THE TRUE INCIDENCE OF VBAC IN PATIANT WITH PREVIOUS ONE CS IN KASR ELAINI

THESIS
SUBMITTED IN PARTIAL FULFILLMENT OF THE DEGREE OF M.SC. IN OBSTETRICS AND GYNECOLOGY

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ABSTRACT

Previous cesarean section is the most common cause for the rising rate of cesarean section.

Vaginal delivery after cesarean section is considered the best method to decrease the rising rate of cesarean section. Proper selection of candidates is mandatory before giving trial of labour for patients with prior cesarean section.

It is also mandatory to follow strictly the guidelines for management of trial of labour in these patients to avoid development of maternal or fetal complications during trial of labour.

In our study 200 were selected using certain guidelines made them suitable candidate of trial of labour. The incidence of trial of labour, VBAC, relation between VBAC and history of vaginal delivery and complications of both VBAC and cesarean section all will be discussed.

If the prerequisites for trial of labour are not available, the obstetricians should choose elective repeat cesarean section for termination of pregnancy in these patients for the sake of mother and fetus .

KEY WORDS

Cesarean section, Vaginal birth after cesarean, trial of scar, Elective repeat cesarean section.

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CONTENTS

METHODOLOGY

This study is carried out on 200 patients to study the incidence of VBAC versus repeated CS on patients with previous one CS attending ELKASR ELAINY causality.

Inclusion criteria:

1- Patient with previous one CS.

2-Low transverse CS.

3-CS carried out in KASR ELAINI.

Exclusion criteria:

1- More than one CS.

2-Upper segment CS.

3-Vertical lower segment CS.

4-Previous myomectomy.

5-Previous rupture uterus.

6-CS outside KASR ELAINI .

7-Contraindications for vaginal delivery like placenta previa, transverse lie, triplet….etc.

8-Previous hysterotomy.

9-Complications in the previous CS like infection, wound dehiscence.

Patients was subjected to the following:

1-HISTORY TAKING:
a-Place of previous CS.
b-Time of the previous CS.
c-Indication of the previous CS.
d-Complication of the previous CS.
e-History of vaginal delivery after or before CS.
f-Any medical disorder like DM, PIH, cardiac disease.
h-Gestational age.
i-Age of patient.

2-EXAMINATION:
a-General examination:
BP, pulse, scar…
b-Vaginal examination
Bleeding, effacement, dilatation, station, membrane whether rupture or not, adequacy of the pelvis.

3-ULTRASOUND:
a-Presentation
b-Placental implantation
c-Fetal weight

4-INVESTIGATIONS:
Routine labs like CBC, PT, PC, liver and kidney function.

Results was collected and studied regarding to:
1-Mode of delivery CS or VBAC.
2-Study the relation between VBAC and many factors like history of vaginal delivery, indication of prior CS, cervical dilatation at admission, fetal birth weight and gestational age.
3-Complications related to VBAC like rupture uterus, fetal morbidity or mortality, hysterectomy.
4-Complications of CS like anesthesia complications, pain, bleeding, , infection, thrombosis, hysterectomy.

Data were statistically described in terms of range, mean ± standard deviation (± SD), frequencies (number of cases) and relative frequencies (percentages) when appropriate. Comparing categorical data was done using Chi square (χ^2) test was performed. Exact test was used in stead when the expected frequency is less than 5. A probability value (*p* value) less than 0.05 was considered statistically significant. All statistical calculations were done using computer programs Microsoft Excel 2003 (Microsoft Corporation, NY, USA) and SPSS (Statistical Package for the Social Science; SPSS Inc., Chicago, IL, USA) version 15 for Microsoft Windows.

RESULTS

RESULTS

TALBLE-1: Presentation of all cases of the study.

