

## SUMMARY

There is an increase in the caesarean section rate over the past 20 years which reach to 15 – 25% in 2003. In any given region the rate of birth by caesarean and the rate of VBAC tend to be inversely related.

A trial of labour after C.S. should be conceder in women who present for prenatal care with history of pervious caesarean birth which is success rate 50% and 85%. We most attempt to evaluate the strength of lower uterine segment scar by measuring the thicknesses of lower uterine segment using ultrasound.

Fukuda et.al, reported that when the lower uterine segment less than 2mm in full thickness the histology of the scar tissue showed a higher incidence of disturbed healing.

100 pregnant women with previous one caesarean section were included in the study .

All patient in the study .were subjected to the following:-

- 1-Full history taking
- 2-General and local examination.
- 3-Routine investigation and special investigation like ultrasound.

Ultrasound is an important method to evaluate the scar in the lower uterine segment before the onset of labor mainly transvaginally ultrasound.

The ultrasound measure only the muscle layer at its thinnest portion in lower uterine segment

If more than 2mm is a good healing and allow trial of labour.

If less than 2mm is bad result and expose the patient to rupture uterus.

As result of 100 pregnant women with previous caesarean section the lower uterine segment scar was to be more than or equal 2mm and were enrolled in the study.

Their age ranged between 22 to 34 years with a mean age  $28 \pm 5-8$  years The mean gestational age at the time of inoculation in the study was  $38.7 \pm 1.9$  weeks  $2.79 \pm 0.8$ mm.

34 women (34%) had a mean lower uterine segment thickness of 2mm 39 women had a mean lower uterine segment thickness of more than 2-2.5mm and 27 women (27%) had a women lower uterine segment of more than 2.5mm result done by transvaginal ultrasound.

The mean duration of labour was  $7.9 \pm 5-6$  hours.

37 women delivered spontaneously 24 women delivered through assisted delivery of the labour (ventose) , an emergency caesarean section was done in 39 women due to :-

- 1-Failure to progress occur in 21 women .
- 2- Tender scar occur in 12 women.
- 3- Fetal distress occur in 6 women

Several factors affect the probability of successful vaginal delivery after caesarean section.

- 1-Age of patient less than 40years.
- 2-Cause of previous caesarean section not recurrent
- 3-Cervical dilatation more than 4cm.
- 4-Women with spontaneous onset of labour and with previous vaginal delivery.

At the last we can say .

In patients with good healing of a previous caesarean section scar ,attempt vaginal delivery was almost safe with a reasonable success rate and few complications .Successful vaginal birth after caesarean is a desirable out come for mother and new born .

Vaginal birth after caesarean failure, resulting in emergency caesarean section and rarely in uterine rupture ,can be minimised with appropriate patient selection ,good antenatal counselling, careful review of the case notes and adherence to written guidelines .

Even in the rare case of uterine rupture , catastrophic maternal and fetal consequences can be minimised by prompt diagnosis and rapid restore to emergency caesarean section.

New statistical approaches will help to identify those women who are likely to succeed in vaginal birth after caesarean and may help their decision making.