

THE CASE RECORDS AND COMMENTARIES

IN

OBSTETRICS AND GYNAECOLOGY

WERE SUBMITTED BY

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FOR THE EXAMINATION OF

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TITLE: THE MANAGEMENT OF GRANDMULTIPAROUS PATIENTS
PREVIOUSLY DELIVERED BY CAESARIAN SECTION AT
PUMWANI MATERNITY HOSPITAL AND KENYATTA
NATIONAL HOSPITAL.

SUMMARY:

118 grandmultiparous patients with previous scar were studied to see the outcome of labour in Pumwani Maternity Hospital and Kenyatta National Hospital, both in Nairobi. The study was carried out over 5 months starting from 26th November 1988 to 24th April 1989. 105 patients were registered at Pumwani Maternity Hospital while 13 were registered at Kenyatta National Hospital.

All the patients seen at Kenyatta National Hospital were delivered by caesarean section while at Pumwani 30 patients were allowed a trial of scar with 57 of these (representing 71.2%) having a successful trial and 23 of them (representing 28.8%) having to undergo an emergency caesarean section in the course of labour. 25 other patients in the same study group (Pumwani) underwent caesarean section either electively or as a result of the clinician's decision not to try the scar when they presented in labour.

No rupture of the uterus occurred and no maternal death occurred. Perinatal morbidity was low (20.9%) mainly due to mild birth asphyxia but one baby had neonatal jaundice and another had congenital abnormality.

Perinatal mortality was registered in only two babies (1.9%). One of the babies had decompression of the head due to congenital hydrocephalus while the other had unexplained death following failed trial of scar.

Maternal morbidity as judged by the febrile morbidity (6/118) and septic wound (1/118) was more common in repeat sections. Morbidity due to intrapartum haemorrhage (2/118) was also more common in this group since 2 cases were seen after they underwent emergency caesarean section. Postpartum haemorrhage and retained placenta was more common in successful trial of scar compared to repeat sections but one patient out of 57 had retained placenta.

Trial of scar in grand multiparous patients seem to be safe and this approach will definitely reduce unnecessary caesarean sections and also reduce the morbidity, associated hospital stay and drugs. The deprivation of the indispensable early maternal-infant contact after caesarean section should not be forgotten.