Factors influencing mode of delivery in primigravida in rural tertiary care hospital

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1. Introduction

The rate of caesarean delivery is increasing in the world since the past few years. Numerous factors contribute to the rising trend of caesarean deliveries.

An emergency caesarean delivery during labour poses increased risks for maternal morbidity and mortality and psychological trauma.

The concern in the minds of a woman in labour and her attendants is whether she will have vaginal delivery or caesarean delivery, more so in case of first pregnancies.¹

Anticipation of the problems when allowing a woman for a vaginal delivery would help to prevent unwanted outcomes and emergency caesarean deliveries. So prediction of mode of delivery as soon as the woman is in labour is a challenging task.¹

2. Aims and Objectives

This study was done to determine the factors influencing mode of delivery in primigravida.

3. Materials and Methods

A retrospective study was done involving 586 women who delivered at Adichunchanagiri Institute of Medical...
1. Data regarding maternal age, history of infertility treatment, comorbidities and risk factors (like hypertensive disorder complicating pregnancy, diabetes mellitus) were collected from antenatal records and physical examination.

2. Additionally, effect on neonatal outcome was also studied.

3. The data collected was categorized based on maternal age, mode of onset of labour, estimated fetal weight, color of liquor, presence of FHR abnormalities and indications for caesarean delivery.

4. Results

Fig. 1: Mode of delivery in the study population (n=586)

Fig. 2: Mode of delivery in women with spontaneous onset of labour (n=323)

1. Of the 588 babies delivered, 6 neonatal deaths occurred, of which 5 delivered vaginally.

2. Out of those who delivered vaginally, 4 deaths were due to birth asphyxia and 1 death was due to severe preeclampsia.

3. 1 was delivered by caesarean section done for MSAF.

4. Out of all the babies, 1 baby delivered via caesarean section (for second stage arrest) was diagnosed as hypoxic ischemic encephalopathy at the time of discharge.

5. Comparing the outcomes of vaginal delivery and caesarean section, p value of 0.91 was obtained, suggesting no significant difference in foetal outcome through either modes of delivery.

5. Discussion

1. It can be deduced from the earlier studies that in women younger than 30 years, the age related medical morbidities (e.g., hypertension, diabetes mellitus) are less frequent; making vaginal delivery much expectable.

2. Age factor was one of the facilitating variables for vaginal delivery in the present study.

3. Similarly, Swathi Kotha et al and Wang Y2 et al also in their study showed that age < 30 years is favourable for having a vaginal delivery.

4. In this study, infertility treated women had a higher risk of caesarean section.

5. It could mainly be because most of such women are primigravidas and there will be low threshold for considering caesarean delivery.

6. Increased birth weight is an independent risk factor for caesarean delivery in our study even in the absence of GDM.

7. Kim SN et al also found that higher birth weight has a increased need for caesarean delivery.

8. Lower Bishop score and use of prostaglandins in labour were considered to be associated with higher caesarean deliveries.

9. Peregrine et al also similarly showed that induction of labour in nulliparous women has a higher risk of caesarean delivery.

10. In our study, we found that among the primigravidas who had hypertensive disorder of pregnancy, most of them underwent LSCS; mainly due to obstetric reasons.

11. In contrast, Coppage KH5 also studied the effect of preeclampsia on mode of delivery and found that majority of them had successful vaginal deliveries; however most of the LSCS was due to obstetric
Table 1: Mode of delivery based on maternal age (P value – 0.0032)

<table>
<thead>
<tr>
<th>Age</th>
<th>No.</th>
<th>Vaginal delivery</th>
<th>%</th>
<th>LSCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;19</td>
<td>65</td>
<td>47</td>
<td>72.31</td>
<td>18</td>
<td>27.69</td>
</tr>
<tr>
<td>20-24</td>
<td>324</td>
<td>204</td>
<td>62.96</td>
<td>120</td>
<td>37.04</td>
</tr>
<tr>
<td>25-29</td>
<td>167</td>
<td>87</td>
<td>52.10</td>
<td>80</td>
<td>47.90</td>
</tr>
<tr>
<td>&gt;30</td>
<td>30</td>
<td>8</td>
<td>26.67</td>
<td>22</td>
<td>73.33</td>
</tr>
<tr>
<td>Total</td>
<td>586</td>
<td>346</td>
<td>59.04</td>
<td>240</td>
<td>40.96</td>
</tr>
</tbody>
</table>

Table 2: Mode of delivery based on estimated fetal weight (P value – 0.00067)

<table>
<thead>
<tr>
<th>Estimated fetal weight</th>
<th>No.</th>
<th>Vaginal delivery</th>
<th>%</th>
<th>LSCS</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;2.5 KG</td>
<td>29</td>
<td>21</td>
<td>72.41</td>
<td>8</td>
<td>27.59</td>
</tr>
<tr>
<td>2.5-3.5</td>
<td>495</td>
<td>322</td>
<td>65.05</td>
<td>173</td>
<td>34.95</td>
</tr>
<tr>
<td>&gt;3.5</td>
<td>62</td>
<td>13</td>
<td>20.97</td>
<td>49</td>
<td>79.03</td>
</tr>
<tr>
<td>Total</td>
<td>586</td>
<td>356</td>
<td>60.75</td>
<td>230</td>
<td>39.25</td>
</tr>
</tbody>
</table>

Table 3: Mode of delivery in hypertensive disorder of pregnancy (P value – 0.05)

<table>
<thead>
<tr>
<th>Hypertensive disorder of pregnancy</th>
<th>Vaginal Delivery</th>
<th>LSCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>No</td>
<td>342</td>
<td>210</td>
</tr>
<tr>
<td>Total</td>
<td>356</td>
<td>230</td>
</tr>
</tbody>
</table>

Table 4: Mode of delivery in women with GDM (P value – 0.3)

<table>
<thead>
<tr>
<th>GDM</th>
<th>Vaginal Delivery</th>
<th>LSCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>343</td>
<td>215</td>
</tr>
<tr>
<td>Total</td>
<td>356</td>
<td>230</td>
</tr>
</tbody>
</table>

indications.
12. In our study, we found that the presence of GDM in the pregnant women did not have any effect the mode of delivery.
13. The HAPO study

6. Conclusion
The prediction for a woman to undergo vaginal delivery or caesarean section in primigravida depends on various factors other than obstetric factors such as counselling the woman and her family during labour and socioeconomic status.

7. Source of funding
None.

8. Conflict of interest
None.

References

Author biography
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