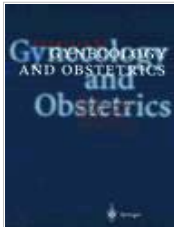


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Original Article

Association between method of delivery, puerperal complication rate and postpartum hysterectomy

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Abstract

Objectives The aim of this study was to assess current maternal obstetrical risk associated with different modes of delivery concerning puerperal complications, especially postpartum hysterectomy.

Materials and methods We studied the perinatal survey data 1998–2001 of the German state of Baden-Württemberg, comparing complication rates associated with method of delivery of different groups of pregnant women. For statistical analysis


χ^2 -test, Fisher's exact test, Mantel-Haenzel statistics and relative risks (RR) were used to describe the risk to those exposed to the likelihood of undergoing a caesarean section.

Results Surgical delivery is associated with a significantly higher total puerperal complication rate and risk of postpartum hysterectomy ($p < 0.0001$, sample size = 354,160). If primary caesarean section for a singleton in cephalic presentation and more than 37 weeks' gestation is tested separately versus spontaneous vaginal delivery of a singleton in cephalic presentation and more than 37 weeks' gestation, the RR for puerperal complications is 3.38 (95% confidence interval [CI] 2.94–3.77), and the RR for postpartum hysterectomy is 7.96 (95% CI 3.96–16.00).

Conclusions Surgical method of delivery is also subject to a propensity towards puerperal complications when primary caesarean sections are considered separately. The results support the concept that reducing caesarean delivery likelihood is a correct approach to providing primary prevention of caesarean-related maternal morbidity.

Keywords Perinatal survey data - Caesarean delivery - Puerperal complication - Postpartum hysterectomy

Study based on the Perinatal Survey of Baden-Württemberg/Germany

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