

18. LABOR TEST AFTER PREVIOUS CESAREAN SECTION

Author: Mereută Ana-Maria

Scientific adviser: Hristiana Capros, MD, Associate Professor, Discipline of Obstetrics, Gynecology and Human Reproduction, Department of Obstetrics and Gynecology, *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova.

Introduction. The rate of cesarean section is increasing globally. On the territory of the Republic of Moldova, the frequency of cesarean section is from 6.7 to 8%, and for SCM No. 1, this index is about 14%. The widening of the indications for caesarean section, as well as the gynecological surgeries on the uterus have contributed to the appearance of the scar uterine problem, which in most cases leads to repeated caesarean section. The most severe complication in the birth per vias naturales in parturients with operated uterus is the rupture of the uterus in labor, which has a frequency of 1-3%.

Aim of study. The aim of the study is to determine the dynamics and criteria for vaginal birth after previous cesarean section and the rate of births per vias naturales in women with scarred uterus during the years 2020-2021 in the Municipal Clinical Hospital No.1.

Methods and materials. This is a retrospective study in which the obstetric observation sheets of 100 patients with scars on the uterus were subjected to analysis, who tried the trial of labor after cesarean sample in SCM NR.1 in Chisinau for the years 2020-2021. By the statistical-medical method - from the anamnesis were selected previous cesarean operative indications, the age of the pregnant woman, the result of the labor test, the postpartum complications and the sex of the newborn.

Results. Of the total number of patients included in the study, who tried the labor test after the previous cesarean section in the obstetrics department no. 1 of IMSP SCM NO.1, 67 patients were between 21-30 years old, 31 patients - between 31-40 years and 2 patients> 40 years. The test of labor in 25 parturients ended with the birth per vias naturalis, and in 75 with repeated caesarean section. From the information obtained from the obstetric files it was found that the indications for repeat cesarean section were: double scarred uterus, prematurity, scar failure on the uterus, fetal distress, macrosomic fetus, pain in the projection of the scar. Of the total number of cases examined, 40% had postpartum complications, including: hemorrhages, laceration of the birth pathways, adhesion process, umbilical cord prolapse. Of the total number of newborns, 46 are female and 54 are male, being rated according to the Apgar grade with 7-10 points.

Conclusion. 1. In the absence of contraindications, women in childbirth should be encouraged and given the opportunity to give birth per vias naturales after a previous cesarean section. 2. The parturient must be provided with certain conditions and resources to perform an emergency caesarean section if necessary. 3. Management of intra- and postpartum labor after cesarean section is similar to that of patients with uncured uterus, with some considerations arising from the risk of uterine rupture.