

CAESAREAN SECTION AND NORMAL VAGINAL DELIVERY

ABSTRACT

AIM: To study about caesarean section and normal vaginal delivery cases.

STUDY DESIGN: It is a prospective observational study.

PLACE AND DURATION OF STUDY: Department of gynaecology in Super speciality hospital. It was done around a period of 3 months.

METHODOLOGY: Total of 20 patients were observed. In that 16 were caesarean section patients and 4 were normal vaginal delivery patients.

INCLUSION CRITERIA: Patients who got admitted in the hospital for delivery.

EXCLUSION CRITERIA: Patients who did not get admitted in the hospital for delivery.

RESULTS: In 16 caesarean section cases, every patient's different reasons like breech presentation, oligohydramnios, umbilical cord around the neck of baby, maternal request for c-section, gestational hypertension, etc. The caesarean section cases are increasing every year, i.e., from 2019-20 it was 20.5% and it was 25% in 2022-23. In 4 normal vaginal delivery cases, one had previous NVD and others have no severe complications. NVD cases are decreasing every year.

CONCLUSION: Total 20 patients were observed. 16 were caesarean section and 4 were normal vaginal delivery.

Caesarean section cases are increasing as a belief that c-section is safe and many other reasons like breech presentation, oligohydramnios, placenta previa, etc and gradually NVD cases are decreasing.

KEY WORDS: Caesarean section, Normal vaginal delivery, Mother, Baby, Delivery.

ABBREVIATIONS: NVD (Normal vaginal delivery), C-Section (Caesarean section).

INTRODUCTION

CAESAREAN SECTION

Caesarean section or C-section is a surgical procedure for delivering a foetus or baby by an opening of abdomen and uterus¹.

The layers involved in caesarean section¹:

- Skin
- Subcutaneous Fat
- Rectus sheath
- Rectus abdominis muscle

- Parietal peritoneum
- Visceral peritoneum
- Uterus

Health Management Information System (HMIS) reports that in 2019-2020 the caesarean section deliveries was 20.5%, in 2020-2021 the caesarean section deliveries was 21.3% and in 2021-2022 the caesarean section deliveries was 23.29%².

Telangana reports, the highest c- section percentage of deliveries².

Classification of C- Section:

Caesarean section is classified into Elective and Emergency³.

Elective caesarean section:

It is planned caesarean section if following indications are present:

- Placenta previa.
- Previous caesarean less than 3-4 years.
- Breech presentation and other malpresentations.
- Foetal compromise: When the foetus cannot tolerate labour.
- Twin pregnancy: When first twin is not in cephalic position.
- Foetal macrosomia: If foetus weighs more than 4500gms⁴ (mainly if mother is diabetic)
- Transmissible disease like HIV, Syphilis, etc.
- Maternal request: If the mother request for the caesarean section as she had any previous experiences of c -section or fear of vaginal delivery or belief of safe delivery
- Maternal health condition: If mother had cardiomyopathy, c- section is not considered as it dangerous to the mother.

Emergency caesarean section:

INDICATIONS⁵:

- Foetal or maternal distress.
- When the umbilical cord drops in the vagina (prolapsed umbilical cord).
- Haemorrhage (maternal).
- When the placenta comes from the uterus wall (placenta abruption).
- When the uterus rupture on the last or previous scar of c -section. Caesarean section risks.

Caesarean section risks⁶:

MOTHER:-

- Blood clots
- Haemorrhage
- Anaesthesia effects
- Infection
- Amniotic fluid embolism

- Risks for future pregnancies
- Uterus inflammation
- Chronic pelvic pain⁷
- Recovery difficult⁷

BABY:-

- Breathing problems are rare.
- Foetus injury.

Caesarean section benefits⁸:

When the vaginal delivery is risk to the mother and baby or either mother or baby, choosing caesarean section is safe.

NORMAL VAGINAL DELIVERY

Delivering a foetus through vagina is known as vaginal delivery. The uterus get contract and opens the cervix and pushes the baby out of vagina⁹.

Vaginal deliveries types¹⁰:

There are three types of vaginal deliveries:

➤ Spontaneous vaginal delivery

Delivery happens on own without any labour inducing medications at 40 weeks.

➤ Induced vaginal delivery

Induced labour and cervical dilatation by drugs like oxytocin (Pitocin), prostaglandins (cervical ripening agents) or other techniques.

➤ Assisted vaginal delivery

Vacuum device or forceps is used to deliver foetus out of the vagina.

LABOUR⁹

Labour begins with contractions of uterus and 10cm dilation of cervix and 100% effaced.

Classification of labour

➤ Early labour:

Cervix starts dilation till 4-5 cm and good effacement

➤ Active labour:

Contractions are strong at this stage. Every contraction lasting for up to a minute and increasing in frequency

➤ Transitional labour:

This is before the cervix gets 10cm dilation. It lasts more than a minute.

