



To show the outcome of the delivery of patients after previously performed caesarean Section

Case report

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INTRODUCTION

The main goal of an obstetrician is above all to be able to diagnose, monitor and complete pregnancy in its patients using the least invasive methods in most natural way as possible to enable the new mother to recover in a short period of time in order to dedicate and adapt to the needs of the newborn. All this is made possible by mutual cooperation, between the doctor and the patient, with confidence and dedication that is achieved throughout 40 weeks of gestation of the pregnancy.

METHODS

In our study, a total of 34 women were included, all in 2nd or 3rd pregnancy, with the previous one completed operatively by caesarean section in a period of 2-4 years, due to an absolute obstetric indication. The patients were at the age between 29 to 35 years old, all without comorbidities, with normal pregnancies, without a particular risk, physically active and committed to bringing healthy and capable newborns adapted to the new environment. The patient's examinations were scheduled in a period of 3-4 weeks of gestation, the fetuses were developing according to gestational age, and the patients strictly adhered to the hygienic-dietary regimen that was advised to them at the beginning of pregnancy, respectively, consuming protein-rich foods, limited amount of carbohydrate intake, as well as constant physical activity. During pregnancy, with regular screening for gestational diabetes in 28 weeks of gestation, carbohydrate intolerance was detected in 8 patients, which in 6 of them developed into gestational insulin dependent diabetes mellitus (GIDDM).

RESULTS

All these patients delivered in a term live newborns (in 37-40 weeks of gestation) in normal condition. 20 of the patients gave birth with Re SC, and the remaining 14 patients were delivered spontaneously after a history of performed caesarean section, without pre-induction or stimulation with syntocinon. The patients that were delivered spontaneously reported regular uterine activity and dilatation of the cervix from 3-5 cm (8 patients) or rupture of membranes (6 patients) at the delivery room, which led to the possibility of extensively labor and uterus ready for the process of the expulsion of the fetus. Whilst the other 20 patients who gave birth surgically with Re-SC, 10 of them were with graviditas prolongata where induction of labor was necessary and due to an unsuitable response to the induction had to be completed operatively. The other 6 were with regular uterine activity without progression of the dilatation of the uterine cervix within 5 hours, and the last 4 were part of the patients with diagnosed GIDDM, where surgical completion was indicated due to fact that they had large for gestation fetuses.

CONCLUSION

For the manner of delivery and in general for delivery, besides the commitment and the patience of the obstetrician, the most important is the psychic readiness/promptness of the patient and her desire for persistence and spontaneous delivery, as well as the readiness/promptness of the uterus and the organism in general.

Key words

Caesarean section, hygiene-dietary regimen, induction, indication.