

# Free research proposal on association between modes of delivery

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Vaginal vs. Cesarean section vs. other modes of delivery -  
and Postpartum Hemorrhage in Perinatal database from China.

Association between modes of delivery vaginal vs. cesarean section vs. other modes of delivery and postpartum hemorrhage in Perinatal database from China.

Background: Postpartum hemorrhage is one of the causes, if not leading cause, of maternal morbidity recognized worldwide with 140, 000 cases annually. The most common cause of hemorrhage is uterine atony, leading to postpartum hysterectomy, a process proved to be related to cesarean delivery. The purpose of this study is to confirm and identify the relationship between these modes (i. e. vaginal, cesarean, others) and postpartum hemorrhage in a Chinese perinatal database.

Methods: Records of pregnancies from 10 different hospitals from the year 1989 to 1990 were observed for (1) mode of delivery, (2) occurrence of a postpartum bleed and (3) incidence of preterm births. Relative frequency distribution and univariate analysis were done to evaluate the results of the observations, while multivariate analysis to adjust for confounding factors.

Results: Of 16, 936 pregnancies, 61. 6% was delivered through vaginal delivery while 31. 7% through cesarean and 6. 7% other methods of birth delivery. For the three modes of delivery, most pregnancies did not result to a postpartum bleed; the highest was in the other modes of delivery where about 6. 4% of the 6. 7% resulted to postpartum hemorrhage. Of the three modes, delivery through other modes than vaginal (reference) or cesarean has ~1. 9x greater risk (95% CI, sig= 0. 000) of developing postpartum bleeding than vaginal delivery after adjusting for confounding variables (i. e.

preterm incidences).

Conclusions: The study showed that mode of delivery is significantly related to postpartum hemorrhage. Furthermore, other modes of delivery than vaginal or cesarean methods have higher risks of bleeding than vaginal, cesarean or preterm.

## References

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