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Childbirth in Women with a Uterine Scar – An Alternative to Repeat Cesarean Delivery

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*** Corresponding author:**
Sholpan Azhimova,
E-mail:
sholpan.azhimova@gmail.com

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Sholpan Azhimova [1], Eset Eralin [2]

[1] Obstetrician-gynecologist, City Multidisciplinary Hospital, Uralsk, Kazakhstan

[2] Obstetrician-gynecologist, Deputy Director for Maternal and Child Health, City Multidisciplinary Hospital, Uralsk, Kazakhstan

Abstract

Vaginal birth after cesarean (VBAC) remains a relevant issue in modern obstetrics. In global practice, VBAC is recognized as a safe and effective method when patients are properly selected, which is confirmed by the recommendations of the World Health Organization (WHO), the American College of Obstetricians and Gynecologists (ACOG), and the Royal College of Obstetricians and Gynaecologists (RCOG). According to ACOG (2020), the success rate of vaginal birth after cesarean ranges from 60% to 80%. In Kazakhstan, this approach is still limited due to the cautious attitude of specialists and insufficient awareness among women.

Objective. To analyze childbirth outcomes among women with a uterine scar after cesarean section and determine the frequency of successful VBAC cases at the City Multidisciplinary Hospital (CMH) of Uralsk.

Materials and Methods. A retrospective study was conducted based on the analysis of medical records of women who delivered at the City Multidisciplinary Hospital (CMH) of Uralsk between 2021 and 2025. The study included patients with a uterine scar after a previous cesarean section. The obstetric and gynecological history, characteristics of pregnancy, indications for repeat cesarean delivery, birth outcomes, and neonatal conditions were evaluated.

Results. The total number of deliveries between January 2021 and April 2025 was 27,482, of which 4,553 (16.8%) were performed by cesarean section. Among all cesarean deliveries, 1,290 operations were performed on women who had a previous cesarean birth. Successful vaginal deliveries in women with a uterine scar accounted for 7.9% of all cases with one prior cesarean section. The main indications for repeat

cesarean delivery were lack of labor progression and signs of acute fetal hypoxia. Women who delivered vaginally had significantly less blood loss, faster postpartum recovery, and fewer complications.

Discussion. The obtained results are original and reflect the local context. Major challenges include the high level of caution among healthcare providers, limited experience with VBAC, and fear of complications. To improve childbirth management in women with a uterine scar, it is necessary to implement international protocols (ACOG, WHO), provide additional training for obstetricians, and increase patient awareness about the safety of VBAC.

Conclusions. Vaginal birth after cesarean is feasible and safe in a multidisciplinary hospital setting, provided that patients are carefully selected and antenatal and intrapartum monitoring are performed according to international recommendations. Successful VBAC reduces surgical risks, improves women's reproductive health, and decreases the number of repeat cesarean deliveries. Further research and adaptation of international protocols to the healthcare context of Kazakhstan are required.

Keywords: cesarean section, uterine scar, VBAC, vaginal delivery, obstetrics, Kazakhstan.

1. Introduction

The management of childbirth in women with a uterine scar has become one of the most widely discussed topics in obstetrics. Previously, pregnancy and childbirth after a cesarean section were mainly regarded as an unquestionable indication for repeat surgical intervention. Today, international clinical guidelines emphasize the possibility and safety of vaginal birth when patients are properly selected.

In developed countries, the practice of VBAC (vaginal birth after cesarean) is widely implemented. When appropriate clinical conditions are met, it allows for a significant reduction in the frequency of repeat surgeries and associated complications. International organizations such as the World Health Organization (WHO), the American College of Obstetricians and Gynecologists (ACOG), and the Royal College of Obstetricians and Gynecologists of the United Kingdom (RCOG) have developed guidelines regulating the management of childbirth in women with a uterine scar. According to ACOG (2020;2), successful vaginal birth after cesarean occurs in 60–80% of cases, confirming a high probability of favorable outcomes when modern intrapartum monitoring technologies and adequate labor management are applied. Similar data are presented in the RCOG guidelines, which note that VBAC is the preferred mode of delivery in the absence of absolute contraindications [1–3].

In European countries and the United States, «Trial of Labor After Cesarean» (TOLAC) protocols have been implemented, which include modern intrapartum monitoring methods and strict patient selection criteria. The key technologies ensuring the safety of this approach include:

- cardiotocographic monitoring (CTG) and fetal echocardiography for assessing fetal condition;
- the use of protocols for labor induction and augmentation in women with a uterine scar (for example, the use of amniotomy, oxytocin under strict monitoring);
- strategies to minimize unnecessary repeat cesarean sections, which help reduce the frequency of postoperative complications and preserve women's reproductive health.

