

Maternal Complications in Patients Undergoing Emergency Cesarean Section

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ABSTRACT

Aim: To determine the frequency of maternal complications in patients undergoing emergency cesarean section.

Study Design: It was a descriptive cross sectional study.

Place of Study: Department of Obs.& Gynae. Sahiwal Medical College/Teaching Hospital, Sahiwal.

Duration: From 1st October 2013 to 31st March, 2014.

Method: A total of 50 women of reproductive age group having singleton pregnancy undergoing emergency cesarean section were included in the study.

Results: Mean age was calculated as 29.12+4.54 years, mean gestational age was 38.20+1.11 weeks, Anaemia was the leading complication calculated as 13(26%) followed by 12(24%) PPH, 10(20%) UTI and 8(16%) prolonged catheterization.

Conclusion: We concluded that maternal anemia followed by PPH and UTI are the leading complications in patients undergoing emergency cesarean section.

Keywords: Emergency cesarean section, maternal complications, anemia, PPH, UTI.

INTRODUCTION

Cesarean delivery is the most common surgical procedure.¹ It is usually done when the vaginal and assisted deliveries are failed and fetus' and mother's health is on greater risk.² Over the last decades, the incidence of cesarean section is increased which is a public health concern. Its incidence in recent study conducted in Pakistan is reported as 22.30%, out of which emergency cesarean section accounted was done in 65.7%³.

Maternal morbidity is significantly higher in patients having emergency cesarean section than elective cesarean section⁴. The frequency of the morbidities widely vary by country, health care facility, and delivering physician, partly because of differing perceptions of its benefits and risks by health care providers as well as by pregnant women⁵.

The literature review is variant regarding the frequency of maternal outcome in women undergoing emergency cesarean section, however, we planned this study to know this frequency in our local population which may be helpful for the Gynaecologists while performing emergency cesarean section.

MATERIAL AND METHODS

A total of 50 women of reproductive age group having singleton pregnancy undergoing emergency

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cesarean section were included in the study. We excluded the patients undergoing lower segment caesarean section with known medical co-morbidities e.g., hypertension, diabetes, cardiac diseases and chronic inflammatory diseases. These patients were enrolled from the Department of Obstetrics & Gynaecology Sahiwal Medical College/ DHQ / Teaching Hospital, Sahiwal from 1st October 2013 to 31st March, 2014. Patients were informed regarding study and their consent to include their data in the study with the assurance of confidentiality. All patients were kept under observation till they were discharged from the hospital. Postpartum complications were recorded. All the data was recorded on a pre-designed proforma.

The collected data was entered in SPSS version 13.0. Mean+standard deviation was calculated for age and gestational age of the patients. The frequency and percentages were calculated for the presence/absence of maternal outcome.

RESULTS

Age distribution of the patients was done which shows that 41(82%) were between 16-30 years and 9(18%) were between 31-45 years of age, mean+sd was calculated as 29.12+4.54 years. (Table 1), mean gestational age was calculated as 38.20+1.11 weeks.

Anaemia was the leading complication calculated as 13(26%) followed by 12(24%) PPH, 10(20%) UTI and 8(16%) prolonged catheterization (Table 2).

Table 1: Age Distribution (n=50)

Age(in years)	n	%age
16-30	41	82
31-45	9	18
Total	50	100

Table 2: Maternal Complications (n=50)

Complications	n	%age
Anemia	13	26
PPH	12	24
UTI	10	20
Prolonged catheterization	8	16

DISCUSSION

In this study, we evaluated maternal complications in women undergoing emergency cesarean section, mean age was calculated as 29.12+4.54 years, mean gestational age was 38.20+1.11 weeks, anaemia was the leading complication calculated as 13(26%) followed by 12(24%) PPH, 10(20%) UTI and 8(16%) prolonged catheterization.

We recorded fetal distress as the main reason for caesarean section, accounting for 42%. Others were previous caesarean section, failed induction, IUGR and caesarean delivery on maternal request. In a previously reported study the leading indication for emergency caesarean section was cephalopelvic disproportion (39.3%), while antepartum hemorrhage and fetal distress followed in that order⁷. Fetal distress is by far a major indication for emergency caesarean section. In a previous study the mean age was 28 years⁸ and 77.7% patients were in the age group of 20-30 yrs in accordance to our study.

In a local study,⁸ patients undergoing emergency cesarean section, Anemia was recorded in 32%, PPH in 24% and Urinary Tract Infection in 24%, prolonged catheterization 18%, in agreement to this study.

Tasneem A⁹ recorded maternal anemia in 82% of the cases, 66% UTI which is a very high incidence of the morbidity, the reason behind this difference was that most of our cases were booked and during their antenatal period haemoglobin was maintained through iron therapy and counseling of the patients to take healthy food. Regarding increased risk of UTI is in-contrast with our findings and Ghazi A⁷ also who recorded 24% of the patients with UTI.

Another international study recorded post operative morbidity showing blood loss 4%, haematoma 3.5%, and UTI 3%. Among these PPH remains the major cause of maternal mortality¹⁰.

Suja Daniel and others¹¹ studied the maternal morbidity of elective and emergency caesarean sections in a tertiary care teaching hospital in semirural area and recorded 27% of the cases with

UTI in accordance to our study while secondary PPH was found in 1.1% of the cases.

The limitation of our study was that we did not include a control group i.e. elective cesarean section for comparison, however, previous studies recorded that emergency cesarean sections are at greater risk of complications than elective cesarean sections.

CONCLUSION

We concluded that maternal anemia followed by PPH and UTI are the leading complications in patients undergoing emergency cesarean section.

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