

FCP77**VAGINAL DELIVERY AFTER CAESAREAN SECTION**

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Introduction: Previous caesarian section without permanent indications is not unconditional reason for repeating cesarean section. Most of such births, either spontaneous or planned, would be finished as vaginal birth. Vaginal birth after caesarian section - VBAC – is lower traumatic for mother than repeated cesarean section. During last decade rate of VBAC have increasing trend.

Methodology: These report presents statistical data gathered through retrospective analyze of deliveries in one year period at Ob/ Gyn Clinic Tuzla.

Results: Out of 4480 deliveries completed at Clinic in one year period we had 249 or 5,56% with previous CS. The majorities (93,98%) of this number were women with two or three previous deliveries. Regarding the age most represented were patients between 19 and 34 years - 80,72%. On term deliveries had 91,57% patients. As indication for repeated CS pre-term rupture of membrane had 24,90% patients and meconial water had 19,68%. Most of patients (39,36%) had 4 - 7 control examinations during the pregnancy. There were 24,90% of births completed by Syntocinine stimulation and 4,82% by vacuum extraction. Out of 249 patients with previous SC repeated SC had 67,47% patients. We had 22 patients (8,84%) with two previous CS. Imminent uterine rupture had 6,80% patients and there were one incomplete rupture or 0,40%.

Conclusion: Repeated SC is complicated surgery with significant influence on further obstetrical complications. Vaginal delivery is safer and less complicated then repeated CS. Every Hospital equipped for obstetrical care should be able to offer women vaginal delivery after previous Caesarian section. Vaginal delivery has many benefits: medical, psychological and financial.

FCP78**THE TERMINATION OF DELIVERIES WITH LOW BIRTH NEONATES**

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Background: By definition low birth weigh (LBW) includes neonates regardless of gestational age who weigh less than 2500g at birth. Very low birth weight refers to neonates weighing less than 1500g at birth. It is associated with higher morbidity and mortality rate. It is a worldwide problem among all populations. The aim of this study was to relate low birth weigh neonates to the way of delivery and it outcome.

Methods: Retrospective and descriptive analysis was performed based on data obtained from a validated maternity database of our maternity unit. The information analyzed comprises clinical records from January 1st to December 31st 2001.

Results: Among 4480 newborns LBW was diagnosed in 218 (4,87%) of cases. Participation of primiparas, multiparas and pluriparas was approximately the same in both experimental and control group. Authors find higher frequency of older paras in experimental group (17,43% vs. 8,0%). In experimental group authors find higher incidence of preterm labor and deliveries (69,27% vs. 6,0%). Incidence of low, very low and extremely low birth weight was 86,25%, 12,08% and 1,67% respectively. Authors find lower APGAR scores in experimental group both in first and fifth minute. Frequency of operative deliveries in examination group was 52,75%. Out of that number there were 51,37% of cesarean section and 1,38% vaginal birth for breech presentation. Other significant risk factors were analyzed and authors find following incidence: premature rupture of membranes in 49,08%, oligohydramnion in 1,38% and placental ablation in 4,59% of cases vs. 16%, 2,0% and 1,0% respectively in the control group.

Conclusion: Labor and delivery of low birth weigh neonates implicates higher rate of operative deliveries to prevent morbidity and mortality but we still have a questionable outcome, especially in extremely low birth weigh.