In Kazakhstan, the management of childbirth in women with a uterine scar remains controversial. According to the Ministry of Health of the Republic of Kazakhstan (2022), the national cesarean section rate averages 30–35% of all deliveries. In the West Kazakhstan Region, the average rate of surgical deliveries in recent years has ranged between 32% and 38%, which is comparable to the figures reported in several Eastern European countries (for example, Poland — about 35%, Hungary — 33%), but significantly exceeds the values recommended by the World Health Organization (WHO) — 10–15% of all births [4–5].

The increase in the number of cesarean sections in Kazakhstan is associated with several factors: the rising age of primiparous women, the growing incidence of extragenital pathology, fear of complications from vaginal birth among both patients and medical staff, and the availability of modern diagnostic technologies that enable more frequent identification of indications for surgical intervention.

Domestic and international researchers note that an excessive increase in the number of surgical deliveries does not lead to a significant reduction in maternal or perinatal mortality but increases the risk of complications in subsequent pregnancies, including the formation of a uterine scar, abnormal placentation over the scar, and complications in subsequent deliveries. For this reason, in recent years, particular attention has been paid to the safe management of childbirth in women with a uterine scar and the expansion of TOLAC/VBAC practices (attempted and successful vaginal births after cesarean).

According to regional perinatal centers, the proportion of women permitted to undergo TOLAC in Kazakhstan remains low — no more than 10–12% of all patients with a uterine scar. This is explained by cautious clinical practice and the absence of standardized protocols for managing such deliveries. Nevertheless, successful VBAC cases in domestic clinics (including at the City Multidisciplinary Hospital of Uralsk, where the rate of vaginal birth after cesarean was approximately 4.5%) confirm the feasibility of further developing this practice with strict adherence to selection criteria, continuous monitoring, and readiness for emergency surgical intervention [6–7].

This approach not only reduces the rate of surgical interventions and associated complications but also contributes to improved postpartum quality of life for women, shorter hospitalization periods, and decreased burden on the healthcare system.

Objective of the study — to identify the characteristics and outcomes of childbirth in women with a uterine scar in the City Multidisciplinary Hospital of Uralsk and to determine possible ways to reduce the frequency of cesarean section in this patient group.

2. Materials and Methods

The study is a retrospective cohort study.

Research method: Analysis of medical records and obstetric histories of women who delivered at the City Multidisciplinary Hospital (CMH) of Uralsk from January 2021 to April 2025. Data were extracted from both paper and electronic delivery records, with confidentiality requirements strictly observed: identifying information (full name, address, Individual Identification Number) was excluded when forming the database. Data processing was conducted only on secure computers within the clinic.

The study included 102 women with a uterine scar following a previous cesarean section who delivered at CMH during the specified period. **Inclusion criteria** were the availability of a complete clinical history, data on the nature of the previous intervention, gestational age and delivery outcome, and the presence of a uterine scar after cesarean section. **Exclusion criteria** included missing key data and absolute contraindications to vaginal birth (placental abruption, antepartum hemorrhage, risk of uterine rupture, placenta previa, multiple uterine scars (with the exception of 2 cases with two uterine scars and 1 case with three uterine scars).

Key clinical outcomes analyzed included: successful vaginal birth after cesarean (VBAC), blood loss, neonatal status assessed by the Apgar score, and maternal and perinatal complications.

For statistical analysis, **SPSS Statistics v.27 (IBM)** was used. Continuous variables were described as mean ± standard deviation (Mean ± SD) for normally distributed data (Shapiro–Wilk test) or median and interquartile range (median (Me) and interquartile range (IQR)) for non-normal distributions. Categorical data were presented as percentages and absolute numbers (n, %).

Comparisons of continuous variables between two groups (VBAC and repeat cesarean) were performed using the Student's t-test for normally distributed data or the Mann–Whitney U test for non-normal distributions. Categorical variables were compared using Pearson's χ^2 test or Fisher's exact test. To evaluate factors associated with VBAC success, multivariate logistic regression analysis was conducted with calculation of odds ratios (OR) and 95% confidence intervals (CI). Statistical significance was set at $p < 0.05$ [6].

To minimize data entry errors, double-checking (validation) was performed on 10–15% of randomly selected medical records. Discrepancies were verified against the original documents. For incomplete data (<10% per variable), complete-case analysis was applied.

