

A Clinical Survey of Delivery among Women with More Than One Child

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Abstract:

Aim: To assess the prevalence of types of delivery in South Indian population

Objective: It is questionnaire type study focused on the types of delivery, their causes and complications

Background: A pregnant women can give birth in two ways. The delivery type differs depending on the condition of the mother. There is normal delivery and cesarean delivery.

Cesarean delivery is also termed as C- section. Cesarean section is the surgical delivery of the baby. There are various reason for undergoing a cesarean section rather than normal delivery. The reasons are position of the baby, health problems and signs of distress in the baby and in cases of women carrying more than one baby.

Normal delivery is also called as vaginal delivery. This does not involve any surgery and is the birth of the offsprings through the vagina.

Reason: To get an idea about the prevalence of the types of delivery and to create an awareness

Keywords: normal delivery, cesarean, pregnant

INTRODUCTION:

A women can give birth through normal delivery or cesarean delivery. The type of delivery the women undergoes depends on the condition of the pregnant mother and the infant.

Normal delivery is otherwise called as the vaginal delivery. This type of delivery is through the vagina of mammals and thus is a natural way of giving birth. Normal delivery does not involve any surgical procedures and hence the reason for its high preference. Though normal delivery is considered to be the safe type of delivery, it still has some complications for which it is avoided by many women.

There is no excessive bleeding when compared to that of the cesarean section^[1]. After delivery, the stay of the mother in the hospital is for a short period of time as recovery of the mother is fast. There is no requirement of instruments like forceps and vacuums. There is very less chance of any occurrence of infections and injury. However, there are certain reasons leading to complications such as the tearing of the vagina or rectum while giving birth. Perineum, the area between the vagina and the anus, pain is commonly observed in women after giving birth. In many cases hypertension and tachycardia in the mother or baby is seen after amniotic rupture.

Cesarean or the C-section is the surgical type of delivery. The delivery of the baby is done by making an incision on the abdomen and the uterus of the mother. Since it is a surgical procedure it requires the use of general anesthesia which is one main reason women avoiding it. Cesarean is usually preferred when there is a threat to the life of the mother or the baby if undergone normal delivery and sometimes it is also performed on the request of the mother^[2].

The advantages of this type of delivery include prevention of vaginal tear and no pain in the perineum area after delivery. It is useful in cases where the position of the baby is altered and in cases of big baby where the delivery of the baby through the vagina can be harmful for the baby or mother. Less pain during delivery is another reason women choosing to undergo a C-section. Anyhow excessive precautions should be taken at the site of incision as it might cause injury to the baby while making incision. Moreover, infections at the site of incision and other pelvic organs are common. Scars at the site of incision is also seen. C-section also leads to excessive bleeding causing anemia. Time of stay at the hospital and the recovery is prolonged in C-section. Adhesion (bands of scar tissues which make the organs on the inside stick to each other or to the wall of the tummy) is the most common complication in this type of delivery. Most of the women undergoing C-section experience post-delivery hernia. Increased cervical dilation at the time of operation and the use of general anaesthesia are also identified as the risk factors^[3].