Presentation	Number	Percent
Breech	6	3%
Cephalic	194	97%
Total	200	100.0

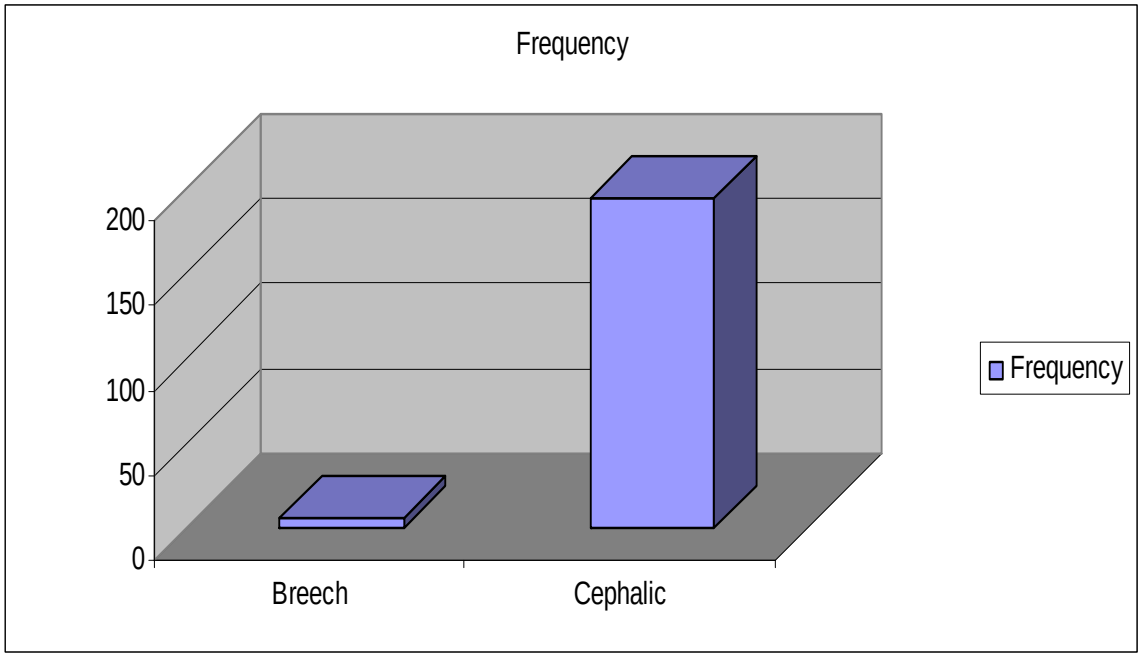

FIGURE-1: Presentation of all cases of the study.

TABLE-2: Indications of previous C.S of all cases of the study.

Indications of CS	Number	Percent
Progress failure	88	44.0
Fetal distress	52	26.0
Malpresentation	36	18.0
PIH	12	6.0
Others	8	4.0
APH	4	2.0
Total	200	100.0

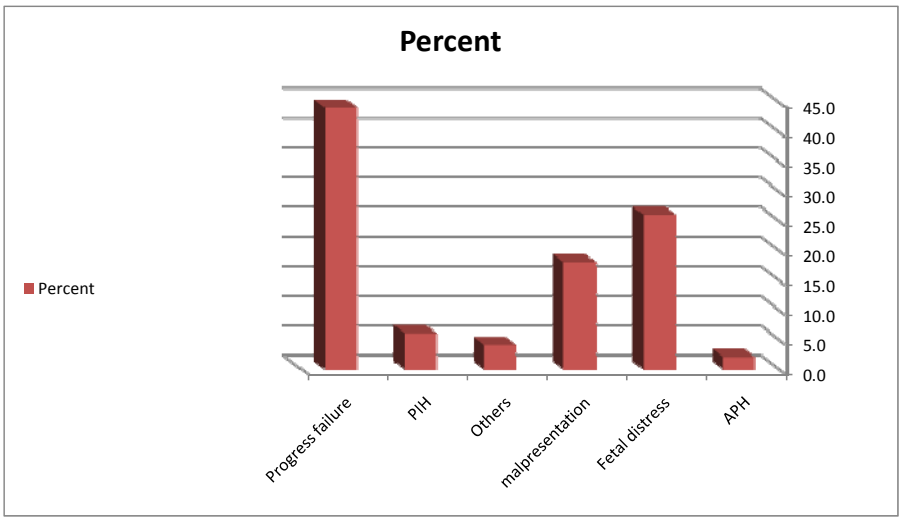

FIGURE-2: Indications of previous C.S of all cases of the study.

TABLE-3:percentage of cases admitted in first stage of labour of all cases of the study.

At admission	Number	Percent
Not in labour	156	78.0
1st stage	44	22.0
Total	200	100.0