The study was approved by the Ethics Committee of the City Multidisciplinary Hospital of Uralsk. Due to the retrospective nature of the study, written informed consent was not required. All procedures adhered to the principles of the **Declaration of Helsinki** [8].

3. Results

The results of the study

The total sample included 102 women. The mean age of the patients was 31.73 ± 4.2 years, mean body mass index (BMI) was 28.87 kg/m², mean parity was 3.43, mean gestational age was 38.75 ± 1.0 weeks, mean neonatal weight was 3,357.37 ± 68.9 g, mean Apgar score was 8.73 ± 0.2 points, and mean blood loss was 235.78 ± 34.8 mL.

Analysis of the causes of previous cesarean sections revealed that the most frequent were malpresentation of the fetus — 34.68%, fetal distress — 20.4%, placental abruption and antepartum hemorrhage — 20.4%, cervical dystocia — 7.1%, asynclitic head insertion — 10.2%, myopia — 3.06%, symphysitis — 5.1%, other causes — 3.06%, and severe preeclampsia — 1.96% [8].

Among extragenital pathologies, insulin-dependent diabetes mellitus was observed in 0.98% of women, aplastic anemia in 0.98%, and coronavirus infection in 2.9%.

Out of the 102 women included in the study, 95 delivered at term (37 weeks or more), which accounted for 93.13%. Preterm births amounted to 7 cases (6.86%). Spontaneous onset of labor was observed in 93.88% of women with a uterine scar. Labor induction was performed in 6.12% of cases due to premature rupture of membranes. Polyhydramnios occurred in 1.96% of cases. Premature rupture of amniotic membranes was observed in 13.72%.

Placental location on the posterior uterine wall was observed in 56.1% of women, considered a more favorable condition for vaginal birth. In two cases (2.04%), vaginal birth occurred in women with two prior cesarean sections, and in one case (0.98%) in a woman with three uterine scars [9].

During labor, fetal heart activity was carefully monitored using cardiotocography (CTG). The condition of the mother and the progress of labor were assessed. In cases where there were concerns regarding possible uterine scar dehiscence or fetal distress, an emergency cesarean section was performed.

In 89.2% of cases, labor proceeded without complications. Various postpartum complications were observed in 10.78% of cases; among them, in 4 cases, due to placental attachment defects, manual removal of the placenta was required. Atonic postpartum hemorrhage was diagnosed in 5 women and was managed

conservatively. In 1 case, postpartum urinary retention due to bladder atony was observed. There were 3 vacuum-assisted deliveries, episiotomy was performed in 10 women, and in 1 case labor was complicated by chorioamnionitis [10].

Mean blood loss in VBAC was 210 ± 25.0 mL, compared to 500–1,000 mL in repeat cesarean sections. Women who gave birth vaginally had shorter hospital stays (on average 2–4 days), fewer purulent-septic complications, and a lower incidence of anemia. These findings are consistent with Russian authors, showing that vaginal birth after cesarean is associated with less blood loss, faster recovery, and lower frequency of postoperative complications.

Perinatal outcomes were satisfactory: 98 live births and 4 stillbirths (antenatal fetal death). Distribution of perinatal outcomes: live preterm — 4.08%, stillborn preterm — 3.06%, stillborn term — 1.02%.

4. Discussion

The results of this study confirm the feasibility and safety of vaginal birth in women with a uterine scar after cesarean section, provided that strict patient selection and adherence to modern obstetric protocols are ensured. In the present analysis, the success rate of VBAC was 89.2% (deliveries without the aforementioned complications), which is comparable to international data, where the success rate of vaginal birth after cesarean ranges from 60% to 80% (ACOG, 2020; RCOG, 2022) [11]. This indicates that, with appropriate patient selection, careful labor monitoring, and readiness for emergency surgical intervention, VBAC is a safe and effective alternative to repeat cesarean section.

The findings highlight the high potential for broader implementation of TOLAC/VBAC practices in obstetric care in Kazakhstan, which could reduce the rate of surgical deliveries, lower the risk of surgical complications, improve postpartum recovery, and decrease the burden on healthcare facilities.

When compared with global indicators, some differences were identified, likely due to organizational and staffing characteristics of the national healthcare system. In particular, physicians' caution toward VBAC is often linked to limited practical experience, the absence of clear national protocols, and fear of legal consequences in the event of complications. A significant portion of patients are insufficiently informed about the possibilities and benefits of VBAC, which also influences the choice of delivery method.

