ISSUES IN THE PREDICTION OF RECURRENT C-SECTION

Stefanija A., Dzikova E. , Jovanovska V. , Cibiseva V., Bina A.

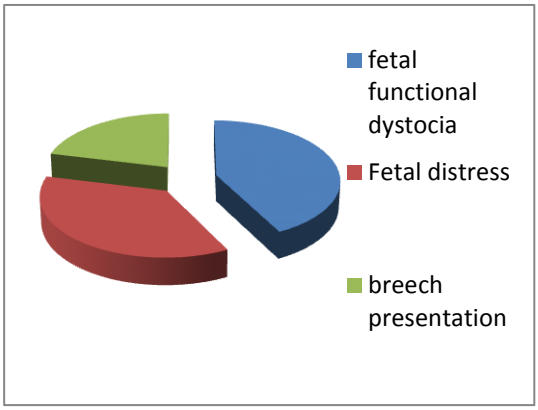
University Clinic for Gynecology and Obstetrics, University Sts. "Cyril and Methodius", Skopje, N. Macedonia

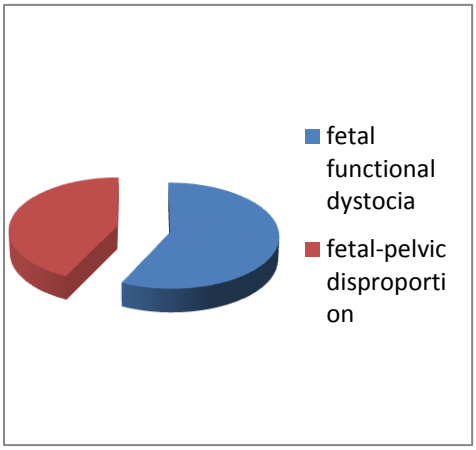
Abstract

Objective: Nowadays, the percentage of C-section is rapidly growing. Our study was performed to investigate the clinical and non-clinical factors that influence on the incidence and rapidly growing frequency of repeated C-section.

Material and methods: We performed retrospective, observational study. The study was performed at the University Clinic for Gynecology and Obstetrics, Skopje, R. of N. Macedonia. We have analysed patients in the period of one year. We excluded the patients that had more than one previous C-section. The study sample was 200 patients with one previous C-Section. The patients were divided in groups according to their age, Body mass index, previous vaginal delivery, weeks of gestation and Bishop Score.

Results: From the analysed 200 patients, the repeated C-section was performed in 60% of the patients. In 94% of the patients, the previous C-section was more than 18 months ago. The most frequent indication for previous C-section was fetal functional dystocia in 28% of the patients. Fetal distress was found in 24% of the patients, and breech presentation was found in 14% of the patients. The most frequent indication for the repeated C-section was fetal functional dystocia in 16% of the patients, fetal-pelvic disproportion in 12% of the patients. According to the maternal age the highest incidence of C-section was above 30 years, 36%. The highest incidence according to body mass index was above 30 kg/m2, 24%. When speaking of weeks of gestation, the most frequent repeated C-section was in patients above 40 weeks of gestation, 30%. The Bishop Score was the most accurate predictor with the highest incidence of all factors in patients under or equal to 5 with 52%.





Conclusion: From all presented we can conclude that all the factors presented are valuable for predicting recurrent C-section. They all more or less influence on the frequency of repeated C-section, but the Bishop Score is the most accurate factor that independently may highly influence on the incidence of repeated C-section.