



## **Uterine Rupture: A 10-year population-based study of uterine rupture**

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### **White Papers**

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## **A 10-year population-based study of uterine rupture**

*Obstet Gynecol 2001 Apr;97(4 Suppl 1):S69*

*Baskett TF, Kieser KE.*

*Dalhousie University, Halifax, Nova Scotia, Canada*

### **Objective:**

To review the incidence, associated factors, and morbidity associated with uterine rupture.

### **Methods:**

A 10-year (1988-1997) population-based review of 114,933 deliveries in one province.

### **Results:**



There were 39 ruptures: 16 complete and 23 dehiscence. Thirty-seven cases had undergone a previous cesarean delivery (34 lower transverse, 2 classical, 1 (low vertical)). Of the 114,933 deliveries, 11,585 (10%) were to women with a previous cesarean delivery. The incidence of uterine rupture in those undergoing a trial for vaginal delivery (4,516) was complete rupture (3/1000) and dehiscence (5/1000). Induction or augmentation of labor with oxytocics was associated with 50% of complete ruptures and 25% of dehiscence. There were no maternal deaths, but 33% of patients with complete ruptures required blood transfusion. There was one neonatal death attributable to uterine rupture.

## **Conclusion:**

Induction and augmentation of labor are confirmed as risk factors for uterine rupture. Fetal heart rate abnormality was the most reliable diagnostic aid. Serious maternal and perinatal morbidity was relatively low.

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