THE MANAGEMENT OF UTERINE RUPTURE BY PRIMARY UTERINE REPAIR

J. Wright¹, W. Alemayehu², K. Ballard³

¹ Faculty of Health and Medical Sciences University of Surrey, UK
² Gimbie Adventist Hospital, West Wollega, Ethiopia
³ Faculty of Health and Medical Sciences University of Surrey, UK

The maternal mortality ratio in Ethiopia remains at 676/100 000 live births and the commonest cause of death remains haemorrhage and infection. Uterine rupture accounts for an estimated 10% but as death from this cause is usually the result of haemorrhage or sepsis this is an under estimate.

Treatment is either by primary uterine repair or hysterectomy with a mortality rate reported between 16 and 35%. There is no evidence as to which is the preferred treatment. We report a case series of 386 consecutive women who underwent primary uterine repair at Aira Hospital a rural missionary hospital. A forward conditional logistic regression was carried out to look at predictors of mortality.

Results.

From the case notes, 386 (3.7%) women were identified as having a uterine rupture which was surgically treated and 19 (4.8%) of these women died as a result of their uterine rupture. Only 8 women ruptured their uterus in their first pregnancy, 15 had had a previous Caesarean section and 8 a previous scar rupture. 382 (98%) women had received no ante-natal care during the pregnancy. 226 (58%) reported that their labour had lasted for more than 24 hours. The odds of dying were 3.3 if labour exceeded 24 hours and 2.8 if there was a delay in reaching hospital of more than 24 hours after the cessation of contractions (the likely time of rupture).

Conclusion