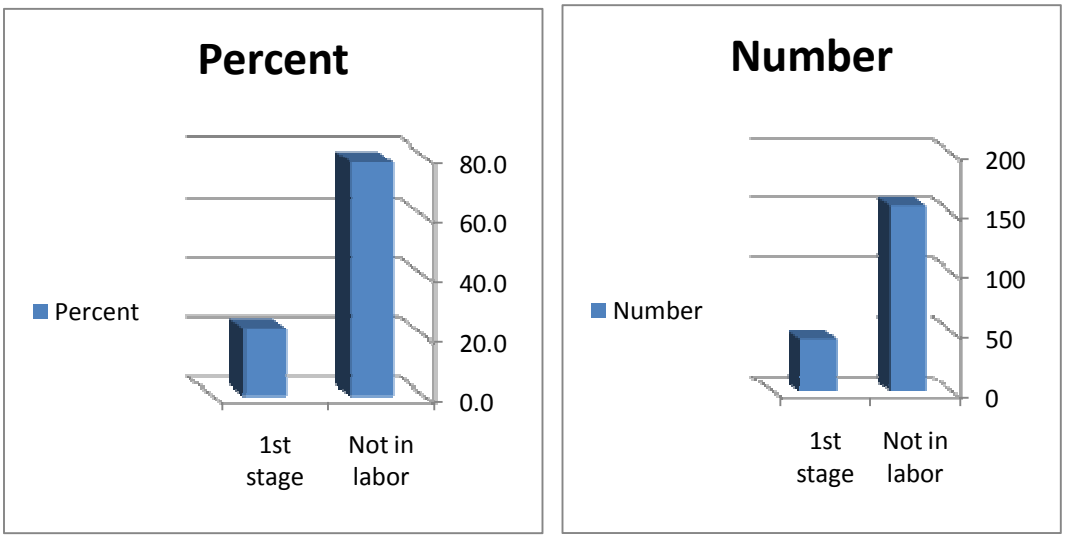

FIGURE-3:percentage of cases admitted in first stage of labour of all cases of the study.

TABLE-4: Cases with history of vaginal delivery of all cases of the study.

H\O of vaginal delivery	Number	Percent
No	128	64.0
Yes	72	36.0

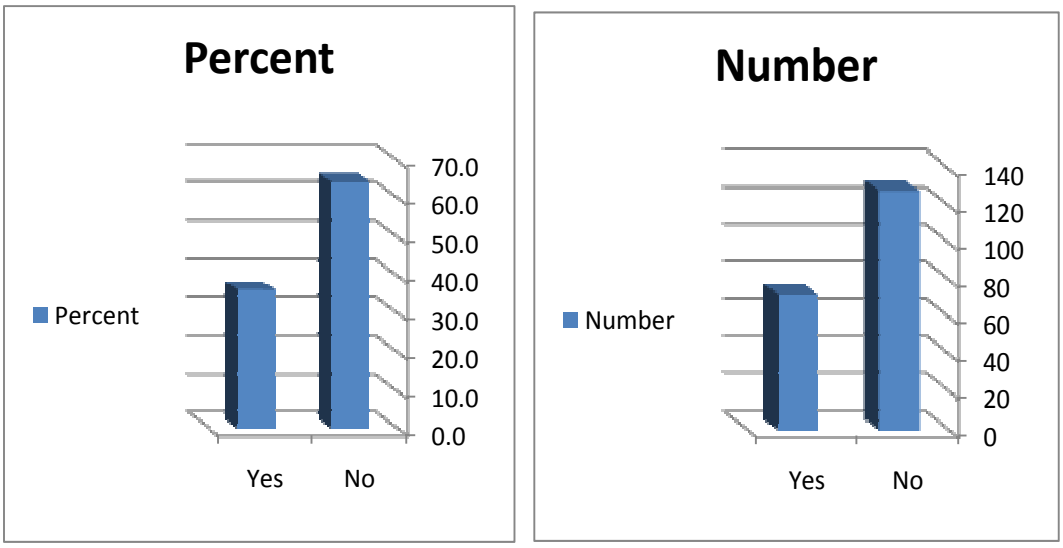

FIGURE-4: Cases with history of vaginal delivery of all cases of the study.

TABLE-5: Incidence of Trial of Labour.

management	Number	Percent
TOL	30	15.0
CS	170	85.0

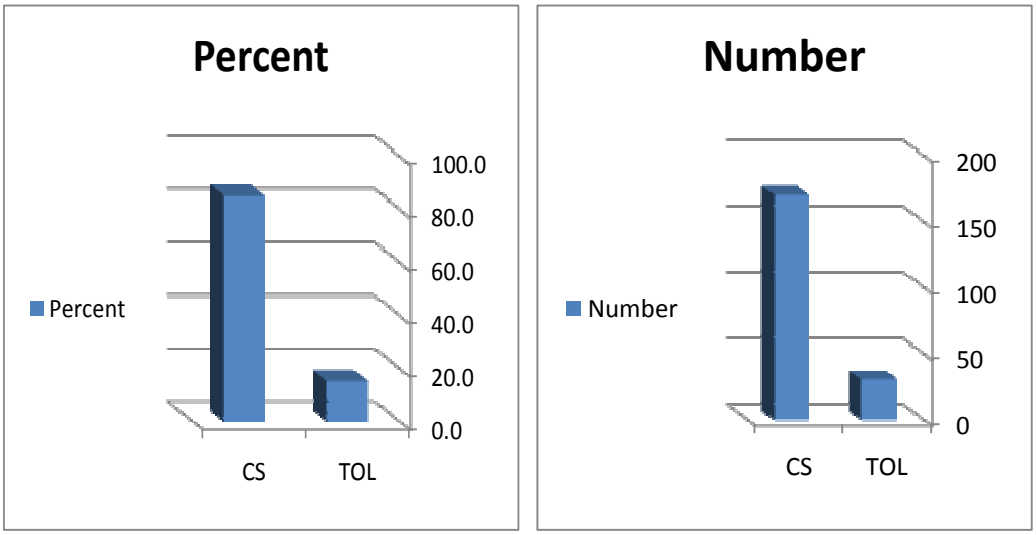

FIGURE-5: Incidence of Trial of Labour

TABLE-6: Incidence of VBAC in the study.