Delivery of baby⁹

At this point the cervix **fully dilated**. Mother experiences very strong contractions and she have to push the baby out. Slowly the baby comes out of vagina and then cervix. The umbilical cord which is a connection between baby and placenta is cut¹¹.

Delivering of placenta¹¹

After delivering of baby the uterus contractions continues until the placenta gets delivered out within 5min or it take longer time. Entire removal of placenta is essential otherwise it leads to bleeding and it effects next pregnancy.

Normal vaginal delivery risks¹²

MOTHER

- Time of birth is uncertain.
- Painful and stressful. It may last for few hours.
- Chances of drop in baby's HR, in this situation, immediately plans for emergency caesarean section.

BABY

- If baby is more weight or large,uses cups or forceps to delivery.
- Sometimes the baby gets injured while passing the vagina and cervix.

Normal vaginal delivery benefits¹²

MOTHER

- Recovery after delivery is fast. They can walk with no pain on the day or next.
- **Minimal / no** scars and **minimal** for sutures.
- Skin to skin contactimproves mother and baby bonding.

BABY

- When the mother pushes the baby out, the baby's lungs expels the amniotic fluid. So this helps in minimal respiratory problems.

METHODOLOGY

It is a prospective observational study. Totally 20 patients were observed during the period of 3 months i.e., may 2023- July 2023 in Super- speciality hospital in Gynaecology department.

INCLUSION CRITERIA

Patients who **got**admitted in the hospital for delivery.

EXCLUSION CRITERIA

Patients who did not **get** admitted in the hospital (normal vaginal delivery at home).

RESULTS

CAESAREAN SECTION

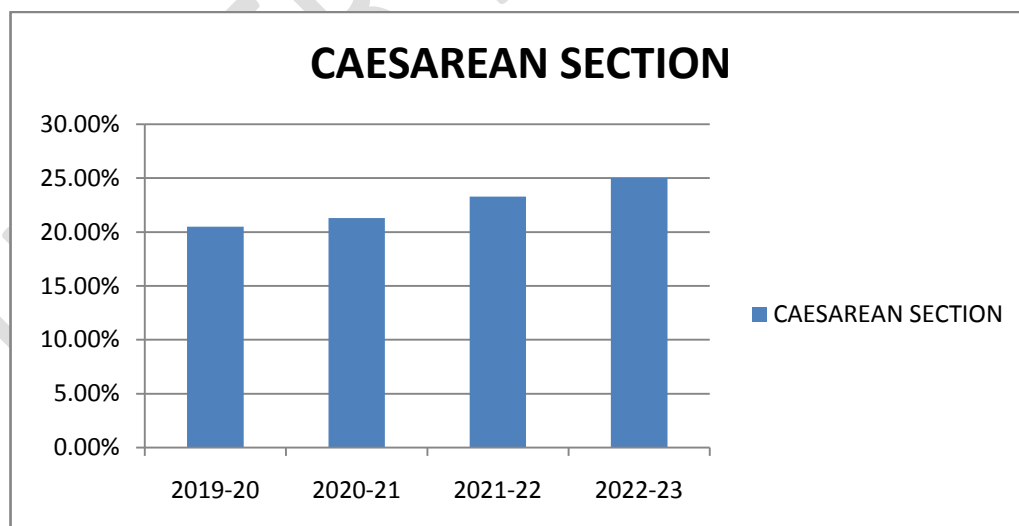
I have studied 16 caesarean patients over period of 3 months in a Super-speciality hospital in Gynaecology department.

The following are the reasons why the mothers has chosen caesarean section delivery:

Table 1- Reasons for Caesarean section

Number of patients	Reasons for caesarean section
2 patients or mothers	Maternal request: Fear of normal vaginal delivery or belief that c- section is safe
2 patients or mothers	Umbilical cord 360° around the neck
1 patient or mother	Macrosomia (baby over weight)
1 patient or mother	Preterm delivery (before 37 weeks)
1 patient or mother	Placenta previa
4 patients or mothers	Oligohydromnios (low amniotic fluid)
2 patients or mothers	Previous caesarean section
1 patient or mother	Gestational hypertension
2 patients or mothers	Breech presentation
1 patient or mother	Amniotic membrane rupture (Amniotomy)

In the below graph, it shows that every year caesarean section cases are increasing¹. In 2019-2020, it was about 20.5% and in 2022-2023, it was increased to 25%.



