



CHOOSING A METHOD OF ABDOMINAL DELIVERY IN WOMEN WITH A SCAR ON THE UTERUS

Zakirova Fotima Islamovna

Samarkand State Medical University
Samarkand, Uzbekistan

Telmanova Jasmina Farruxovna
Samarkand State Medical University
Samarkand, Uzbekistan

Abdullaeva Nigora Erkinovna
Samarkand State Medical University
Samarkand, Uzbekistan
<https://doi.org/10.5281/zenodo.10686386>

Abstract

Caesarean section is an obstetric operation intended for the delivery of women by laparotomy and dissection of the wall of the pregnant uterus, extraction of the fetus, and subsequent restoration of the integrity of the uterus. Purpose of the study: Study of indications for cesarean section and birth outcomes for mother and fetus according to the SamMU clinic. Research material: We analyzed the birth histories of 98 pregnant women, women in labor and postpartum women who delivered abdominally in the multidisciplinary clinic of SamMU in 2024

Key words: Caesarean section, methods of delivery, complications in the postoperative period, rational preparation of women for childbirth.

Caesarean section is an obstetric operation intended for the delivery of women by laparotomy and dissection of the wall of the pregnant uterus, extraction of the fetus, and subsequent restoration of the integrity of the uterus. A caesarean section is performed when a natural birth through the birth canal is impossible for some reason or is accompanied by various complications on the part of the mother and on the part of the fetus, according to urgency (planned - most often during pregnancy and emergency - urgent) and according to the categories of urgency 1-emergency, 2-urgent ,3-planned,4-planned. [10,11] If earlier the assessment of an abdominal caesarean section was usually made on the basis of the immediate and long-term results of this operation for the mother, then at present the assessment of its outcomes for the newborn has acquired no less importance.[8, 10] Outcome of a caesarean section for the fetus, has become especially important in modern obstetrics, when obtaining a living and healthy child is often one of the important indications for this operation. It has been established that for a child, cesarean section is a more gentle method of delivery than vaginal surgical methods of delivery. Together with However, experience shows that caesarean section operations pose a certain risk to the health of the fetus and newborn. [4,6,7]

A comparative analysis of the course of pregnancy and the outcome of childbirth in multiparous women gives us grounds for taking the indications for abdominal delivery more seriously. In our region, women of local nationality are usually not limited to one child; after surgical delivery, they wish to carry a subsequent pregnancy to term, and most of them undergo a repeat cesarean section.[1,3,5,12]

Thus, cesarean section is a fairly common method of delivery, the frequency of which is on average 12-13%, and in high-risk hospitals reaches about 30%, according to domestic and

foreign authors. The relevance of this problem lies in the fact that in recent years there has been a significant increase frequency of abdominal delivery.[2,9,11]

Purpose of the study:

Study of indications for cesarean section and birth outcomes for mother and fetus according to the SamMU clinic.

Research material:

We analyzed the birth histories of 98 pregnant women, women in labor and postpartum women who delivered abdominally in the multidisciplinary clinic of SamMU in 2024

Research results:

One third of the 98 observed patients had scars on the uterus, the same number were multiparous with a short interval between pregnancies and had somatic diseases such as kidney disease, diseases of the cardiovascular system and anemia, operated on as planned and belonging to the 3rd category of urgency of cesarean section . The increasing number of women with a uterine scar poses a high degree of risk to the health of the mother and fetus in subsequent pregnancies. Undoubtedly, these factors complicate the outcome of the operation for the mother and fetus.

The analysis showed that of the total number of women who gave birth by cesarean section, 1.2% had complications in the postoperative period in the form of uterine subinvolution, lochiometra and endometritis, and compared with primiparous women, these complications were four times more prevalent in repeat parous women, especially in multiparas in whom destructive and inflammatory changes in the myometrium, as well as scars on the uterus, were favorable for the occurrence of postoperative complications. In 24.1% of women, the water-free period exceeded more than 12 hours and there was an urgent indication for surgery, according to the national protocol.

It should be emphasized that the frequency of cesarean sections, according to the SamSMU clinic, has increased to 30% in recent years. Analysis shows. That with an increase in the frequency of the first cesarean section, the frequency of repeated third and fourth operations increases, and the percentage of third cesarean sections is in the range of 8-10%. This circumstance is associated with the short interval between pregnancies, the failure of scars on the uterus with a large mass of fetuses in multiparous women.

In connection with the above, emergency surgery - 1st category of urgency, it is advisable to consider operations performed no later than 30 minutes from diagnosis; the indications for this category for cesarean section were progressive premature abruption of a normally located placenta, placenta previa, urgently 2 according to the protocol, women with scars and tumors on the uterus, cervix and vagina, cicatricial deformities of the cervix, plastic surgery on genitourinary and enterogenital fistulas, maternal infections - HIV, TORCH, herpes virus manifested during pregnancy.