Fate	Number	Percent
VBAC	22	11.0
CS	178	89.0

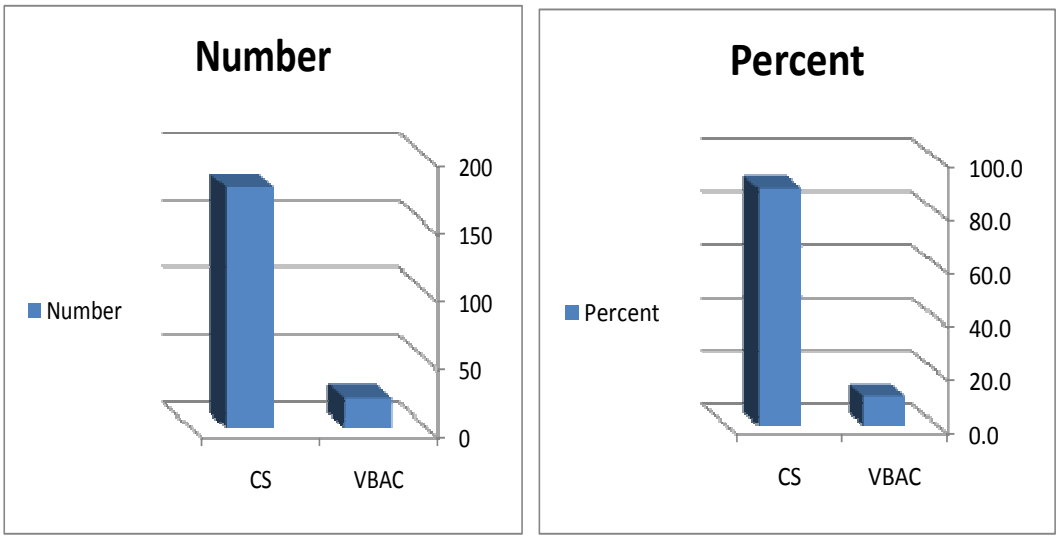

FIGURE-6: Incidence of VBAC in the study.

TABLE-7: Complications of all cases of the study.

Complications	Number	Percent
Bladder injury	2	1.0
Fever	24	12.0
Severe PPHge	26	13.0
Mild PPHge	36	18.0
No	112	56.0

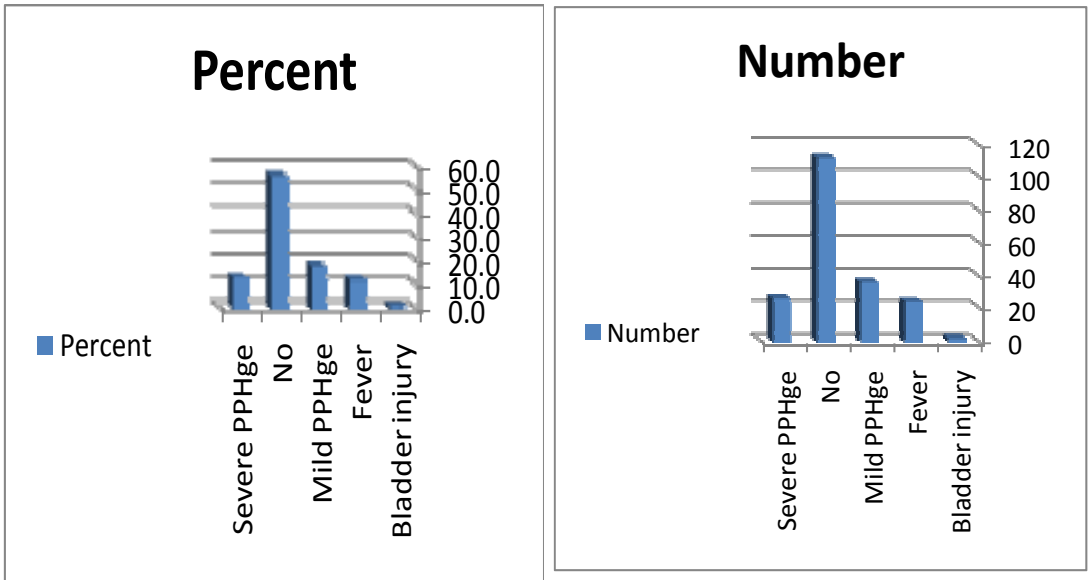

FIGURE-7: Complications of all cases of the study.