INTRODUCTION
Over the past decade caesarean section increased steeply in women of all ages. Maternal complications increased with increased number of caesarean sections. Caesarean complications include Intra-operative - adhesions, scar dehiscence, injury to bowel and bladder, placenta previa, caesarean hysterectomy, Post-operative - blood transfusions, infections, pneumonia and deep vein thrombosis.

MATERIALS AND METHODS
Type of study- Retrospective study. Place of study- Department of Obstetrics and Gynaecology in Mamata General Hospital at Khammam. Duration of study-6 months. Sample size-24.

Which was divided into
Group-A- 12 cases with one previous lower segment caesarean section.
Group-B- 12 cases with multiple lower segment caesarean sections.

RESULTS:
Of the 200 deliveries carried out during the study period, 24 women were found with 1 previous lower segment caesarean section and multiple caesarean sections. Among them 12 had 1 previous lower segment caesarean section and remaining 12 had multiple sections.

Primi sections are more common in younger age group(21-25 yrs)-58% whereas there is equal distribution in multi sections.

Placenta previa is observed in 25% cases and abruptio in 16.67% of primi sections. Scar dehiscence was seen in 2 women (16.67 %) in group -A because both of these women had shorter interpregnancy interval and one women is from low socioeconomic status which is responsible for insufficient strength . None in group -b had scar dehiscence. Adhesions were observed 4 times more in multi-sections than in primi-sections- 66.67%. There is less occurrence of postoperative infections in both groups due to good aseptic precautions. Maternal mortality is observed in 1 women in a primi-section due to postpartum haemorrhage. In this women inspite of doing peripartum hysterectomy she was not able to withstand and intra op 3 units of whole blood was transfused and on 1 POD she died due to peripartum haemorrhage. In this women inspite of doing precautions.

Maternal mortality is observed in 1 women in a primi-section due to postpartum haemorrhage.

Maternal mortality in GroupA-1 case-8.3%, none in Group B.

DISCUSSION:
In this study more complications were seen in previous 1 section group because most of the women in previous section group are from lower socioeconomic status and their nourishment is not adequate which is comparable to study done by paul. In multiple section group also complications were present during intra operative period like adhesions. We had 2 cases of scar dehiscence with an apgar score of 7 and 8, 6 and 8 at 1 and 5 min respectively.

CONCLUSION
In order to avoid complications related to caesarean sections, Primigravida caesarean sections have to be decreased up to large extent. Vaginal delivery is to be more encouraged during antenatal period and vaginal birth after caesarean section has to be encouraged as rate of successful TOLAC in women with a birth weight >3500 g is 79.6 and 85% observed in India.

REFERENCES:

Table 2: distribution according to perinatal mortality

<table>
<thead>
<tr>
<th>Perinatal Mortality</th>
<th>GROUP-A</th>
<th>GROUP-B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alive</td>
<td>11 (91.7%)</td>
<td>11 (91.7%)</td>
</tr>
<tr>
<td>Dead</td>
<td>1 (8.3%)</td>
<td>1 (8.3%)</td>
</tr>
</tbody>
</table>

Table 1: distribution according to obstetric complications

<table>
<thead>
<tr>
<th>Obstetric complications</th>
<th>GROUP-A</th>
<th>GROUP-B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placenta previa</td>
<td>3 (25%)</td>
<td>0%</td>
</tr>
<tr>
<td>Abruptio placenta</td>
<td>2 (16.67%)</td>
<td>1 (8.3%)</td>
</tr>
<tr>
<td>Other complications</td>
<td>1 (8.3%)</td>
<td>1 (8.3%)</td>
</tr>
<tr>
<td>No complications</td>
<td>6 (50%)</td>
<td>10 (83.3%)</td>
</tr>
</tbody>
</table>