

Title: OBSTETRIC OUTCOME IN CAESAREAN SECTION DONE IN SECOND STAGE OF LABOUR : A CROSS-SECTIONAL STUDY

INTRODUCTION	DISTRIBUTION OF PATIENTS ACCORDING TO INDICATIONS OF SECOND-STAGE CESAREAN SECTION	RESULTS	
<p>The Caesarean section (CS) done at second stage of labor has been reported to increase with increasing CS rates [1]. The incidence of second stage CS has increased from 0.9% to 2.2%. The RCOG has reported that 6% of primary CS occurs at full dilatation, and in 50% of these patients, instrumental vaginal delivery was not attempted [2]</p> <p>Cesarean section at full dilatation is technically more challenging than CS in early labor . It is also difficult to deliver a deeply engaged fetal head, which can be delivered by the Patwardhan or push methods [3]. Maternal and neonatal morbidity is reported higher in second stage CS.</p>		<p>Among the 100 cases of CS at second stage of labor, The mean age was 26.7 ± 3.9 years ranging between 19 and 35 years involving a majority of primiparity women. Maximum patients were having gestational age between 39 and 40 weeks and had spontaneous labor.</p> <p>The main indication of second-stage CS was Obstructed labour and the method of delivery for the deeply impacted head was the Patwardhan method (45%). Most common intra operative complication was uterine atony seen in 32% , leading to PPH seen in 13 % cases.. 15% had post operative complications like febrile illness. There’s also evidence if prolong catheterization in 22 % women with prolong hospital stay in 16 % women. Wound gapping is observed in 3 patients .</p> <p>The higher rate of admission of babies delivered by second-stage CS to the NICU is due to more frequent meconium aspiration, birth asphyxia, low Apgar score, andgrunting.NICU admission were 16% noted with respiratory distress being the most common indication.</p>	
AIMS &OBJECTIVE	DISTRIBUTION ACCORDING TO INTRAOP MATERNAL COMPLICATION	CONCLUSION	RECOMMENDATION
<ul style="list-style-type: none">▪ This study was conducted to explore the indications of this high incidence of second-stage CS.▪ To know the fetο-maternal outcome of second-stage CS.▪ To find out some recommendations that of might reduces the incidence and complications of second-stage CS		Second stage caesarean section is associated with significant maternal and neonatal morbidity. Decision-making for CS in the second stage of labor is one of the greatest challenges in current obstetric practice. The involvement of a skilled obstetrician in the management of the second stage of labor CS aids in minimizing morbidity and mortality .	<ul style="list-style-type: none">- To reduce the 2nd stage CS rate Assisted vaginal delivery should be encouraged.- The 2nd stage CS should be performed by skilled obstetrician.- Women in the study group should be advised about the importance of ANC follow-up.- Audit of second stage CS indication.
MATERIAL AND METHOD	DISTRIBUTION ACCORDING TO THE METHOD OF DELIVERY OF THE DEEPLY IMPACTED HEAD	ACKNOWLEDGEMENT	REFERENCES
<p>A cross-sectional study was conducted in the Department of OBGY of NSCB medical college Jabalpur , an institution that provide care to around 13000 to 15,000 obstetrics patient annually, there-fore providing a very good platform for conducting the clinical-epidemiological study of the topic of interest.in the study A total of 100 cases of 2nd stage CS were analyzed from august 23 to January 24 in terms of indication for caesarean section, intraoperative and postoperative maternal complications and fetal outcomes.</p>		I would like to extend my sincere gratitude to the institution where I had done the study, my Guide , my Co-Guide for there constant support and guidance.	<ol style="list-style-type: none">1. 2022 Dec;159(3):783-789. doi: 10.1002/ijgo.14186. Epub 2022 Apr 6. PMID: 35307823.2. Med. 2022 Feb7;50(4):446-456. doi: 10.1515/jpm-2021-0572. PMID: 355858763. doi: 10.2147/JBM.S355846. PMID: 35585876