CONCLUSION
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After the study completed and data analysed the following conclusion was derived at :-

(1) The maternal blood loss was more in general anaesthesia group especially in patients under ether anaesthesia in comparison to parturients who had caesarean section under regional blocks.

(2) Maternal blood loss in group I and group II (General anaesthesia) varied between 700 ml and 1000 ml while it ranged between 400 ml to 700 ml when regional blocks were given (Group III Spinal anaesthesia and group IV epidural analgesia).

(3) In the group III and IV receiving spinal analgesia and epidural analgesia there was a significant correlation between maternal hypotension and weak rooting and sucking reflexes of the infants during first day.

The group III and IV patients when prophylactically preloaded with two bottles (1000 ml) of ringers lactate and preoxygenated along with left lateral tilt till the delivery of the infant the blood pressure was maintained through out the period of surgery. This gave good apgar score to the new born.

(5) The hypotension of less than 2 - 3 minute was not found to be harmful to the neonate.

(6) All infants of high risk obstetric patients (diabetes, obesity) in the study independant of anaesthesia technique used had abnormal neurological activity as evident by depression of muscle tone and the reflexes.

(7) In general all neonates were vigorous and in good clinical condition at birth. Apgar score showed no significant difference between the four groups.
Neurological recoveries of the infants also showed no significant difference between the four groups.

It has been observed that the drugs having more depressant action can be avoided in group I and group II to prevent the depression of neonate i.e. (General Anaesthesia with spontaneous and controlled ventilation). In spinal and epidural anaesthesia prevention of maternal hypotension gives no harmful effect to neonate in caesarean section and this has been seen clinically and was attributed to anaesthesia.

From this present study in a small group we analyse that in addition to Apgar score such studies should include a more sensitive indicator of the neonate well being namely the infants neurobehavioural recovery.