



Emergency Lower Segment Caesarean Sections: An assessment of Trends, risk factors and outcomes at LUMHS Hospital

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Abstract: This was aimed to estimate the trends, risk factors and outcomes for emergency Caesarean sections deliveries at department of gynecology and obstetrics of a tertiary care hospital. This research was executed from 30th January 2018 to 27th October 2018 on un-booked and referred pregnant females requiring emergency C-section at Gyne/Obs department of LUMHS hospital at Hyderabad, Pakistan. Collection of data was accomplished by filling proforma from patient records and lab investigations for assessing various aspects like booking status, level anemia, mother and fetal outcomes and complications etc. and analysis of data was carried. There were 31 emergency lower cesarean sections performed during 9 month time period, the mean age of patients was 26.8+3.2 years with range of 20-30 years. There were 96.80% (30) anemic patient with mean Hb% was 9.2+3.8gm/dl. Risk factors as 51.61% (16) females had history of trial, all patients 100% (31) were un-booked previously and referred from remote areas. There were 29.03% (9) IUD cases and 69.97%(22) were live births 6.45%(2) infants had sub-glial hematoma. Maternal complications were present in 38.71% (12) and absent in 61.29 %(19) females. Conclusion: Emergency lower caesarean sections are quite successful managed at our hospital, but associated risk factors like non-booking, previous trial, anemia leads to bit poor fetal outcomes.

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Keywords: Intra Uterine Death, EmLCS, Uterine rupture

1. Introduction

Emergency C. sections have reduced mortality in infants and their mothers provided the procedure is timely conducted by experts in proper setup. Ferdinand Adolf Kehrer is thought to be the founder lower segment cesarean sections [1]. Pakistan has 5.5% - 35.3% cesarean deliveries what World Health Organization recommends are 10%-15% [2]. American Congress of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine guide lines 2015 support in this aspect to a greater extent in maternal and fetal safety [3]. Both the developed and developing countries have 27% cesarean deliveries on average [4]. Bangladesh was reported to have cesarean rate of 23% in 2014 [5]. Multiple c. sections are predisposing factor for placental abnormalities, uterine rupture, hemorrhage, adhesions of peritoneum and hysterectomy [6]. The placenta Previa is reported to be 32.45% and 67.54% in normal and scared uterus respectively [7]. Our currently executed study was aimed at estimation of various outcomes and risk conditions observed in dealing with the emergency LCS at gyne and obs department of Liaquat University of Medical and Health Sciences, Hyderabad, Pakistan.

2. Material and Methods

This research was executed from 30th January 2018 to 27th October 2018 on un-booked and referred pregnant females requiring emergency C-section at Gyne/Obs department of LUMHS hospital at Hyderabad, Pakistan. Collection of data was accomplished by filling proforma from patient records and lab investigations for assessing various aspects like booking status, level anemia, mother and fetal outcomes and complications etc. and analysis of data was carried on SPSS version 22. All surgeries were performed under anesthesia as per standard protocols and procedures.

3. Results

There were 31 emergency lower cesarean sections performed during 9 month time period, the mean age of patients was 26.8+3.2 years with range of 20-30 years. There were 96.80% (30) anemic patient with mean Hb% was 9.2+3.8 gm/dl and the range was

6-13. gm/dl [Table-I]. Out of 31 females 16(51.61%) had history of trial, all patients 100% (31) were un-booked previously and referred from remote areas. There were 29.03 % (9) IUD cases and 69.97% (22) were live births [Table-II]. Out of which 31.82% (7) had an APGORE score between 4-6 while 68.18 % (15) infants had APGORE score of 7 and above, 6.45%(2) infants had sub-glial hematoma. Maternal complications were present in 38.71%(12), vaginal tears in 25.81%(8) females, uterine rupture in 9.68%(3) while cervical tear was seen in 3.23% (1) females and no complications were observed in 61.29 % (19).

Table-I: Mean age and hemoglobin level with ranges

Parameters	Findings
Age Patients	26.8±3.2 Years
Age Range	20 to 30 Years
Hemoglobin Level	9.2±3.8 gm/dl
Range of hemoglobin Level	9.2 to 13 gm/dl

Table-II. Risk factors and out comes

Parameters	Frequency	Percentage
Anemic Patients	30	96.80%
Non-Anemic Patients	2	3.20%
History of Trial	16	51.61%
No history of Trial	15	48.39%
Previously Booked Patients	0	0%
Un-booked Patients	31	100%
IUD cases and were	09	29.03%
Live Births	22	69.97%
Maternal complications	12	38.71%
No Maternal complications	19	61.29 %

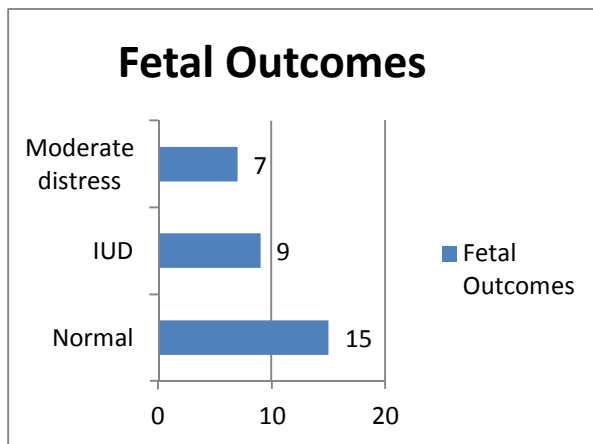
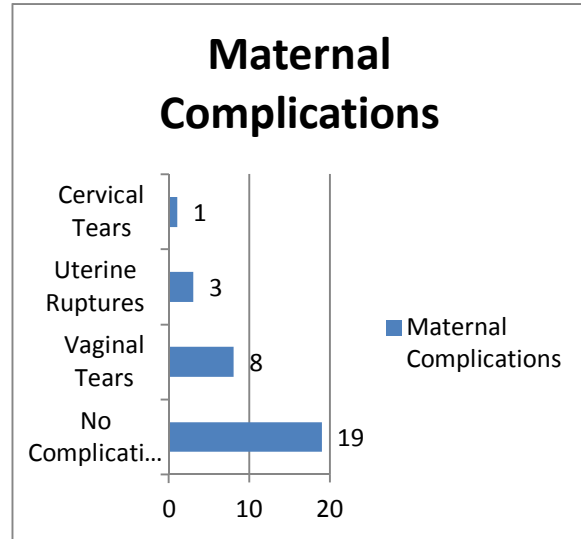


Figure-I: Showing Fetal out comes



4. Discussion:

The Study results from Begum T et al (2017) are inconsistent with our study results because they reported the fetal distress as 21% while we observed it as 31% [8]. While Roberts CL et al (2012) results are consistent with our results fetal distress was reported 30% which is almost equal to 31% of our findings [9]. Advance age group is reported by Rebelo F et al (2010) for more association with C-sections but in the current study the mean age 27 years which not consistent to reported results [15].

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