications	3	2	6	0.01*
Minor complications	2	2	4	0.20

\*: Significant

**Graph 1:** Description of complications associated with cesarean delivery



**DISCUSSION**

In the present study, we observed that complications do occur in significant number in women undergoing multiple cesarean sections (**Table 1**). Nisenblat V et al assessed maternal complications after multiple cesarean deliveries. The records of women who underwent two or more planned cesarean deliveries between 2000 and 2005 were reviewed. We compared maternal complications occurring in 277 women after three or more cesarean deliveries (multiple-cesarean group) with those occurring in 491 women after second cesarean delivery (second-cesarean group). Excessive blood loss (7.9% versus 3.3%;  $P < .005$ ), difficult delivery of the neonate (5.1% versus 0.2%;  $P < .001$ ), and dense adhesions (46.1% versus 25.6%;  $P < .001$ ) were significantly more common in the multiple-cesarean group. Placenta accreta (1.4%) and hysterectomy (1.1%) were more common, but not significantly so, in the multiple-cesarean group. The proportion of women having any major complication was higher in the multiple-cesarean group, 8.7% versus 4.3% ( $P = .013$ ), and increased with the delivery index number: 4.3%, 7.5%, and 12.5% for second, third, and fourth or more cesarean delivery, respectively ( $P$  for trend = .004). Multiple cesarean deliveries are associated with more difficult surgery and increased blood loss compared with

a second planned cesarean delivery. The risk of major complications increases with cesarean delivery number.<sup>7-10</sup> Silver RM et al estimated the magnitude of increased maternal morbidity associated with increasing number of cesarean deliveries. Prospective observational cohort of 30,132 women who had cesarean delivery without labor in 19 academic centers over 4 years (1999-2002). There were 6,201 first (primary), 15,808 second, 6,324 third, 1,452 fourth, 258 fifth, and 89 sixth or more cesarean deliveries. The risks of placenta accreta, cystotomy, bowel injury, ureteral injury, and ileus, the need for postoperative ventilation, intensive care unit admission, hysterectomy, and blood transfusion requiring 4 or more units, and the duration of operative time and hospital stay significantly increased with increasing number of cesarean deliveries. Placenta accreta was present in 15 (0.24%), 49 (0.31%), 36 (0.57%), 31 (2.13%), 6 (2.33%), and 6 (6.74%) women undergoing their first, second, third, fourth, fifth, and sixth or more cesarean deliveries, respectively. Hysterectomy was required in 40 (0.65%) first, 67 (0.42%) second, 57 (0.90%) third, 35 (2.41%) fourth, 9 (3.49%) fifth, and 8 (8.99%) sixth or more cesarean deliveries. In the 723 women with previa, the risk for placenta accreta was 3%, 11%, 40%, 61%, and 67% for first, second, third, fourth, and fifth or more repeat cesarean deliveries, respectively. Because serious maternal morbidity increases progressively with increasing number of cesarean deliveries, the number of intended pregnancies should be considered during counseling regarding elective repeat cesarean operation versus a trial of labor and when debating the merits of elective primary cesarean delivery.<sup>11, 12</sup>

**CONCLUSION**

From the above results, the authors concluded that major complications occur in significant proportion of women undergoing multiple cesarean deliveries.

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