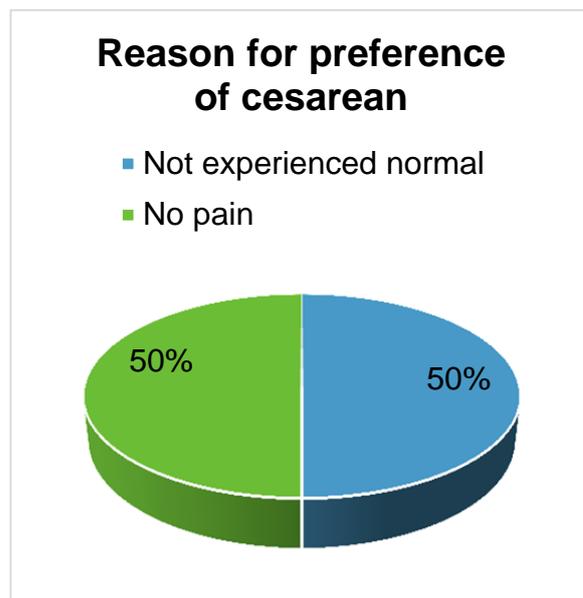
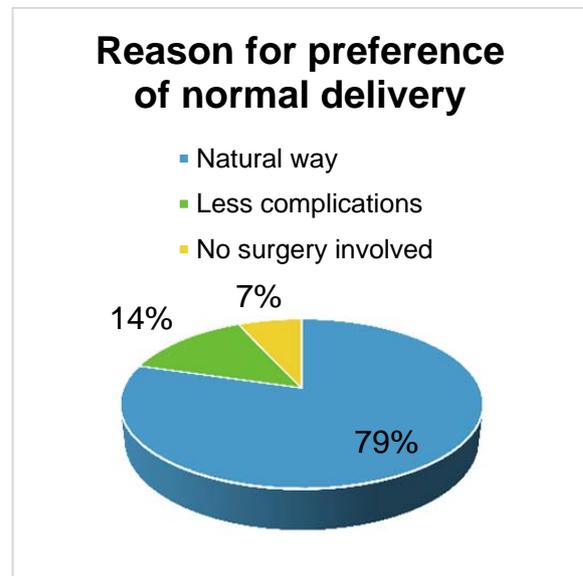
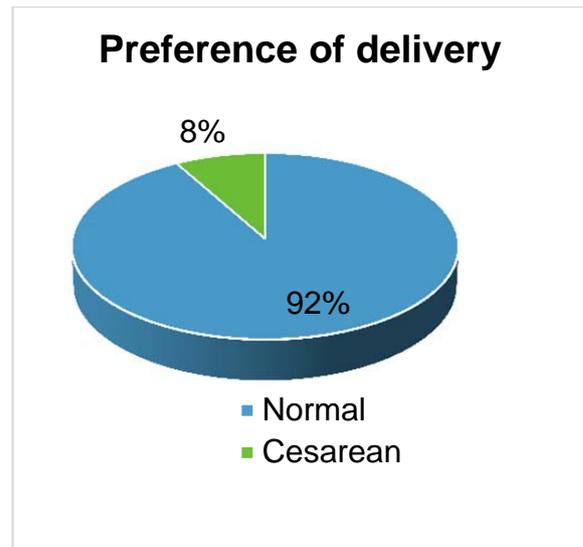
MATERIALS AND METHOD:

A survey was conducted in a number of 50 random females among the south Indian population who have more than one child. A set of questions were asked to these females about their delivery patterns and their preferences for the delivery. The type of delivery in the first baby and the type of delivery in the next was enquired. The type of complications that the mother had to undergo during that type of delivery was noted and also a record of the reasons for that type of delivery was made.

The information collected from these females were recorded. A comparison of the answers from the collected data were made. The percentage of the females undergoing cesarean and normal delivery was also calculated.

RESULTS:

The number of females undergoing C-section were very few compared to that of the normal delivery. Only 10% of the females questioned had undergone cesarean. In all the cases it was observed that the women undergoing cesarean section for the first child usually underwent cesarean for the consecutive children as well. It was noted that the preference of normal delivery was more than that of cesarean. However, women who had undergone cesarean delivery were not really aware of the symptoms of normal delivery and hence preferred to opt for cesarean. The reason for the preference of normal delivery among the population was mainly because it was a natural way of giving birth whereas the preference of cesarean was 50% cause of no pain and 50% had not experienced normal delivery. The complications related to normal delivery, as recorded by the survey, were less to that of cesarean. Majority of the females considered cesarean to cause more complications (63%) whereas some described the complications to depend on the way the females takes care of herself post-delivery (37%).



DISCUSSION:

In our survey which was done among the south Indian females population, it was found that the most of the women had preference for normal delivery to give birth with a very few of women preferring cesarean section. Whereas in a study done by Kristine, among the Brazilian women found highest rates of women undergoing cesarean. It was mainly cause of the demand of the pregnant women, with 36% of women delivering surgically^[4]. Another search done from 2000 to 2005 by Chris *et al.* concluded that very few percentage of women opted for cesarean delivery^[5]. In another study conducted by S Lazer *et al.* it was shown that the birth of macrosomic infants (infants born above the weight of 4000g) via normal delivery lead to various physical injuries to the baby like breaking of the long bones, clavicle, shoulder dystocia, birth traumas etc^[6]. However the studies done by Acker *et al.*, Lipscomb *et al.*, Sandmire *et al.* and Nocon *et al.* reported that the neurological and functional impairment were not of long-term^[7-10]. And hence there was suggestion of undergoing cesarean delivery with macrosomic infants. So the variation of preference of the types of delivery varies highly among different populations according to various studies and surveys done.

CONCLUSION:

From our study, it can be concluded that the number of females opting for normal delivery was at a higher rate than that for the cesarean delivery. The reasons and complications of the normal and cesarean delivery differed accordingly. Many women did not want to undergo the surgical complications caused by cesarean whereas some did not want to experience the pain during normal labour. We could also see that the women who had undergone cesarean for the first child usually had to undergo cesarean for the consecutive children as well.

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