

## CESAREAN SECTION-INDICATIONS

- At HCMC, done by OB/GYN. FM residents can scrub in if appropriate, can also help with newborn assessment.
- Most common uterine incisions are transverse (Pfannensteil or Joel-Cohen) or vertical midline (emergency c-section, contraindication to future trials of labor/vaginal delivery)
- Four most common indications indicated by ***BOLD italic*** type.

### Fetal:

- ***Non-reassuring fetal heart pattern (10%)***
- Very low birth weight ( < 2500 g)
- ***Malpresentation (11%):***
  - Transverse lie/arrest
  - Breech (if vaginal criteria not met)
  - Brow
  - Face – mentum posterior
- Cord prolapse: keep hand in vagina and push baby up and off cord until c-section done
- Congenital anomalies

### Maternal-Fetal:

- ***Failure to progress in labor (30%):*** Defined as 2 or more hours of adequate labor (Montivideo Units from IUPC with no labor progress).
  - Arrest of descent
  - Arrest of dilation
- Failed forceps
- Placenta abruption
- Placenta previa
  - If the patient has significant vaginal bleeding, always consider previa or abruption. NO digital vaginal exams if previa; proceed to c- section. If considering abruption, watch fetal monitoring and uterine tone closely. Consult HCMC OB/GYN ASAP.
- Conjoined twins
- Perimortem
- HIV positive mom

### Maternal:

- ***Repeat cesarean delivery (30%)***
- Human immunodeficiency virus (viral load dependent)
- Active herpes virus
- Immune Thrombocytopenic Purpura (ITP)
- Contracted pelvis, e.g., congenital, fracture
- Obstructive tumors
- Abdominal cerclage
- Reconstructive vaginal surgery, e.g., fistula repair
- Medical conditions, e.g., cardiac, pulmonary, thrombocytopenia, HELLP

## CESAREAN SECTION-COMPLICATIONS

Most common:

- Infection
  - Endometriosis 35-40 % if not given intraoperative prophylactic antibiotics (usually Ampicillin or Cefazolin)
  - Wound infection usually appear within 24-48 hours or 4-7 days postpartum
    - Wound may need to be reopened and heal by secondary intention while patient on antibiotics (refer to OB/GYN)
- Hemorrhage
  - 2-3 % require blood transfusion due to uterine atony, accreta, uterine injury, disruption of uterine arteries
- Injury to pelvic organs
  - Most common bladder damage occurs rarely when surgery complicated by adhesions or emergency surgery being done quickly
- Thromboembolic disease
  - Deep Venous Thrombosis (DVT) and Pulmonary Embolus (PE), prevent by using enoxaparin and early mobilization

Long term risks include abnormal placental implantation in subsequent pregnancies and increased risk of uterine rupture if delivers vaginally next time.

Up To Date 2007  
ACOG Practice Guidelines