

To study the incidence of primary caesarean section in primigravida and multigravida

¹Dr Gajendra Singh Verma, Associate professor, Department of Obstetrics and Gynecology , National Institute of Medical Sciences & Research, NIMS University, Jaipur

²Dr Uma Kumari Meena, Assistant professor, Department of Obstetrics and Gynecology , National Institute of Medical Sciences & Research, NIMS University, Jaipur

³Dr Sadhna Mathur, Professor & HOD, Department of Obstetrics and Gynecology , National Institute of Medical Sciences & Research, NIMS University, Jaipur

⁴Dr Komal Yadav, Resident doctor, Department of Obstetrics and Gynecology , National Institute of Medical Sciences & Research, NIMS University, Jaipur

Corresponding Author: Dr Uma Kumari Meena, Assistant professor, Department of Obstetrics and Gynecology , National Institute of Medical Sciences & Research, NIMS University, Jaipur

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Abstract

Background: To study the incidence of primary caesarean section in primigravida and multigravida .

Methods: This is hospital based prospective study of comparing the primary caesarean section in primigravida and multigravida.

Results: Out of 100 primigravida patients, 31(31.00%) delivered by primary LSCS and in 100 multigravida patients, 20 (20.00%) were primary LSCS.

Conclusion: The rate of primary caesarean section in primigravida is higher than multigravida.

Keywords: Primigravida, Multigravida, Caesarean section.

Introduction

Caesarean section is one of the commonly performed surgical procedures in obstetrics and is certainly one of the oldest operations in surgery. First caesarean section

is termed as ‘Primary Caesarean Section’ when it is performed for the first time on a pregnant woman to deliver the baby. This definition does not include removal of the baby from the abdominal cavity in case of rupture uterus or in an abdominal pregnancy¹⁻².

Primigravida is a woman who is pregnant for the first time, while multipara those who have delivered once or more. Indications of primary caesarean sections are different in multigravida and primigravida to some extent. In primigravida, fetal distress is most frequent indication while in multigravida, malpresentation due to pendulous abdomen and lordosis of the lumbar spine, cephalopelvic disproportion, placental causes are more common indications.³⁻⁴

Material and Methods

Study design: Hospital based prospective comparative study.

Study population: Women who underwent caesarean section for the first time.

Sampling Method: Systematic random sampling

Inclusion Criteria

- Women who underwent caesarean section for the first time either primigravida or multigravida were included.
- Gestational age (>28 weeks)

Exclusion Criteria

1. Women who had previous caesarean sections.
2. Known medical disorders except anemia.
3. Gestational age < 28 weeks.

Data Collection: This includes the patients reporting directly to our hospital requiring elective or emergency caesarean section after trial, both primigravida and multigravida. All the patients taken up for study were to be followed up for 14 days. At the time of discharge, the patients were explained about the importance of spacing, contraception and immunization.

Data Analysis: To collect required information from eligible patients a pre-structured pre-tested proforma was used. For data analysis Microsoft excel and statistical software SPSS was used and data will be analyzed with the help of frequencies, figures, proportions, measures of central tendency and appropriate statistical tests.

Observations

Table 1: Incidence of primary LSCS in primi and multi gravid

Gravida	Incidence of primary LSCS	p-value
Primi-gravida	31/100 (33.33%)	0.341
Multigravida	20/100 (20.00%)	

Out of 100 primigravida patients, 31(31.00%) delivered by primary LSCS and in 100 multigravida patients, 20 (20.00%) were primary LSCS.

Discussion

A sense of false security prevails in most of the pregnant women who had previous uneventful deliveries, they don't pay much attention to the antenatal care they deserve. Moreover, the socioeconomic condition of the pregnant women, especially in our catchment area do not permit them to have adequate balanced diet and antenatal examination which the pregnant stage demands. Due to these factors, the lady is likely to pass through pregnancy in a sub normal stage of health and reach labour in a state of potential risk, and undetectable abnormality. The hazards associated in such labours show that mother with previous history of eutocia and normal uneventful delivery, may exhibit dystocia and other abnormalities leading to impending bad foeto maternal outcome, and primary caesarean section in multies at times.

Out of 100 primigravida patients, 31(31.00%) delivered by primary LSCS and in 100 multigravida patients, 20 (20.00%) were primary LSCS.

Conclusion

The rate of primary caesarean section in primigravida is higher than multigravida.

References

1. Suresh YA, Suresh YV. A prospective comparative study of caesarean section in multiparous and primiparous women. Int J Pharma Bio Sci 2017; 8(3): (B) 890-895.
2. Shobha T, Jyothi. The study of maternal and neonatal outcome of primary caesarean section at term – influence of labour and stage. Int J Sci Research (IJSR), 2016; 5(4):2214-2216.
3. Moogambigai K, Lekshminarayini V. Rising trends of caesarean section – fetal sake: A retrospective study. Int J Sci Study 2017; 4(12):207-209.

4. Sams S. Institutional study of primary caesarean section among multigravida. JMSCR, 2017; 5(4):20714-2071.
5. Rajput N, Singh P, Verma YS. Study of primary caesarean section in multigravida patients. Int J Reprod Contracept Obstet Gynecol 2018; 7(1):185-191.