Association between first birth caesarean delivery and adverse maternal-perinatal outcomes in the second pregnancy: a registry-based study in Northern Tanzania

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## K.C.M.C. KCMC Medical Birth Registry

1 Basic information conceFf4	ing mc>ther
1.1 Mothers date of birth	,     Age:     -* Mothers name :     .       1.3 Address:     .       1.S Date of interview:     .       1.7 Interview by:     .
1.4 Hospital number:	1.3 Address:
1.6 Birth number:	1.S Date of interview:
1.8 Date of admission:	1.7 Intewiew by:
	Yes if yes: zzpReferred from: Referred during labour:
Reason for referral:	z No (Set referral z Regional hospital 1 Admitted in labour 2 Admitted before labour
	3 District hospital
	4 ther, specify:
1<9 Official date of discha rge:(	1.10 Date leaving hospital:
1.11 Current residence:	I Rural   1.12 Mothers childhood   Rural
	□ I Urban residence: □ 2 Urban □ 3 Semi urban > Semi urban
Area of mother.s	Area of mother's childh0Od
residence: 1.13 Highest educational levet:	residence:         □ None       1.14 Current occupation:       □ 1 HOusewife
1.15 Highest educationarievet.	$\square 2 \text{ Pfimary (1-7)} 2 \text{ Farmer}$
	Secondary t8-11) Z Service
	□ 4 Higher (12+) □ 4 Business
	Image: Section of the
1.1S Current marital status:	□ z Single □ Others ⇒
	□ 3 Wiaowed
	Remarried No of previous programming
	bivorced     s Polygamous family Add wife number:
	If yes, at age: If yes, type:
1.16 Regular menstrual	Yes Age at 1.17 Genital 1 Yes Type one
periods:	Image: good menarche:   Image: good menarch
1.18 Mother's tribe:	Image:
	Other ^ Others =>
2 Questions concern ng the 2.1 Father's name:	
	*-* Father*s age:
2.3 Current occupation of fat	
z1 Farmer	□ 06 Official educational level: z Primary (1-7) □ cz Professional z Secondary (8-11)
☐ 0z Business ☐ 33Skilled worker	$\square 06 \text{ Student} \qquad \square 4 \text{ Higher t12+}$
•< Unskilled wOrker	Unemployed 2.5 Father's tribe: Chagga
🔲 as Servise	<sup>10</sup> Other II 2 Pare
	z Masai
	^ Others »
3 Questions concerning ho	
3.1 Source of drinking water:	: 1 Tap water 3.3 Q stance to water, if not Less than 1 km (less hour walk) ☐2 We/i tap: ☐z More than 1 km,
	□ 3 River specify in km:
	4 Spring 3.4 }-{ome toilet:

4 Mothers health before and during present pregnancy

4.1 Body weight (kg):	4.2 Body height (cm):	4.3B lood 1 Yes			
(before pregnancy)		transfusions > No			
4.4 Serious O1 Diabetes	06 Anaemia	1 Tuberculosis			
	v	12 Sickle celt			
☐ o3 Heart diseas ☐04 Epilepsy	ses 🔤 os Liver disease (jaundice) cs k idney disease	<sup>13</sup> Other, sp ecifv t/			
⊡os Malaria					
4.5 Have you ever practised ☐1 Yes	Months trying to get pregnant:				
family planning: $\square_2 \text{ No}$					
If yes, y/hat kind Of 🛛 🗍 01 Pills	🔲 o5 [ mplant	09 Abstinence			
prevention z Injections	06 Lactation	10 Traditional			
	∐07 Withdrawal	☐ <sup>11</sup> Other specify			
∐ ›• Condoms	<u></u> ⊂ca Matural				
4.6 Antenatal care in ☐1 Yes this pregnancy: ☐ z No	i tyep; First medical appointmen	nt date:			
	If date unknown, estimate	e 1 0-12. week of gestation			
Number of visits:	first appointment :	☐ 2 13-20. week			
		=			
<sup>4.7</sup> L.M.P: 4.B		D. Based on			
hand the stand the stand the stand					
4M0 Do you smoke? ☐ 1 Yes If yes	how many Smoking during this pregna	ancy: 🔲 1 Ycs			
	ettes per day:,	2 @0			
Chewing tobacco	Chewing tobacco during th	nis 🔲 1 Yes			
2 No	pregnancy:	2 No			
⇒11 Do you drink alcoholic 🔲 <sup>1</sup> Yes	Did you also drink alcoholic	T Yes			
beverages?	beverages during this pregna				
lf yes 🔲 Every day		yes: 🗍 Every day			
$\square^2$ More than or		$\square$ 2 More than once a week			
☐ <sup>3</sup> Once a week		Once a week			
	·	4 Occasionally			
4.12 Drugs on regular 1 Yes W basis?	Did you take any drugs d	- 100			
	this pregnancy:				
If yes: 1 MOdern	If yes, spec	cify: 1 Modern			
Did you take any drugs					
at time of conception or during first trimester:	Drugs for inferti	lity: Yes			
4.15 Blood Rh: A	nti-D in previous 1 Yes VDRL	status			
group (Ab0)	pregnancies: > No				
	_	2 Negative			
Hb measurement		3 Unknown			
Hb					
		Spec jy			
I•IIV test recorded	If yes, result:. 1 n ega tive Treatment durin z Positive pregnancy:				
<b>⊡•</b> No					
4.t6 Diseases and  Yes (specify	below) 🗍 •< Epilepsy	1a Gynaecological disease			
complications 2 No	☐ c/ Bleeoinq	14 Trom boem frolic disease			
during present pregnancy,	or Anaemia	1s Heart disease			
including accidents: 4" Gestational di	$\equiv$ $\sim$ $\sim$	<6 Tuberculosis			
□•° Diabetes	10 Malaria	17 Lung disease			
		in Infontform on only			
oz Hypertension		date: $\begin{bmatrix} & & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & & & & \\ & & $			
☐ oz Hypertension ☐ Preeclampsia ☐ *J Preeclampsia	a, mild				

