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Case Report

Pregnancy following five previous caesarean sections: a rare case of successful emergency repeat caesarean

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ABSTRACT

Pregnancy following multiple previous caesarean sections is associated with significantly increased maternal and fetal morbidity. Grand multiparous Women with five or more prior lower segment caesarean sections (LSCS) constitute a particularly high-risk obstetric group due to increased chances of dense intra-abdominal adhesions, scar dehiscence, placenta previa, placenta accreta spectrum, classical caesarean, hemorrhage, bladder injury, bowel injury, and uterine rupture. We report a rare case of a successful emergency classical caesarean section in a grand multiparous unbooked patient with five previous LSCS presenting with abdominal pain and scar tenderness at term gestation. A live male baby weighing 2.170 kg was delivered with Apgar scores of 7 and 9 at one and five minutes, respectively. Bilateral tubal ligation was performed. Management becomes challenging in unbooked patients presenting late in pregnancy or in labour. Despite multiple risk factors favorable maternal and neonatal outcome was achieved with timely diagnosis, careful perioperative planning, and multidisciplinary management.

Keywords: Repeat caesarean section, Previous five LSCS, Scar tenderness, High-risk pregnancy, Emergency caesarean delivery, Multiple caesarean sections

INTRODUCTION

The global rise in caesarean section rates has led to a parallel increase in pregnancies complicated by multiple previous caesarean deliveries.[1-3] Repeat caesarean sections are associated with progressively increasing maternal and fetal morbidity, particularly when the number of prior surgeries exceeds three.[1,2,4]

Grandmultiparity and women with multiple previous lower segment cesarean sections (LSCS) are at increased risk for complications including dense pelvic adhesions, scar dehiscence, uterine rupture, placenta previa, placenta accreta spectrum disorders, excessive intraoperative hemorrhage, bladder and bowel injury, anesthetic complications, and prolonged operative time with need of blood and blood products transfusion.[1,2,5-7] Pregnancy following five previous caesarean deliveries is relatively uncommon and poses significant surgical and obstetric risk.[1,4] The risk of scar-related complications increases substantially with each successive caesarean delivery due to repeated disruption of tissue planes and impaired healing.[1,4,7] Unbooked pregnancies presenting late in third trimester with lack of adequate antenatal surveillance, increases the risk of adverse feto maternal outcomes.[8,9]

A multidisciplinary coordination involving obstetrician, anesthetist, neonatologist, sonologist and blood bank services is essential for favourble feto maternal outcomes.[6,8,9] We present a rare case of successful emergency repeat caesarean section in an unbooked patient with five previous LSCS presenting with abdominal pain and scar tenderness at term gestation.

CASE REPORT

A 35-year-old unbooked grand multipara G6T5P0A0L4 woman presented to the emergency department at 40 weeks + 4 days gestation with complaints of abdominal pain for 12 hours. She had obstetric history of five previous lower segment caesarean sections performed at different institutions. One of her previous children had expired after birth due to respiratory distress, while the remaining children were alive and healthy.

The patient was unbooked during the current pregnancy and had no prior ultrasound or laboratory records available. There was no history suggestive of antepartum hemorrhage, leaking per vaginum, decreased fetal movements, fever or trauma.

On general examination, the patient was conscious, well oriented. Her pulse rate was 106 beats/minute, blood pressure was 118/76 mmHg, respiratory rate was 18 breaths/minute, and oxygen saturation was 98% on room air, mild pallor was present, and there was no pedal edema or icterus.

Abdominal examination revealed a term-sized uterus with a singleton fetus in cephalic presentation with mild uterine contractions and scar tenderness. Fetal heart rate was regular at 164 beats per minute, raising suspicion of impending scar complications. On per vaginal examination cervix was 2 cm dilated with 20-30% effacement, cervical length of approximately 2.5 cm, and membranes were intact.

