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بالرسالة صفحات

لم ترد بالأصل

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Trial of labor in women with a previous one cesarean section at Benha University Hospital

Thesis

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in Gynecology and Obstetrics

By

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﴿وما أوتيتم من العلم إلا قليلا﴾

صدق الله العظيم

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List of abbreviations

ACOG	American College of Obstetricians and Gynecologists
CPD	Cephalopelvic Disproportion
CS	Cesarean Section
LSCS	Lower Segment Cesarean Section
PGE2	Prostaglandin E2
RDS	Respiratory Distress Syndrome
TOL	Trial of labor
U/S	Ultrasound
VBAC	Vaginal Birth After Cesarean
VD	Vaginal Delivery

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Introduction

Introduction

When facing a case with a prior cesarean section, is it safer to allow the patient a trial of vaginal delivery or to do a repeat cesarean section?

One of the most controversial issues in obstetric practice in the 1980s has been the increase in cesarean deliveries ***(Ventura et al., 2000).***

Cragin's statement "once a cesarean always cesarean section" ***(Cragine, 1916),*** must be abandoned and replaced by "once a cesarean always a hospital delivery" ***(Blanchette et al., 2001).***

The overall cesarean delivery rate increased progressively in the United States each year between 1965 and 1988, rising from 4.5 percent of all deliveries to almost 25 percent. This also occurred in Latin America and occurred throughout the western world ***(Belizan et al., 1999).***

The primary reason for this increase has been the increased safety of the operation due to better anesthesia, antibiotic and blood products plus the obstetrician's strong desire to deliver a child without damage ***(Quilligan, 1985).***

The practice of elective repeat cesarean section has been decreasing gradually in recent years after publication of numerous

studies that have substantiated the efficacy and safety of a trial of vaginal birth after cesarean section ***(Rosen et al., 1991).***

In the 1980's, vaginal birth after cesarean section grew in popularity and the pendulum began to swing away from routine repeat cesarean delivery after the United States National Institute of Child Health and Human Development conference in 1980 has concluded that vaginal birth after cesarean section was an appropriate manner to decrease the rising rates of cesarean section ***(Washington, 1998).***

Delivery by cesarean section is associated with greater maternal mortality and morbidity as well as increased cost for the health care system ***(Guise et al., 2003).*** The overall maternal mortality rate from cesarean section is probably 3-8 times that associated with vaginal delivery ***(Yeles and Maschiach, 1998).***

So most recent reports support the safety of vaginal birth after cesarean section in women with one or two prior low transverse uterine incision ***(Grobman et al., 2000)*** as well as its cost effectiveness for the patient, her family and for the health care system ***(Chung et al., 2001).***

Vaginal birth after cesarean section (VBAC) is considered a good method to decrease the rising rate of cesarean section. Proper selection of patients is mandatory before giving trial of labor for patients with previous cesarean delivery ***(London et al., 2004).***

It is also mandatory to follow strictly the guidelines for management of trial of labor in these patients to avoid development of maternal or fetal complications ***(Smith et al., 2004).*** If the prerequisites for trial of labor are not available, cesarean section is better for termination of pregnancy in these patients for the sake of the mother and fetus ***(Cunningham et al., 2001).***

However, controversy remains, as to which patient should be excluded from trial of labor based on previous indication for cesarean section, type of previous uterine incision, number of uterine scars and febrile morbidity during the healing of previous uterine scar ***(Flamm and Geiger, 1997).***

Aim of the work