

## SEARCHING FOR RESERVES TO REDUCE THE FREQUENCY OF CESAREAN SECTION IN WOMEN WITH AN OPERATION ON THE UTERUS

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**Abstract.** *This article describes the search for resources to reduce the frequency of cesarean sections in women who have undergone uterine surgery.*

**Keywords:** *cesarean section, pregnant women, uterus, birth canal.*

## ПОИСК РЕЗЕРВОВ ДЛЯ СНИЖЕНИЯ ЧАСТОТЫ КЕСАРЕВА СЕЧЕНИЯ У ЖЕНЩИН С ОПЕРАЦИЕЙ НА МАТКЕ

**Аннотация.** *В статье описывается поиск ресурсов для снижения частоты кесарева сечения у женщин, перенесших операцию на матке.*

**Ключевые слова:** *кесарево сечение, беременные женщины, матка, родовые пути.*

**Relevance:** According to literary sources, the frequency of cesarean section operations worldwide is steadily increasing, reaching 21-29% of all deliveries and does not tend to decrease. WHO suggests the optimal frequency of cesarean section operations and this figure should not exceed 15%. The increase in the frequency of abdominal deliveries is associated with multiple factors, primarily with an increase in the priority of relative indications for cesarean section.

According to Shalashova Yu.V., recently obstetricians and gynecologists have very often encountered psychological reasons, one of them is the lack of readiness of a pregnant woman to cooperate with obstetricians and gynecologists; pregnant women most often have an unfavorable attitude towards the labor process, there is fear, misconceptions about the labor process. These moments lead to overdiagnosis of complications of childbirth, including anomalies of labor.

**Purpose of the study:** Study of the psycho-emotional state of pregnant women with an operated uterus.

**Materials and methods of the study:** the study was conducted in 2 stages. At the 1st stage, we conducted a retrospective analysis of the birth history of 168 women with an operated uterus, who were divided into 2 groups. Group 1 included 125 women with a scar on the uterus who gave birth by cesarean section, while group 2 was formed from 43 women with a scar on the uterus who gave birth through the natural birth canal. After determining the key points of the retrospective analysis, a prospective study of 104 women was conducted, which were divided into 2 groups.

The 1st main group was formed from 74 pregnant women with an operated uterus, who were divided into 2 subgroups depending on the method of delivery: Group 1 - 44 pregnant women with an operated uterus who gave birth by cesarean section and group 2 - 30 pregnant women with a scar on the uterus who gave birth by vaginal delivery. To conduct a comparative analysis, a control group of 30 pregnant women with a physiological course of pregnancy and childbirth was formed. The research methods were general clinical, clinical-anamnestic, laboratory, instrumental studies and a test to determine the degree of anxiety.

**Results and discussion:** Retrospective analysis showed that the average age of the subjects fluctuated within  $28.4 \pm 2.4$  years in Group 1 and  $29.7 \pm 2.4$  years in Group 2. During the retrospective analysis, we identified key indicators that could play an important role in planning the method of delivery. Thus, the analysis revealed that the main indications for abdominal delivery were a scar on the uterus in combination with the rupture of amniotic fluid (22.2%), the 1st stage of labor (19.4%), the woman's refusal of natural childbirth (11.1%), somatic diseases such as myopia (5.5%), and heart disease (8.3%). Analysis of the degree of maturity of the cervix according to the Bishop scale revealed that in Group 1, in 76% of cases, an immature cervix according to the Bishop scale was detected, while in Group 2 this indicator was 10%. The degree of maturity of the cervix above 5 points was present in 23% of women with an operated uterus, who subsequently gave birth surgically, and in 90% of cases in women with a scar on the uterus, who gave birth through the natural birth canal. In addition, when analyzing the anamnestic data, 63% of women in the 2nd group had a history of vaginal birth before the previous cesarean section. After determining the key points of the retrospective analysis, we conducted a prospective study. Analysis of the age aspect of women in the prospective study showed that in all groups, women aged 25 - 29 years predominated, which has no reliable differences between the studied groups. Analysis of the structure of indications for previous operative deliveries in women of the main group showed that in the 1st group the dominant positions are occupied by hypertensive disorders, in particular severe preeclampsia - 25%, then placental abruption - 17.5%, cephalopelvic disproportion 10%. The 2nd group in the structure of indications for operative delivery had certain differences compared to the first group, so the main indications were breech presentation of the fetus 23.3%, inconclusive condition of the fetus 16.7%, severe preeclampsia, PONRP in 13.3% of cases, cephalopelvic disproportion 6.7%. Analysis of the history of vaginal births showed that there is a reliable statistical difference between the 1st and 2nd groups, so 81.1% of women in the first group did not have a history of vaginal births, which is 1.5 times more than in the 2nd group, while in the 2nd group 33.3% of women had at least one birth in their history, in women of the 1st group this figure was 13.5%, which is 2.5 less than in the 2nd group.

When assessing the state of maturity of the cervix according to Bishop, it was determined that maturity above 5 points was present in all pregnant women in the 2nd group, since they were admitted to the hospital with labor, while in the 1st group 28.4% of women had a maturity of the cervix above 5 points. In the control group, pregnant women had a mature cervix in 90% of cases. Analysis of the structure of indications for operative delivery in women of the 1st main group showed that in 24.2% of cases the indication for cesarean section was DRPO, in 18.2% of cases the woman's refusal of vaginal delivery, 6.9% the first stage of labor, 6.9% breech presentation and others. The Spielberger-Khanin anxiety test revealed that in 58.3% of cases the women of the 2nd group had a low anxiety level, while in the 1st group this indicator was 10.8%, which is 5.4 times less than in the 1st group and 4.3 times less in the control group. The average and high anxiety levels were significantly more common in women of the 1st group, 64.8% and 24.4%, respectively, which is 2.2 and 1.9 times higher than in the 2nd group. Analysis of the thickness of the uterine scar in women of the 1st and 2nd groups did not reveal significant statistical differences.

**Conclusions:** our retrospective analysis revealed the most significant circumstances that played a key role in determining the indication for operative delivery in women with an operated uterus. Thus, the 1st stage of labor (19.4%), the woman's refusal of vaginal delivery (11.1%) could be reserves for reducing the frequency of operative delivery. In addition, the state of maturity of the cervix according to the Bishop scale plays an important role, so a prospective study showed that women in the 1st main group had a maturity above 5 points in 28.4% of cases, and this contingent of pregnant women could be reserves for reducing the indicators of abdominal delivery. In addition, determining the psycho-emotional status of a woman played the most important role in planning childbirth. Thus, women with the lowest degree of anxiety (58.3%) successfully delivered by vaginal delivery with a scar on the uterus. Thus, the state of psychological anxiety, the correct attitude towards the birth process in pregnant women with an operated uterus plays an important role in planning the birth process and the method of delivery.

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