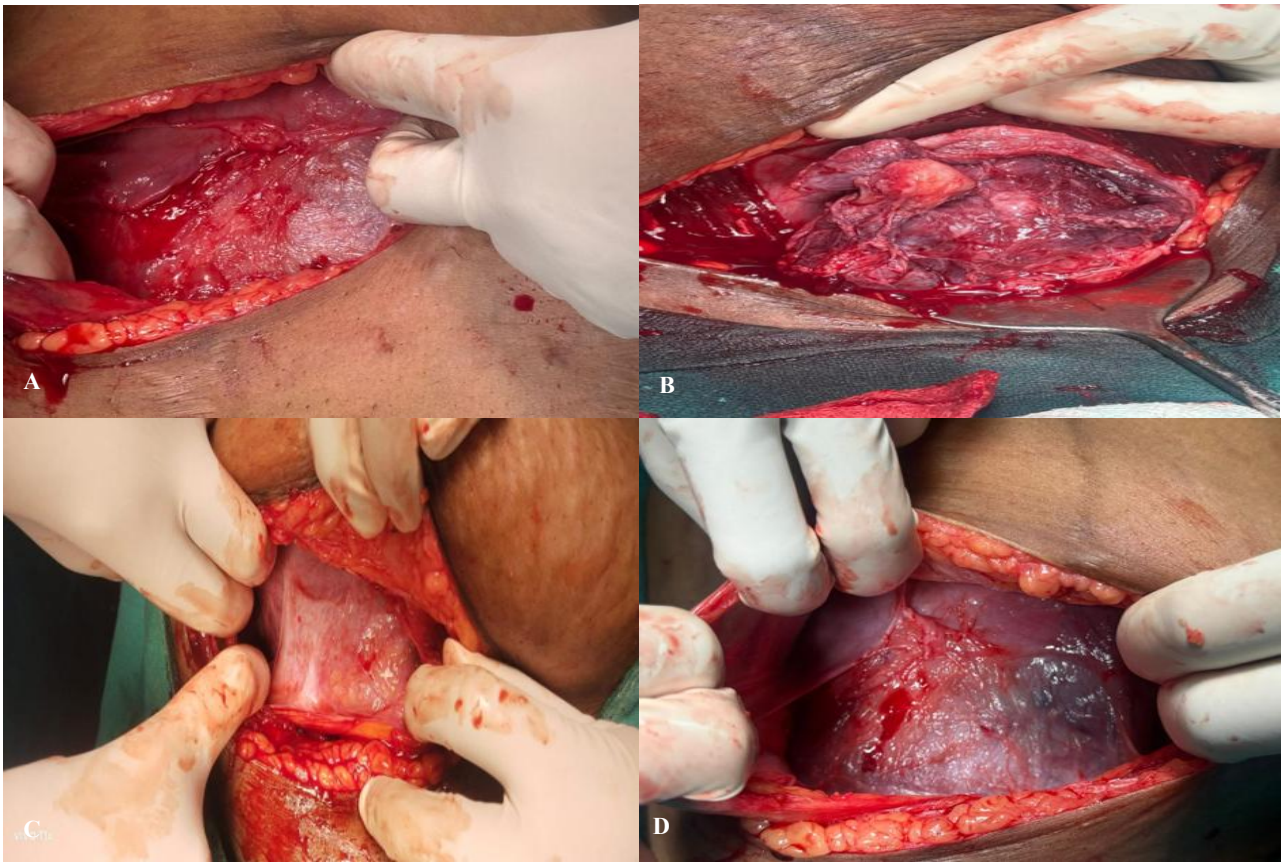

Figure 1 (A-D): Dense adhesions between anterior abdominal wall and uterus.

Routine laboratory investigations were performed preoperatively. Hemoglobin was 9.5 gm, TLC 8,000, Platelet count of 218000, Pt/INR – 11.1/ 1.03 with blood group O Positive. Cross-matching was done, and one unit of packed red blood cells was arranged in anticipation of possible intraoperative hemorrhage. On bedside Ultrasonography, a singleton live intrauterine fetus in cephalic presentation corresponding to term gestation with adequate liquor and an anterior placenta without evidence of placenta previa. In view of the patient's history of five previous caesarean sections, persistent abdominal pain with scar tenderness, and unfavorable cervix, emergency classical caesarean section was planned under high-risk informed consent with adequate perioperative preparation.

