

## FEATURES VAGINAL BIRTH AFTER CESAREAN SECTION

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The frequency of caesarean sections (CS) is 27.6% of all pregnancies worldwide, resulting in increased maternal and perinatal morbidity and mortality. WHO experts believe that the rate of CS with respect to the normal delivery should not exceed 15%. Conservative delivery of patients with scar of the uterus is an important reserve for reducing the frequency of caesarean section (CS). According to current scientific evidence that vaginal births after caesarean (VBACS) are possible in 70-85% of cases. We have reviewed the world literature on the issue of labor in women with caesarean section in anemnesis and retrospective analysis of 50 genera of stories and maps of newborns. A group Ith which consisted of 15 women with a history of caesarean section, in which pregnancies ended in vaginal delivery (VBACS). In group II included 15 patients with delivery in a planned manner by the operation of the CS on the indication of "the failure of the scar on the uterus" (CS). The control group consisted of 20 women with physiological births without a history of caesarean section (PhL). In the analysis of birth histories were assessed anamnestic, clinical, objective, laboratory data and data of ultrasound studies. structure of the indication of the previous caesarean section in women of group I predominated fetal distress (33%) and foot presentation (26%). Indications In women of group II was uterine inertia (46%) and clinically narrow pelvis (53.3%). In repeat caesarean section in women of group II (CS) indication for surgery in 73.3% was insolvent scar on the uterus. thickness of the anterior wall of the uterus in the rumen were not significantly different in groups I and II ( $3,7 \pm 0,2$  mm. and  $3,4 \pm 0,2$  respectively). Comparing the duration of the bearing-down period in the study groups may be concluded that the minimum duration of the second stage of labor was in group I -  $45 \pm 4$  min., in group III it was  $55 \pm 2$  min., and the duration of the operation in group II (CS) on average higher than during any attempts for 23 min in group I and 13 min in group II. In assessing the amount of blood loss during childbirth we found that women with repeated elective Caesarean section exceeds the total amount of blood loss data of groups I and III are almost 3 times ( $720 \pm 24$  ml in group I ,  $280 \pm 35$  ml. in II group and  $260 \pm 20$  ml. in III group), which may contribute to the development of complications in the early postpartum period in this group of women in childbirth. Lowest assessment of neonatal Apgar scores were the children in group II (CS). Indicators of children's groups I and III almost did not differ among themselves. Estimate below 7 were 26.6% of newborns from mothers of group II. Such a low Apgar score in newborn infants of group II (COP) can be explained by the absence of the biologically active substances, which in large quantities allocated to the mother during childbirth and perhaps technical difficulties extracting the fetus during surgery, in connection with the development of adhesions in the pelvis. In II study group, two infants had marked neonatal respiratory distress syndrome (13 3%). According to our data imply that in the case of a woman choosing delivery by caesarean section risk of respiratory distress syndrome increases 2-fold, which agrees with literature data. Despite this, the choice of method of delivery in women with a uterine scar need to clearly differentiate the absolute and relative indications for caesarean section and contraindications for vaginal birth in this cohort of pregnant women.