

**PREGNANCY OUTCOMES OF MOTHERS WITH ONE PREVIOUS CAESAREAN
SECTION SCAR OFFERED TRIAL OF LABOUR IN MULAGO HOSPITAL; A
COHORT STUDY**

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ABSTRACT

Background: Vaginal birth (or trial of labour) after previous Caesarean delivery represents one of the most significant changes in obstetric practice as it is a safe and appropriate option that can help reduce the number of surgical deliveries with a success rate of 60 to 80%.

Objective: To determine the success rate and outcomes of pregnancy in mothers with one previous caesarean scar following trial of labour in Mulago Hospital.

Methods: The study was a single prospective cohort study conducted in Mulago Hospital Directorate of Obstetrics and Gynaecology from November, 2011 to March, 2012.

There were 345 eligible pregnant mothers with one previous caesarean section offered trial of labour of the 8120 deliveries during the study period. Information about their sociodemographic, past obstetrics and medical history were obtained by an interviewer administered questionnaire. The mothers were followed up during labour and delivery till discharge. Information was obtained about their mode of delivery, complications during labour, delivery and after delivery and fetal outcomes.

Data was collected using EPI Data and exported to SPSS version 16.0 for analysis.

Result: Successful vaginal delivery following TOL was 77.1% among mothers with 1PS.

There was no maternal mortality during the study. Rate of uterine rupture was at 0.6%.

Clinical anemia secondary to PPH was in 4.3% of the patients of which 0.6% did required blood transfusion.

The fetal outcome was good with 97.6% of the babies having an Apgar score of 8 to 10. Apgar score <7 occurred in 3.8% following C/S compared to 1.1% in vaginal delivery. Perinatal mortality was at 0.2 per 1,000 deliveries compared to the one at Mulago Hospital of 29/1,000 deliveries. The mean birth weight was 3.3K.

There was increased chance of successful vaginal delivery in mothers with prior vaginal delivery, VBAC, non recurrent indication for C/S, normal BMI (p value=<0.001), any form of education and female baby (p value 0.029).

Failed trial of labour was in 23.2% of the mothers done EMRC/S and mother with a neonatal death. The common indications for C/S were poor progress (34.2%), CPD (22.8%) and malposition(10.1%). High BMI, had higher risks of undergoing C/S with an Odds Ratio of 2.996, 95%CI (1.193-7.524) for obese women and OR 4.267, 95% CI (2.436-7.472) for overweight.

There was increased likelihood of C/S with BMI more than 30Kg/m² and male baby [OR 1.702, 95%CI (1.014-2.858)].

Conclusion: The study demonstrates that with proper selection criteria of pregnant women with 1PS for trial of labour and close observations during labour, delivery and early postpartum period, successful vaginal delivery of 77.1% is achieved with good maternal and perinatal outcome.