

5IF &GGFDU PG 1SJNBSZ \$FTBSFBO 4FDUJPO P

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Abstract

Objective: 7R HYDOXDWH WKH HIIHFW RI WKH ζUVW FHVDUHDQ VHFWRQ &6 RQ WK

Methods: 7KLV SURVSHFWLYH FRKRUW VWXG\ ZDV FDUULHG RXW LQ WZR PDMRU K
1RYHPEHU VW WR \$SULO WK 0DWHUQLW\ UHFRUGV DW VHFRRG GHOLY
GRQH E\ &6 SULPDU\ &6 RU YDJLQDOO\ ZDV FRPSDUHG 7KH PDLQ YDULDEOHV UHF
SHULRG JHVWDWLRQDO DJH DW GHOLYHU\ PRGH RI GHOLYHU\ E Data BK 2007 MOV/Sp8V

were chosen because we hypothesized that young maternal age, shorter intergenetic period, advanced gestational age and excessive fetal weight might increase the risk of repeat CS. Furthermore, we hypothesized that women with scarred uterus might have an increased risk of prolonged labor, repeat CS, poor Apgar score (<7) and obstetrical complications such as PPH.

Statistical analysis

Sample size was calculated using the following formula [11]: $N = \frac{2 \times (1/1-f) \times (Z + Z / P_0 - P_1)^2 \times P \times (1-P)}{}$ where f was the assumed percentage of women that might be lost during follow-up (0%), Z =1.96 corresponding to a type I error of 2.5%, Z =1.96 corresponding to a type II error of 2.5% or a power of 97.5%, the assumed prevalence of cesarean section in women with scarred uterus (50%), P the assumed prevalence of cesarean section in women without scarred uterus (10%) and P is $(P_0 + P_1)/2$. According to this formula, at least 41 women were needed in each group. Data were analyzed using Epi info 3.5.4. e data of women of the scarred uterus group were compared to those of the un 42.519C 622.822 Tm etach grF.1(g 0.5(1-P))9(r) 0)9tn s0.6(f)066 coe ea(a)9(r)13(e)-4.9(d))TJ ET EMC /Span <

(Table 3). Three CSs were carried out in the unscarred uterus group as soon as the women were received in the labor room (two cases of placenta praevia and one case of cord prolapse).

In the scarred uterus group, subsequent CS delivery (a further trial of scar or not) occurred in 80% when the indication for the first CS was

that labor in women with scarred uterus should be well monitored and conditions for a rapid emergency CS should be met.

Our study revealed that women in the scarred uterus group had an increased risk of losing 500 ml of blood postpartum (RR 6.3). Similar results have been noticed elsewhere [10]e is shows that blood should always be cross-matched and kept for women with scarred uterus in labor. e mean 5 minute Apgar score was slightly lower in the scarred uterus group, due to uterine rupture, meaning that before conducting trial of scar, conditions for neonatal resuscitation should be made available.

Conclusion

First delivery by CS was associated with an increased risk of repeat CS, uterine rupture and post-partum hemorrhage in the subsequent delivery. Hence, nulliparous women should be offered better chances for a vaginal delivery. Women with repeat CS will almost always deliver by (elective) CS. erefore, to reverse the rising CS rate, e orts should also be concentrated on the reduction of primary CS rate. For instance, given that CPD was the main indication for primary CS in nulliparous women in our series, measures should be taken to avoid excessive fetal weight gain (reduction of hyper caloric diet for instance) during antenatal care. Moreover, more patience should be observed during second stage of labor, and the indication for CS in nulliparous women should be absolute.

References

SPHULFDQ &ROOHJH RI 2EVVHWULFLDQV DQG *QHFRRJLVVW &ROOHJH 6RFLHW\ IRU
0DWHUQDO)HWDO 0HGLFLQH &DXJKH\ \$% &DKLOO \$* *XLVH -0 5RXVH '-
6DIH SUHYHQWLRQ RI WKH SULPDU\ FHVDUHDQ GHOLYHU\ \$P - 2EVVHW *QHFRO

8QWHUVFKHLGHU - 0F0HQDPLQ 0 &XOOLQDQH) 5LVLQJ UDWHV RI FHVDUHDQ
GHOLYHULHV DW IXOO FHUFLDQ GLODWDWLRQ D FRQFHUQLQJ WUHQQ (XU - 2EVVHW *QHFRO
5HSURG %LRO

+DVVDQ \$ 7ULDO RI VFDU DQG YDQLQDO ELUWH
0HG &ROO \$EERWWDEDG
6DQJDOOL 0 *XLGHU \$ &DHVDUHDQ VHFWRQ
:HOOLQJWRQ +RVSLWDO LQ D UHJLRQDO DXGLV
+DVKLP 1 1DTYL 6 .KDQDP 0 -DIU\ +) 3ULPLS
REVVHWULF ULVN IDFWRU - 3DN 0HG \$VVRF
&KHQJ <: +RSNLQV /0 &DXJKH\ \$% +RZ ORQJ
SURORQJHG VHFRRG VWDJH RI ODERU LQ QXOOLS
QHRQDWHO RXWFRPHV" \$P - 2EVVHW *QHFRO
%DKO 5 6WUDFKDQ % 0XUSK\ '- 2XWFRPH R
WKUHH \HDUV DIWHU SUHYLRXV RSHUDWLYH GHOL
FRKRUV VWXG\ %-0-
6DQGVWURP \$ &QDWLQJLXV 6 :LNVWUJP \$. 6W
G\WVRFLD ULVN RI UHFHUHQFH DQG LQVWUXPHQ
SRSXODWLRQ EDVHG FRKRUV VWXG\ %-2*
.DPDUD 0 +HQGHUVRQ -- 'RKHUW\ '\$ 'LFNLQVRQ -
ULVN RI SODFHQWD DFFUHD IROORZLQJ SULPDU\
FRQWURO VWXG\ %-2*