$-51$ At birth $\square$ 1 Single birth If multiple, add $\square$	
<sup>2</sup> Multiple births <sup>IIIO</sup> . of children:	Weight on admission:       5.2 Complications       1 PROM         admission:       1 2 Bleeding > 500 mi         3 3-4. degree tear
5.3 Induction of labouF       Yes       If yes:       1 Amniotomy         labouF       2 No       z Oxytocin         Prostaglandin	5.4 Others 1 Episotomy 2 Symphysiotomy Characteristic for the structure of the structur
5.5 Analgesia: 1 Yes	specify type other type of complication
<ul> <li>L Z No s.s Blood Loss (n</li> <li>5.6 Anaesthesia: &lt; General</li></ul>	□ 1 GOod Cause of death:
after delivery	z Fair Perot mcirtem:
5.7 Cestational age at birth	3 Bad 4 Maternal cleath ☐ i Yes ☐ i No
6 Status of 1. child (Always fill inn)	1 Molo
6.1 Date of delivery 6.3 Sex	1 Male 6.4 b irth weight z Female (Gram)
6.2 Tjme of delivery	(cm) circum
Z Breech	s 1 Live born 2 Live born transferred to paediatrics dept
☐ 3 Transverse ☐ < Other	□ * Stillborn o <sup>f</sup> ∘∘ □ <sup>4</sup> Neonatal death
6.9 If stillborti: 1 Dead before labour	If stillborn, also specify: And: Post mortem:
z Dead during labour z Unknown, unspec.	□       C Dead before admission       □       1 Fresh       1 Yes         □       2 Dead after admission       □       2 Macerated       □       z No
6.10 Apgar 1min 5 min 10 min	If neonatal 〈 Died within first 24 hours D te Ae death: 0 2 Died within first week
6.11 Mode of 1 Spontaneous	Indication when Primary
delivery: ☐ <sup>∠</sup> Vacuum, vaginal ☐ s CS others ☐ • Forceps, vaginal ☐ s Assisted breech	Caesarean section: Secondary 6.1z Failed intervention 1 Vacuum
☐ r croope, vaginar ☐ c resisted precisin ☐ z Destructive oper	
6.13 Does the child have □ > Birth defects any of these □ z Injuries conditions? □ • Diseases	
* HIV Positive	
	letons, if more than twins add extra copy of this page)
	Male     6.4 birth wei{ght
Status on 2x>hild (For multiple births - not for sing	
Status on <b>2x&gt;hild</b> (For multiple births - not for sing < 1 Date of delivery3 Sex 6>2 Time of delivery 6.7 Presentation: Cephalics.s 3t t •	Male 6.4 birth wei{ght (gram)     2 Female (gram)     Unknown, unspec. <* Length circum     Live born
Status on 2x>hild (For multiple births - not for sing < 1 Date of delivery .3 Sex 6>2 Time of delivery 6.7 Presentation: Cephalic s.s 3t t •	<ul> <li>Male 6.4 birth wei{ght (gram)</li> <li>2 Female (gram)</li> <li>9 Unknown, unspec. &lt;* Length (cm)</li> <li>4 Live born</li> <li>4 Live born</li> <li>4 Live born transferred to paediatrics dept</li> </ul>
Status on <b>2x&gt;hild</b> (For multiple births - not for sing < 1 Date of delivery3 Sex 6>2 Time of delivery 6.7 Presentation: Cephalics.s 3t t •	Male 6.4 birth wei{ght (gram)     2 Female (gram)     Unknown, unspec. <* Length circum     Live born
Status on 2x>hild (For multiple births - not for sing < 1 Date of delivery .3 Sex 6>2 Time of delivery 6.7 Presentation: Cephalic s.s 3t t • 2 Breech	<ul> <li>Male 6.4 birth wei{ght (gram)</li> <li>2 Female (gram)</li> <li>9 Unknown, unspec. &lt;* Length (cm)</li> <li>4 Live born</li> <li>1 Live born</li> <li>1 Live born transferred to paediatrics dept</li> <li>1 * Stillborn</li> </ul>
Status on 2x>hild (For multiple births - not for sing < 1 Date of delivery .3 Sex 6>2 Time of delivery 6.7 Presentation: 2 Breech 2 Breech 3 Transverse 4 ther a.e If stiljbOF : 1 Dead before labour 2 Dead during labour	<ul> <li>Male 6.4 birth wei{ght (gram)</li> <li>2 Female (gram)</li> <li>3 Unknown, unspec. &lt;* Length circum</li> <li>4 Live born</li> <li>4 Live born transferred to paediatrics dept</li> <li>* Stillborn</li> <li>* Neonatal death</li> <li>If stillborn, also specify: And: Post mortem:</li> <li>4 Cost of Cost o</li></ul>
Status on 2x>hild (For multiple births - not for sing         < 1 Date of delivery	<ul> <li>Male 6.4 birth wei{ght (gram)</li> <li>Female (gram)</li> <li>Unknown, unspec. &lt;* Length (cm)</li> <li>Live born</li> <li>Live born transferred to paediatrics dept</li> <li>* Stillborn</li> <li>* Neonatal death</li> <li>If stillborn, also specify: And: Post mortem: <ul> <li>\circum</li> <li>2 Dead after admission</li> <li>2 Macerated</li> <li>2 No</li> </ul> </li> <li>If neonatal <ul> <li>* Died within first 24 hours death: Died within first week</li> <li>Indication when caesarean section:</li> <li>\$</li> <li>* 12 Failed intervention</li> <li>L &gt; Vaccum</li> </ul> </li> </ul>