As for the indications, in our region the indications are dominated by the scar on the uterus, and as mentioned above, it accounts for 1/3 of all cesarean sections due to uterine incompetence or the appearance of a clinical threat of uterine rupture due to the scar. Its share was 60-70% in relation to all women with a scar on the uterus.

We believe that the presence of one of the relative indications in itself is not and cannot be the basis for abdominal delivery if the pathology does not threaten the life of the mother. Only a combination of two or more indications gives the right to perform a caesarean section. So, according to the clinic, a cesarean section was performed under such conditions as fetal

distress syndrome. accompanied by signs of progressive hypoxia was in 6% of cases according to CTG, including umbilical cord presentation - 0.1%, transverse position of one fetus or twins - transverse position of the second fetus - 1.8%, breech presentation of the fetus when term occurs pregnancy less than 32 weeks combined with other indications for CS - leg presentation, hyperextension of the head, i.e. indications from the fetus are an indication for women with a burdened obstetric history in 8.6%. In order to reduce perinatal losses. Abdominal cesarean section on a planned basis - category 3 - in the clinic was performed for such indications as scar failure in 50%, severe preeclampsia in 2.7%, breech presentation - 5.5%, macrosomia - 2.8%, post-term pregnancy, age of the first-time mother - 1.6%, disproportion of the head with the pelvis of the mother - 0.9%, epilepsy in 0.7%, somatic diseases when exclusion of pushing is required (decompensation of cardiovascular diseases, complicated myopia and other diseases) - in 12% of cases .

All operations were performed retrovesically, with the exception of 3 cases - isthmicoorporal CS, due to the adhesive process of the lower segment and the lack of access to it due to the complicated course of the postoperative period during the previous birth.

Conclusion:

Thus, in the conditions of our region, the doctor's tactics regarding expanding the indications for abdominal delivery should be considered justified, especially when it comes to relative indications, including in the interests of the fetus. In this regard, more rational preparation of women for childbirth, correct tactics of labor management in case of obstetric pathology, taking into account immediate and long-term complications of cesarean section operations provides the basis for a rational approach to delivery and optimal management of childbirth with a successful outcome for the mother, fetus and newborn

References:

- 1.Betran AP, Vindevoghel N, Souza JP, Gulmezoglu AM, Torloni MR. A Systematic review of the Robson Classification for caesarean section: What works, doesn't work and how to improve it. PLoS ONE. 2014; 9 (6).
- 2.Abdullaeva N. Zakirova F. Telmanova J. The consequences of polyhydramnios for mother and fetus. International Journal of Medical Sciences And Clinical Research. 2023;3(4):125-128.
- 3.Zakirova N. Zakirova F. Abdullayeva N. Features of pregnancy management and birth outcomes in women with fetal macrosomiya with active and expectant tactics. Journal of reproductive health and uro- nephrology research. 2022; 3(4):77-79.
- 4.Zakirova Nodira Islamovna, Zakirova Fotima Islamovna, Abdullaeva Nigora Erkinovna, Risk factors for maternal mortality, Journal of reproductive health and uro-nephrology research 2023, vol 4, issue 3, pp 86-89
- 5.Zakirova N. Abdullayeva N. Women's health-national health// Tibbiyotda yangi kun// 4(54). 2023. P.569-572
- 6.Ye J, Zhang J, Mikolajczyk R, Torloni MR, Gülmezoglu AM, Betrán AP. Association between rates of caesarean section and maternal and neonatal mortality in the 21st century: a worldwide population-based ecological study with longitudinal data. BJOG. 2015 Aug 24.
- 7.Айламазян Э.К. и др. Морфофункциональная оценка нижнего сегмента матки в конце физиологической беременности и у беременных с рубцом // Журн. акушерства и женских болезней. - 2006. - Т. 55, №4. - С. 11-18.

- 8.Буянова С.Н., Щукина Н.А., Чечнева М.А., Мгелиашвили М.В., Титченко Ю.П., Пучкова Н.В., Барто Р.А. Современные методы диагностики несостоятельности швов или рубца на матке после кесарева сечения // Российский вестник акушера-гинеколога. – 2013. - №1. – С. 73-77.
- 9.Густоварова Т. А. Беременность и роды у женщин с рубцом на матке: клинко-морфологические и диагностические аспекты: автореф. дис. д-ра. мед. наук / Т. А. Густоварова. – М., 2007. – 49 с.
- 10.Закирова Н.И., Закирова Ф.И., Абдуллаева Н.Э.// Макросомия плода: современное состояние проблемы/ Современные подходы к стандартизации оказания медицинской помощи в акушерско-гинекологической практике/23.02.2022/ С. 144-146
- 11.Закирова Н.И., Закирова Ф.И., Абдуллаева Н.Э.// Women's health and modern contraceptive technology after childbirth// Вестник фундаментальной и клинической медицины— 2022, — №3 (3) —Р 82-83.
- 12.Орлова В.С., Калашникова И.В., Булгакова Е.В. и др. Абдоминальное родоразрешение как медико-социальная проблема современного акушерства. Журнал акушерства и женских болезней. 2013. № 4. С. 6-14.