



## COMPARISON OF MATERNAL COMPLICATIONS IN PRIMIGRAVIDAE UNDERGOING ELECTIVE CAESAREAN SECTION WITH SPONTANEOUS VAGINAL DELIVERY AT TERM

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### ABSTRACT

**OBJECTIVE:** To determine the frequency of caesarean section (CS) related maternal complications and similar adverse events associated with vaginal deliveries (VD) during the same period in our set up.

**DESIGN:** Descriptive case study

**SETTING:** Department of Obstetrics and Gynaecology, Liaquat University Hospital Hyderabad from January to December 2006.

**PATIENTS AND METHODS:** Total 200 healthy primigravidae at term were selected for the study, which underwent delivery by elective CS or had spontaneous VD. They were divided in two groups, each comprising of 100 women each delivered by elective CS or VD. Maternal characteristics studied were age, indications for elective caesarean section and the morbidity variables including uterine atony, need for blood transfusion, febrile illness, infectious complications. Primigravidae who underwent emergency CS, instrumental VD or had any obstetric complications like pre-eclampsia or Diabetes were excluded from the study. Most of the CS in this study was performed by Senior Residents of department. Information was collected through a pre-designed proforma and analysed through software program SPSS 10.0.

**RESULTS:** Among 100 women who underwent elective CS, 80 required blood transfusions while only 10 required transfusions in the group who had VD. The infectious morbidity was wound infection and endometritis (13% and 10% respectively) in CS group while 2% and 10% respectively in VD group. A high number of women (10) had uterine atony in the VD group while only two had atony in CS group. Six women had febrile illness in CS group while two women had it in VD group. Four women required resuturing for wound dehiscence in CS group, whereas, two women required resuturing in VD group.

**CONCLUSION:** We found a higher morbidity in women delivered by CS even when the procedure was planned before labour or rupture of membranes when compared with VD, which remains safe. However, infectious morbidity related to CS can be prevented by maintaining personal hygiene, proper sterilization and achieving meticulous haemostasis at surgery.

**KEY WORDS:** Primigravidae, Caesarean section, Vaginal delivery, Complications.

### INTRODUCTION

The rate of caesarean section (CS) is rising considerably over the last few decades world over. Brazil has one of the highest rates for CS delivery<sup>1</sup>. Increased apprehension of the risk of disturbances of pelvic floor function involved in vaginal delivery has led many women requesting for elective CS. In both developed and developing countries, CS is being performed on maternal request, further adding to the rising rate of CS. In spite of remarkable improvement in terms of safety related to anaesthesia, surgical skills, and availability of modern blood transfusion facilities. Caesarean delivery is still not free of immediate and delayed complications. Literature reports a higher maternal morbidity related to CS<sup>2</sup>.

In this study, maternal morbidity in cesarean delivery is compared with VD in our set up.

### PATIENTS AND METHODS

This descriptive case study was conducted at the Department of Obstetrics and Gynaecology, Liaquat University Hospital Hyderabad from January to December 2006. The information was collected through a pre-designed proforma comprising of maternal age, indications for elective CS and morbidity variables including uterine atony, need for blood transfusion, febrile illness i.e. pyrexia > 38 °C after first 24 hours of delivery, infectious complications like wound infection and endometritis, wound dehiscence, resuturing and anaesthesia complications. These outcomes

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