A modern approach to childbirth in women

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Relevance of the topic: Thus, according to local and foreign authors, the average frequency of CC in the population ranges from 9% to 38% [4, 23]. According to the latest statistics from 150 countries, 18.6% of all births are now by caesarean section, compared to 6.0% in the least developed and most developed regions, respectively. remains up to .2%. Latin America and the Caribbean region has the highest CC rates (40.5%), followed by North America (32.3%), Oceania (31.1%), Europe (25.0%), Asia (19.2 %) and Africa (7.3%) respectively. Based on data from 121 countries, a trend analysis showed that between 2000 and 2019, the average caesarean section rate worldwide increased by 12.4% (from 6.7% to 19.1%), increased at an average rate of 4.4%. The largest absolute growth was in Latin America and the Caribbean (19.4%; from 22.8% to 32.2%), Asia (15.1%; from 4.4% to 19.5%), Oceania (14.1%; 18.5% to 32.6%), Europe (13.8%; 11.2% to 25%), North America (10.0%; 22.3% to 32.3%) and Africa (4 .5%; from 2.9% to 7.4%) were observed [30, 50]. In China, the KK rate has increased from 13.1% to 50.4% over the past 13 years; the frequency of CK carried out at the request of women - reached from 0.6% to 12.9%. The rate of recurrent CK in women with previous CK was 97.5% [16, 78]. According to the researchers, the frequency of CK in Poland is 30.1%, and the frequency of CK in preterm birth is 25.4%. The most common indication for KK is "per vias naturales" [37], i.e. "lack of consent of the patient for natural birth". According to the literature, between 1970 and 2016, the caesarean section rate in the United States increased from 5.5% to 32.9%. In 2020, the proportion of CK is expected to reach 56%, thus indicating that more than one in every two pregnancies will be carried out by CK. This increase in the frequency of CK is mainly due to the expansion of indications for planned CK, as well as a decrease in operational risk [48].

Objective: Based on these data, in 2000, the American Association of Obstetricians and Gynecologists set two goals for cesarean delivery by 2010:

1. Reduction of the proportion of CK in first-time women who presented with a fetal head at the completed 37th week of pregnancy by 15.5%.

2. Increasing the percentage of vaginal delivery after cesarean section in women with a history of CK by 37%. Unfortunately, none of these goals have been achieved, with recurrent CK rates in the United States reaching 40% [19, 27, 36, 82].

The authors note that the increase in the number of births by CK in recent years, as well as the fact that women who gave birth by cesarean section have a greater than 90% chance of giving birth with CK in the next pregnancy, thereby increasing the prevalence of CK will lead to an increase in the total number in the future [23, 36, 82].

After analyzing the data of recent studies, we can identify the four most common indicators of repeated CK in developed countries [37]:

1) previous pregnancy, childbirth through CK;

2) anomalies of labor activity;

3) fetal distress;

4) arrival of the fetus with a pelvis.

A study conducted by the WHO showed that the increase in the frequency of CK is inextricably linked with the increase in the frequency of prescribing antibiotics in the postpartum period, with an increase in severe maternal morbidity and mortality. Increasing the frequency of CC above 15% is not recommended by WHO, because this indicator does not affect the reduction of perinatal morbidity and mortality among children born with CC compared to those born naturally [39, 52].

According to the literature, maternal mortality associated with CK (40 per 100,000 live births) is 4 times higher than all types of vaginal births (10 per 100,000) and 8 times higher than usual normal vaginal births. (5 per 100,000) [38, 54].

In recent years, scientists have widely discussed the need to reduce the frequency of operative delivery in many regional and international forums of obstetricians and gynecologists and are trying to determine its optimal level. According to scientists, despite the low level of public health, the increase in severe somatic and gynecological pathologies, as well as the increase in the number of patients born with one or more CK, changes in the state of the uterus of the fetus, CK prevents its frequency from decreasing in the near future.

According to world scientists [55, 67], the average frequency of CK worldwide is 18.1%, and the highest rate (100%) is the wrong position of the fetus (including the presence of CC in the anamnesis) also corresponds to the first delivery in the form of a pelvic presentation of the fetus (92.3%). These numbers confirm that delivery tactics have changed (60-80%) in the direction of CK when the fetus is in the pelvis [6, 11, 32]. The frequency of completion of delivery by CK with lower median laparotomy decreased from 67.3% to 41.0% [44, 52]. At the same time, an increase in the frequency of performing this operation with transverse laparotomy was noted from 21.9% to 50%, which corresponds to modern trends.

Conclusions: Expanding the indications for CK is justified if it leads to a reduction in perinatal morbidity and mortality. It is known from the literature that in 8-10% of all births, CC surgery actually leads to a decrease in perinatal mortality, but in the frequency of completion of labor through the abdominal cavity, perinatal mortality is more than 15-17%. There are also data on increasing the probability of postoperative complications without changing the indicators [67]. However, there are conflicting opinions on this topic, and different studies provide different information. An analysis of the intranatal causes of severe conditions in term infants showed that the high frequency (33.6%) of intra-abdominal delivery was not a factor in reducing perinatal morbidity [4]. There is no doubt that it is impossible to solve the problem of high perinatal mortality by increasing the frequency of CK surgery, because this indicator depends on many factors. But we can see in all studies that the percentage of CK is constantly growing, which causes a number of new problems: on the one hand, it is an increase in purulent-septic diseases and the search for effective measures for their prevention and treatment, on the other hand, Complications of pregnancy and childbirth in the presence of uterine scar after CC [73].

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