Graph 1-Yearly increase in Caesarean Section cases

NORMAL VAGINAL DELIVERY

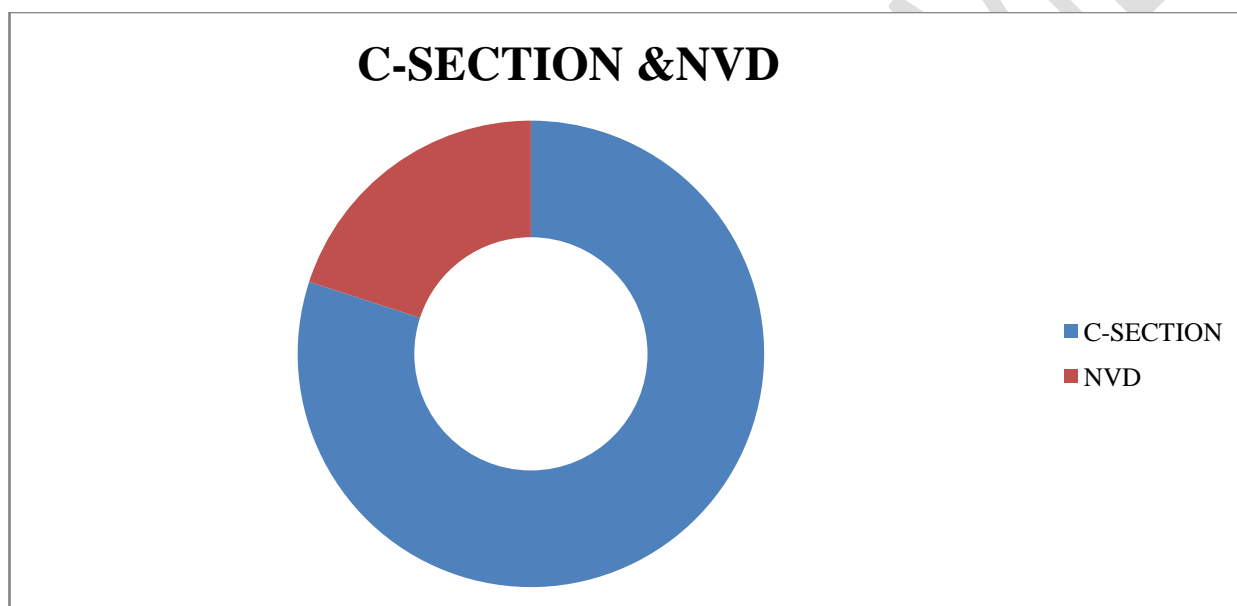
I have studied or observed four patients or mother who undergone normal vaginal delivery in Super-speciality hospital in Gynaecology department.

The following conditions observed in patients or mothers who have chosen NVD:

Table 2- Reasons for Normal Vaginal Delivery

Number of patients	Reasons for NVD
1 patient or mother	Term gestation, no complications and primi
1 patient or mother	Primi, Hypothyroidism
1 patient or mother	Previous of C-section and the time gap is more than 6 years
1 patient or mother	Previous NVD

In the below chart, comparison was made between NVD and C-Section. Only 20% NVD cases were observed every year when compared to C-Section cases, it was 80%. The NVD cases are decreasing by every year¹.



Graph 2- Comparison of C-Section and NVD cases

DISCUSSION

The study is performed at the super- speciality hospital in Gynaecology department over a period of 3 months.

In this study, total 20 patients were observed over 3 months. 16 patients had undergone caesarean section and 4 patients had undergone normal vaginal delivery.

CAESAREAN SECTION:

16 caesarean section patients were observed. In that, 2 patients -Maternal request, 2 patients-Umbilical cord 360° around the neck², 1 patient or mother- Macrosomia (baby over weight)⁴, 1 patient or mother – Preterm delivery (before 37 weeks),1 patient or mother- Placenta previa,4 patients or mothers- Oligohydromnios (low amniotic fluid)³,2 patients or mother– Previous caesarean section,1 patient or mother– Gestational hypertension,2 patients or mother – Breech presentation³,1 patient or mother– Amniotic membrane rupture (Amniotomy)⁵.

NORMAL VAGINAL DELIVERY:

4 normal vaginal delivery were observed. In that, 1 patient or mother- Term gestation, no complications and primi, 1 patient or mother- Primi, Hypothyroidism, 1 patient or mother- Previous of C-section and the time gap is more than 6 years, 1 patient or mother- Previous NVD.

Caesarean section deliveries are increasing day by day².

CONCLUSION:

Total 20 patients were observed. 16 were caesarean section and 4 were normal vaginal delivery.

Caesarean section cases are increasing as a belief that c –section is safe and many other reasons like breech presentation, oligohydromnios, placenta previa, etc and gradually Normal Vaginal Delivery cases are decreasing because of fear of pain and a belief that baby is injured in NVD.

Consent: Patient consent was taken for publication of manuscript.

Ethical approval: Approved

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