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Maternal and fetal morbidity and mortality following multiple caesarean sections in northern Jordan

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Abstract: Background. Increasing rates of both primary and repeated CS birth are an issue of international concern as they can impact negatively on maternal and fetal morbidity and mortality. Aim. The aim was to explore morbidity and mortality relating to repeat CS in Jordan. Method. A retrospective cohort study was conducted in two large public hospitals, with data collected on repeat CS birth outcomes for mothers who gave birth in the north of Jordan from June 2005 to June 2010. A specifically designed abstraction form was used to collect demographics, social data and maternal and infant intranatal and postnatal outcomes. The instrument was subjected to several reviews carried out by the investigators and a pilot study was conducted to ensure specificity and clarity. All women who had multiple repeated CS were divided into two groups, women who had three CS and women who had four CS or more, in order to compare the incidence of maternal and neonatal morbidity and mortality rates. Ethical approval was granted from the human subject committee at Jordan University of Science and Technology. This study was funded by Jordan University of Science and Technology. Results. The total sample consisted of 265 women; the majority had three previous CS (n=175, 66%), while 66 (25%) had four, 22 (8.3%) had five, one (0.4%) had six, and one (0.4%) had seven CS. A total of 42 women (15.8%) had adhesions, 28 (10.6%) had placenta praevia, 23 (8.7%) needed blood transfusion, 18 women (6.8%) had a hysterectomy, 10 (3.8%) suffered uterine rupture, two (0.8%) had placental abruption, two women (0.8%) had bladder injury, and two women (0.8%) developed disseminated intravascular coagulopathy. Compared with the group of women with three previous CS, the group of women with four CS and more had a significantly higher mean age, lower mean for gestational age, increased need for blood transfusion and were more likely to experience placenta praevia. Conclusion and implications. Multiple CS pose potenti