

OUTCOME OF TRIAL OF LABOUR IN MOTHERS WITH ONE PREVIOUS CAESAREAN SECTION SCAR AT PUMWANI MATERNITY HOSPITAL.

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ABSTRACT

Background

Although introduction of lower transverse uterine incision for caesarean section has remarkably reduced the risk of uterine rupture during trial of labour (TOL), a consensus has not been reached on universal TOL for women with 1 previous caesarean section delivery. There is also no objective criterion for selecting patients for TOL with high predictive value for success. Occasional severe maternal and foetal outcomes in TOL (especially when carried out in less than ideal situations) are a deterrent to practise of TOL. The lack of data that provides indubitable evidence on benefits accrued by TOL contributes towards low rates of TOL.

Objective

To determine the pregnancy outcomes in patients with one previous caesarean section scar undergoing trial of labour compared to those undergoing elective repeat caesarean section.

Design

Retrospective cohort study whereby one group of patients undergo TOL and the second group undergo ERCS.

Outcome measures

Maternal morbidity was assessed primarily based on postnatal hospital stay. Other maternal morbidity measures analysed included infection, birth trauma and haemorrhage. Foetal outcome was accessed based on APGAR score at five minutes and admission to the new born unit (NBU).

Setting

Postnatal wards in Pumwani maternity hospital (PMH).

Materials and Methods

The study compared maternal and foetal outcomes among women designated for trial of labour and elective repeat caesarean section.

Results

Success rate of TOL was low at 45.5%. There was no significant difference in socio demographic characteristics between the TOL and the ERCS groups of the study (p-value >0.05). Duration of maternal postnatal hospitalization was higher in the ERCS group with 51% of the participants staying 4 days as compared with the TOL group where 29% had a similar stay (p-value 0.001).

Foetal outcome based on the APGAR score at 5 minutes was significantly better in the ERCS group with 96.6% having a score of 8 as compared to 77.7% in the TOL group (p-value <0.001). Admission to NBU and neonatal mortality was less in the ERCS group whereby 13.5% needed admission with a mortality rate of 1% only. This is in comparison to the TOL group whereby 35% were admitted to NBU with mortality at 3.7%.

Conclusion

Success of TOL was low necessitating emergency caesarean delivery in more than half of the women. Among these women undergoing EMCS, both maternal and foetal complication rates are higher in comparison to those undergoing ERCS.

Recommendations

There is need to consider ERCS for patients with 1 previous scar in institutions which do not meet the criteria for TOL whereby there is no proper monitoring of both maternal and foetal condition during labour.

Recommend further studies to look into objective criteria which can be used in decision making for trial of labour that will have an impact in the pregnancy outcome.