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Route of Delivery as a Risk Factor for Emergent Peripartum Hysterectomy. ~ A case-control study.

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Conclusion:

Cesarean delivery is a significant risk factor for postpartum hysterectomy. To evaluate whether cesarean delivery is a risk factor for emergent postpartum hysterectomy, we performed a case-control study of patients who delivered at Women & Infants Hospital between January 1989 and February 2000.

Fifty cases of emergent postpartum hysterectomy performed within 14 days of delivery met our inclusion criteria. Using a computer-generated list, two patients admitted to the labor department at a time point similar to that of each case patient were selected as controls (n = 100). We reviewed medical records for demographic data, route of delivery, labor characteristics, surgical history, and indication for hysterectomy. Cases and controls were compared, and logistic regression was used to calculate the odds ratio (OR) and the 95% confidence interval (CI) for the association of delivery route and emergent hysterectomy.

Cesarean delivery was associated with a 13-fold increased risk of emergent hysterectomy when we controlled for previous cesarean delivery, dilation and curettage or abortion before the index pregnancy, use of prostaglandin, and use of pitocin (OR 12.9; 95% CI 5.2, 32.3).

Cesarean delivery is a significant (13-fold) risk factor for postpartum hysterectomy.