

Obstetric and Neonatal Outcomes Following a Previous Classical Caesarean Section

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INTRODUCTION

- Caesarean sections are the most common surgical procedure performed in obstetrics.¹
- Classical C-Sections (CCS) are performed when the lower segment is poorly formed or if access is difficult.¹
- It is vital to continue to provide updated data on both maternal and neonatal risk/outcomes in the event of CCS. This information supports clinicians to counsel women appropriately so that they can make informed health decisions.

OBJECTIVE

- Determine maternal and neonatal outcomes of the immediate subsequent pregnancy following classical caesarean section to inform future pregnancy counselling.

METHOD

Retrospective review of all classical caesarean sections at a large tertiary hospital in Brisbane, Australia from June 2012 – December 2021
n = 450

Immediate subsequent pregnancy managed at same tertiary centre
n = 43

Maternal Outcomes

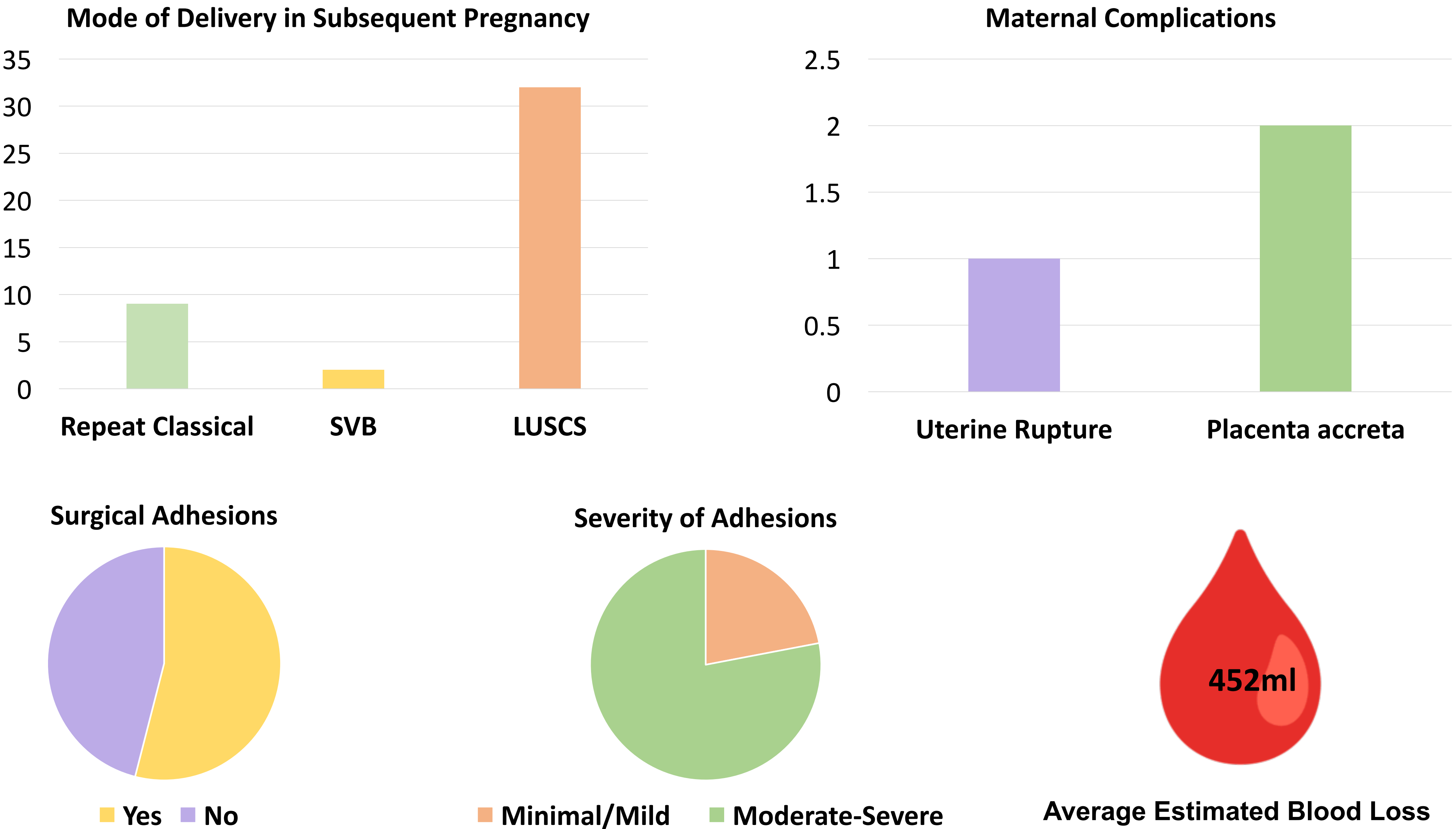
- Uterine rupture
- Placental adherence
- Mean estimated blood loss and
- Severity of intra-abdominal adhesions

Neonatal Outcomes

- Birthweight
- Admission to SCN/ICN
- Length of stay SCN/ICN
- Gestational age (GA) at birth

RESULTS

Maternal Outcomes



Neonatal Outcomes

Average GA at birth	35+3 weeks
Average birthweight	2661.3g
Admission to SCN/ICN	44%
Average length of stay in SNC/ICN	11.2 days

DISCUSSION

- No significant increased risk of postpartum haemorrhage or uterine rupture following CCS.
- Neither of the women who had subsequent vaginal births experienced uterine rupture.
- Neonates were more likely to be born preterm and of borderline low birth weight.
- Almost half of the neonates required admission to SCN/ICN.
- Moderate to severe adhesions were identified as a prominent entry issue for surgeons.

FUTURE DIRECTIONS

- Further research is required with larger data sets to provide an update of subsequent pregnancy outcomes. This will enhance clinician recommendations and inform counselling of women who have had previous classical caesarean sections.
- Are women counselled thoroughly regarding adhesions and higher risk of other organ damage in future caesarean sections?
- What is the updated incidence of uterine rupture in subsequent pregnancies?
- Is there an optimal inter-pregnancy interval to reduce risk of uterine rupture?
- Are women counselled appropriately on neonatal outcomes in pregnancies following classical incision?

REFERENCES

1. Kan A. Classical Cesarean Section. Surg J (N Y). 2020 ;6(Suppl 2): S98–S103. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7396476/>

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