Case Report

A case of abdominal delivery performed by patient herself

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Introduction

The delivery of the fetus through abdomen has history beyond 715BC[1,2].The Caesarean section is defined as an operative procedure where by the fetus after the 28 weeks of gestation is delivered through an incision on anterior abdominal wall and the uterine wall[1,2]. The operation derives its name from "lex cesarean" a Roman law promulgated in 715 BC[2] .The history of the operation is fascinating with a wide range of isolated cases being documented. Caesarean section, with the evolution over the time, is a safe mode of delivery, if done by skilled hands in Obstetrics[1].

Ines Ramirez, living in rural Mexico, is believed to be the only woman known to have performed a successful caesarean section on herself[2]. She did say, afterward, that she didn't advise other women to follow her example[2]. We report a similar case from Sri Lanka. It is an abdominal delivery done by patient herself for termination of an unwanted pregnancy.

Case Report

A 25-year old garment factory worker, in her third pregnancy was admitted to the base hospital Homagama, with a history of fall from the bed. She is from rural Bibile but living in a boarding place at Homagama, close to Colombo, capital of Sri Lanka. She was bleeding profusely from a cut injury on the anterior abdominal wall. On admission, she was conscious but severely pale. Her peripheries were cold with low volume pulse, at a rate of 104 beats / minute and the blood pressure was 70/40 mmHg. The patient was taken straight to the operating theatre after initial resuscitation in the surgical ward.

She had a transverse cut injury of about 7 inches in length made about two inches below the umbilicus. Loops of small bowel were coming out through the cut. She was given general anaesthesia and the surgical team started the surgery. Abdominal cavity was explored through the same cut injury. There was about 3 liters of blood in the peritoneal cavity. The surgical team called the gynaecologist when they found a cut injury on the uterus. The uterus was about 26 weeks size. Two transverse parallel cuts were found on the anterior fundal area. These were opening into the uterine cavity (figure 1, 2). The left fallopian tube also was found cut. The placenta was found inside the uterus with a transverse cut at the edge and the cord was found cut few inches away from attachment. The fetus was not found inside the uterus or in the peritoneal cavity. There were no other injuries in the uterus or other surrounding viscera including bowel loops. Total abdominal hysterectomy was performed leaving both ovaries. The patient was transfused 5 units of cross matched blood and 07 units of fresh frozen plasma (FFP) during surgery. Intravenous antibiotics were administered. Once she became haemodynamically stable, she was transferred to the Intensive Care Unit (ICU) of Colombo South Teaching Hospital and managed there till she recovered completely.

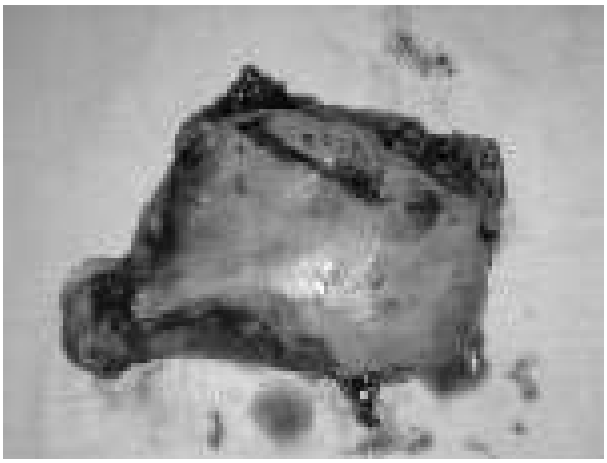

Figure 1. **Cut on anterior wall of uterus.**

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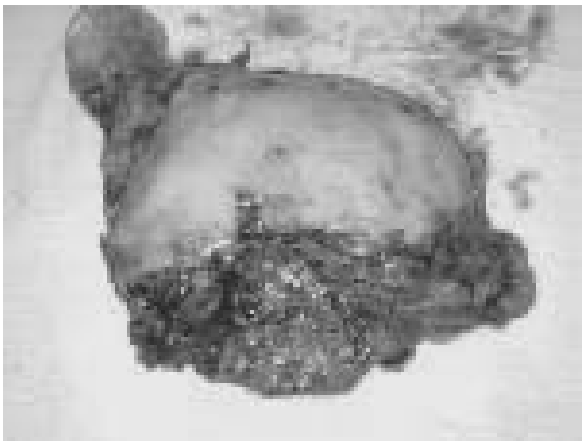

Figure 2. **Cut on anterior upper uterus opening into cavity.**

The police investigations later found a razor blade, a lignocaine vial, a hand sewing needle, a syringe with a needle and a cotton wool thread. There was a massive amount of blood on the floor of her room. A dead fetus was found kept inside a polythene bag under the bed. Judicial medical examination revealed the fetus to be about 28 weeks mature without any external or internal injuries.

Discussion

Abdominal delivery is a major obstetric surgery which should be done by qualified persons. A pre-operative assessment is mandatory with the indication[1]. Preparation of the patient, a suitable mode of anaesthesia, aseptic technique and environment with a supportive team are other prerequisites[1]. Understandably, the fore mentioned type of case carries very high risk with increased morbidity and mortality for both mother and the fetus due to unsafe nature from every aspect. It includes potential damage to other internal visceral organs and to the fetus, risk of sepsis, bleeding and even death due to haemorrhagic shock. This patient was lucky to survive as she was admitted to the hospital without a significant delay and also due to immediate attendance of Surgical, Obstetric and Anaesthetic teams.

Addressing the factors which led her to take such a decision is important because the patient revealed that she did it by herself, as it was an unwanted pregnancy. Large number of unwanted pregnancies are reported despite Sri Lanka having a high national contraceptive prevalence rate[3,4]. Although legal restrictions are there on termination of a pregnancy, it is done at a considerably high rate in the country[4, 5, 6]. The social back ground of this patient again highlights that she is in a vulnerable group for unwanted pregnancies. It has been shown in a study, urban and semi urban married women between 25-39 years of age, having two or more children are predominant in abortion seekers[7]. Same study shows that garment factory workers as a vulnerable group in the society[7]. Lack of knowledge of reproductive health, unmet need of contraception, myths on modern contraceptive methods, unavailability of well established preconceptional counselling system, socio-economic and cultural reasons seem to be the causative factors for this problem[3,4]. Same factors to variable extents have contributed for this patient also to take such a decision.

National level strategies are needed to reduce the rate of unwanted pregnancies. Steps to increase awareness of contraceptive information and services to the vulnerable groups are mandatory. It is also high time to establish a readily accessible counseling system with a confidentiality and privacy for abortion seekers for safer alternatives. Attention on preventive strategies is more important in an Asian country like Sri Lanka where unwanted pregnancy is a critical challenge for women.

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