Intraoperatively, dense adhesions were noted between the anterior abdominal wall and the uterus. The urinary bladder was pulled high up over the lower uterine segment. Careful adhesiolysis and sharp dissection done. The lower uterine segment could not be approached.

A classical ceserean section was done and a live male baby weighing 2.170 kg delivered by cephalic presentation, cried immediately after birth and had Apgar scores of 7 and 9 at one and five minutes respectively. Delayed cord clamping was done, following which the baby was placed on the mother's breast for early initiation of breastfeeding. Placenta and membranes were delivered completely, and hemostasis was achieved satisfactorily. Bilateral tubal ligation was performed using modified Pomeroy's technique. Estimated intraoperative blood loss was approximately 1000 ml. One unit of packed red blood cells was transfused postoperatively. The patient remained hemodynamically stable throughout the procedure.

Postoperative recovery was uneventful, with adequate urine output, satisfactory wound healing, establishment of breastfeeding. The patient received antibiotics, analgesics, intravenous fluids, and routine postoperative care. Both mother and baby were discharged in stable condition on post op day 5, with advice for post-natal follow-up.

DISCUSSION

Multiple repeat cesarean sections are associated with progressively increasing operative difficulty and maternal morbidity.[1,2,4] Adhesion formation is one of the most common complications encountered during repeat abdominal surgeries and may significantly increase operative time, blood loss, and risk of injury to adjacent organs such as the bladder and bowel.[7] The incidence and severity of adhesions rise with each subsequent cesarean section.[7] Women with five or more previous cesarean deliveries represent a particularly high-risk group because of the increased likelihood of scar thinning, scar dehiscence, placenta previa, placenta accreta spectrum disorders, and uterine rupture.[1,4-6,10] Maternal morbidity in such cases may include hemorrhage requiring blood transfusion, hysterectomy, surgical trauma, wound complications, and prolonged hospitalization.[1,2,4]

In the present case, grand multiparity along with a history of five previous cesarean sections further increased the risk of obstetric and surgical complications. The patient presented as an unbooked term gravida with abdominal pain and scar tenderness, both of which are concerning clinical indicators of impending scar complications in women with multiple previous cesarean scars.[8,9] Prompt surgical intervention was therefore undertaken to prevent catastrophic complications such as uterine rupture, severe maternal hemorrhage, and fetal compromise.

Dense adhesions between the uterus and anterior abdominal wall, high-up bladder, and markedly thinned lower uterine segment observed intraoperatively highlighted the significant surgical challenges associated with repeated cesarean deliveries.[1,4,7] Despite these operative difficulties, careful surgical dissection and timely intervention resulted in successful maternal and neonatal outcomes.

The decision to perform concurrent bilateral tubal ligation was appropriate considering the extremely high risks associated with future pregnancies after five cesarean sections.[8,9] Counseling regarding permanent contraception is an important aspect of management in such patients.

This case emphasizes the importance of regular antenatal visits and institutional delivery in women with previous cesarean sections.[3,8,9] Early identification of high-risk features and planned elective delivery in adequately equipped centers can significantly reduce maternal and neonatal morbidity.

PROGNOSIS

Pregnancy following five previous cesarean sections carries substantial maternal and fetal risks including uterine rupture, placenta accreta spectrum, dense adhesions, hemorrhage, and operative injury.[1,2,4-7,10] Prognosis depends on timely diagnosis, availability of tertiary care facilities, adequate blood transfusion support, and prompt surgical intervention. This case demonstrates that successful maternal and neonatal outcomes can still be achieved in high-risk grand multiparous unbooked patients with prompt and meticulous obstetric care. Comprehensive counselling regarding contraception and the risks associated with repeated cesarean deliveries remains an essential component of patient counselling.[8,9]

CONCLUSION

Unbooked pregnancy following five previous cesarean sections remains a major obstetric challenge with increased maternal and fetal risks, including dense adhesions, hemorrhage, bowel and bladder injury, placenta accreta spectrum disorders, and uterine rupture. Early recognition of warning signs such as scar tenderness, timely surgical intervention, adequate perioperative preparation, availability of blood products, and multidisciplinary management in a tertiary care setting are essential for favorable outcomes.

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