Birth After One Caesarean Section

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Abstract- Increasing rate of caesarean section in all over the world made us perform study on trial of labour in patient with one previous caesarean section in Alzahra Hospital , the center of gynecology obstetric in Najaf , We take number of patients in labour room start labour spontaneously with previous one of caesarean section, lower segment transvers, including case was selected for elective caesarean section but suddenly start labour number of them delivers by emergency caesarean section we compare this percentage with other study the result was acceptable we encourage trial of labour after one caesarean section as a safe mode of delivery that decrease rate of caesarean section and its complications we recommend farther in this evaluate field.

I. Introduction

Vaginal birth after one previous caesarean section is changed in modern obstetric practice Prior(1970) almost every north American hospital maintained the policy that all women with caesarean section undergo repeated caesarean section, between 1960 and 1980 several studies conclude that vaginal birth after caesarean section was a reasonable Option, in this base vaginal delivery rates increase from pervious (3.5in 1980) almost 25% in united states Birth after one caesarean section could be of spontaneous onset of labour or in many centers could be occur after planning for delivery after one caesarean section by either induction by prostaglandin or oxytocin or by amniotomy after (39weeks) gestational age of pregnancy The great test concern about the trial of labour (TOLAC) is the rupture of uterus .Two to three fold increase risk of uterine rupture and around (1-5) fold increase in caesarean section deliveries in induced and or augmented labour compared with spontaneous vaginal birth after caesarean section (VBAC) .

certain criteria should be present for (TOLAC)

1. no more than one caesarean section or other uterine scars history of previous uterine rupture
2. (TOLAC) should be in center when caesarean section can have performed easy according to need.
3. no other medical disease such as hypertension or diabetes mellitus
4. baby should of average size
5. No abnormality in pelvis as contracted pelvis or placenta previa
6. 6-No fetal malposition previous

Vaginal birth is best predictor for success rate of (VBAC) and associated planned (VBAC) success rate of (85-90%) Trial of labour carry many risk such as risk of rupture of uterus, risk of damage to Bladder to premium or cervix and risk of infection if (TOLAC) is failed. Repeated caesarean section carry risk of increase rate of ectopic scar and abnormal placentation also risk of injury to abdominal organs with risk of thrombosis, long period of stay in hospital with risk of fetal respiratory problem, all this complications should be discussed before decision of (TOLAC)

II. Methods.

In Al Zahra hospital center in Al Najaf for Gynecology and obstetrics, our study was performed in (2018) for two months November and December on 173, patients over two months entre labour room with spontaneous onset of labour including cases for elective caesarean section but established labour in retrospective study.

III. Result.

Our study performed In Al Zahra hospital center in Al Najaf performed in (2018) for two months November and December rate of birth after single lower segment transverse caesarean section whether the birth vaginal or caesarean section 173, patient was taken in retro spective study patients started labour spontaneous not planned for (VBAC) In November 73 women enter labour room starting labour with previous one as 44 women delivered vaginally (58.6%) 31 women delivered by emergency caesarean section (41.3%) In December 97 women entre in labour room with sudden onset of labour with previous one as 46 women delivered vaginally (47.4%) but emergency caesarean section was (51) women (52.5%).

IV. Discussion.

Many factors cause increase rate of caesarean section as increase in rate of primary caesarean section itself, decline rate of (VBAC) from 28.3% in 1996 to 8.5% in 2006 In Al Zahra hospital at November from 2018, rate of vaginal birth for (44 women) after caesarean section was 58.6% and emergency caesarean section was (31 women) 41.3% In December from 2018 In Al Zahra hospital vaginal birth was for (46 women) 47.49% after one caesarean section with spontaneous onset of labour but emergency caesarean section was (51 women) 52.5% emergency caesarean section include cases for elective caesarean section that established labour spontaneously Similar studies from developed world revealed that 60-80% success rate of (TOLAC) .(Cuise et aL 2005) 42.4%in south Africa (Bogacrt 2004) 53.6%in India In

tertiary medical center in Taiwan (TOLAC) was (70-80%) caesarean section rate 19.3% In Yemen study was performed in Sana success rate of vaginal birth was 87% with on maternal or fetal death . Our study in comparison with other study is reasonable and accepted giving hope in reducing rate of caesarean section and increasing rate of (VBAC) without maternal or fetal morbidity No complication in our study no material or fetal morbidity and mortality Our study included case established labour spontaneous in retrospective aspect so (VBAC). Should en courage and discussed with patient with single lower uterine segment caesarean section with its advantage and disadvantage.

V. Conclusion.

(TOLAC).is safe mode of delivery with low maternal and fetal mortality with carful antenatal and Antepartum monitoring can reduce rate of caesarean section safely in selected cases that exclude cases which carry high risk of rupture uterus during labour.

spontaneous established (VBAC). Labour more safe than planned (TOLAC). With low complications.

VI. Recommendation.

The subject of births after single lower uterine segment caesarean section is very important in decreasing rate of caesarean section and it's complication with decreasing fetal and maternal morbidity and mortality need, further studies and evaluation with more details for each risk factor.

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