

Association between interpregnancy interval and pregnancy outcomes in women with one previous caesarian section undergoing a repeat caesarian delivery at term at pumwani maternity hospital between 2014 and 2018 a cross-sectional study



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Abstract

Caesarean sections constitute major surgery, and are associated with immediate maternal and perinatal risks with implications on future pregnancies. After a caesarean delivery, the World Health Organization (WHO) recommends an Inter-pregnancy Interval (IPI) of at least 24 months to lower the risk of adverse maternal and perinatal outcomes in the subsequent pregnancy. However, whether the recommendation confers obstetric benefits is unclear as there's paucity of data in low- and medium-income countries (LMIC). The objective was to determine the association between IPI length and maternal and neonatal outcomes in women with one previous caesarian section undergoing a repeat caesarian delivery at term in Pumwani Maternity Hospital between 1st January 2014 and 31st December 2018. A cross-sectional study was done where patients who had delivered via repeat caesarean section at term between 1st January 2014 and 31st December 2018 were evaluated. The files of 625 patients were retrieved and IPI was determined from the time interval between a previous caesarean section delivery and the beginning of the subsequent pregnancy, established from the date of the last normal menstrual period as recorded or extrapolated from an early trimester obstetric scan. The files were allotted to study groups as follows: <24 months/short IPI (n = 170), 24 - 29 months/intermediate IPI (n = 384), and 60+ months/long IPI (n = 121) and data on sociodemographic/reproductive characteristics and maternal and neonatal outcomes abstracted and uploaded to SPSS (version 21) worksheet. Descriptive, bivariate, and multivariate logistic regression analyses were done and a p-value of 0.05 was considered statistically significant. The demographic and reproductive characteristics were comparable across the three IPI groups. Maternal outcomes such as uterine rupture, post-partum haemorrhage (PPH), blood transfusions, preeclampsia, and maternal mortality were comparable across short, intermediate, and long IPI. Some neonatal outcomes, however, showed evidence of an association with IPI. These were prematurity (p = 0.03) and developing congenital malformations (p = 0.01). Other neonatal outcomes (birth outcomes, birth weight, Apgar at 5, and NBU admission) were similar. In conclusion, maternal outcomes are comparable when the IPI after a repeat caesarean section at term is short, intermediate, and long. Congenital anomalies and premature births should be anticipated when the IPI is long (more than 59 months).

Biography

The dean kyambogo university graduate school presents graduands for the award of the post graduate diploma in teacher education of kyambogo university.



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