CA	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	C13	C14
bfB§.ñO	Year	Outcome	Months	Birth weight	Sex	Lact.ation m0nths	Delivery where	Attended by	Mode	ANC	Ali Death	Cause of death	Age
1			-			-							
2													ļ
3													
4													
5									•				
6													
7													
8			_										
9													
_10													
11													
12										-			
13													
14										•			
15													
16													
17													
18													
19													
C1	C2	C3	C4	C5	C6 *	C7	C8	C9	C10	C11	C12	C13	C14

7 Previous pre anches including abortions in chronolo igal order

C1 Pregnancy number

C2 Year of pregnancy. (Birth or other termination) PP: Present pregnancy

C3 Outcome of pregnancy. (L) Live born, (S) Stillborn, (A) Spontaneous abortion, (I) IhdUced abortion (E) Ectopic. (M) Molar, (T) Twins or other multiples", (0) Other

C4 Months of gestation at birth or other termination.

c5 Binh weight in grams

C6 Sex: (M) Male, (F) Female, (U) Unknown

C7 Lactation: In months

C8 Delivered where (1) At home, (2) At hospital, (3) At health post, (4) During transport), (5) Other / unknown

 $c9 \qquad Attended by whom: (R) Relative, (N) Nurse, (M) Midwife, (Dt D0ctor, (T) Traditional birth attendant) and (D) an$ 

C10 Mode (S) Spontaneous, (V) Vacuum, (F) Forceps, (C) Cesarean section, (B) Breech, (0) Other, (9) Unknown

C11 Antenatal care: (Y) Yes, (N) No

C12 Child s current status: (A) Alive, (D) Dead

C13 Cause ol death: Specify

C14 Age: (1) Less than one week, (2) Less than one month, (3) Le55 than one tear, (4) More than one tear

\* Multiple births (TwinS, Triples ...) are filled in on subsequent lines