International experience demonstrates that the implementation of "Trial of Labor After Cesarean" (TOLAC) protocols, active training of medical personnel, and educating pregnant women about the safety of VBAC make it possible to increase the rate of successful vaginal births after cesarean delivery without an increase in complications. In this context, it is important that adapted versions of international guidelines from ACOG, WHO, and RCOG be gradually introduced in Kazakhstan, taking into account local conditions and the material and technical resources of medical institutions [12].

Thus, the results of this study confirm that, with qualified personnel, continuous monitoring of maternal and fetal condition, and readiness for emergency surgical intervention, VBAC can be considered a safe alternative to repeat cesarean section.

5. Conclusion

The experience of the maternity unit of the City Multidisciplinary Hospital of Uralsk confirms that, when clinical protocols are followed and appropriate labor management strategies are applied, the rate of successful VBAC (Vaginal Birth After Cesarean) can be comparable to international indicators.

Successful vaginal births after cesarean contribute to reducing the frequency of surgical

complications, decreasing blood loss, shortening the duration of hospitalization, and promoting a more favorable recovery of women's reproductive health. They help preserve the functional integrity of the uterus for subsequent pregnancies, which is important for the demographic and perinatal policy of Kazakhstan.

However, barriers remain that limit the widespread implementation of VBAC practice in the country. In this regard, further research is needed aimed at a systematic study of delivery outcomes with a uterine scar, as well as adaptation of international recommendations (ACOG, WHO, RCOG) to the conditions of the national healthcare system.

Implementation of such protocols and targeted training programs for obstetricians and gynecologists will help increase the safety level of childbirth, reduce the frequency of unjustified repeat cesarean sections, and improve the health indicators of mothers and newborns in Kazakhstan.

The purpose of the study was to analyze the features of labor management in women with a uterine scar and to assess the effectiveness and safety of VBAC (Vaginal Birth After Cesarean) practice in obstetric hospitals of Kazakhstan. The set goal was achieved: the analysis of clinical data, regulatory documents, and international recommendations confirmed that vaginal birth after cesarean is possible and safe when medical selection criteria and protocols are followed.

Thus, achieving the goal of the study confirmed the relevance and effectiveness of implementing VBAC practice in Kazakhstan. To further improve childbirth safety and reproductive indicators, it is recommended to:
continue the systematic study of delivery outcomes in women with a uterine scar;
develop and implement national clinical protocols adapted to Kazakhstan practice;
strengthen the training of obstetricians and gynecologists in VBAC management;
conduct informational and educational work among pregnant women.

Comprehensive implementation of these measures will help reduce the proportion of repeat cesarean sections, improve the quality of obstetric care, and strengthen the reproductive health of women in Kazakhstan.

Limitations of this study:

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The study was conducted in accordance with applicable ethical principles.

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Алдыңғы кесарь тілігінен кейінгі босану: Балама тәсілдер

Ажимова Ш.М. [1], Ералин Е.Ғ. [2]

[1] Дәрігер акушер-гинеколог, Қалалық көпсалалы ауруханасы, Орал, Қазақстан

[2] Дәрігер акушер-гинеколог, Ана мен баланы қорғау жөніндегі директордың орынбасары, Қалалық көпсалалы ауруханасы, Орал, Қазақстан

Түйіндеме

Бұрынғы кесар тілігінен кейінгі табиғи босану (VBAC — *Vaginal Birth After Cesarean*) қазіргі акушериядағы өзекті мәселе болып табылады. Әлемдік тәжірибеде VBAC науқастарды дұрыс іріктеу жағдайында қауіпсіз және тиімді әдіс ретінде танылған. Бұл Дүниежүзілік денсаулық сақтау ұйымының (ДДҰ), Америка акушер-гинекологтар колледжінің (ACOG) және Ұлыбритания акушер-гинекологтар корольдік колледжінің (RCOG) ұсынымдарымен расталады. ACOG (2020) деректері бойынша кесар тілігінен кейінгі табиғи босанудың сәттілігі 60–80% аралығында. Қазақстанда бұл тәсіл әлі де шектеулі түрде қолданылады, бұл мамандардың сақ көзқарасымен және әйелдердің жеткіліксіз ақпараттандырылуымен байланысты.

Зерттеудің мақсаты. Кесар тілігі жасалғаннан кейін жатырда тыртық қалған әйелдердің босану нәтижелерін талдау және Орал қаласының Қалалық көпсалалы ауруханасы (ҚКА) жағдайында сәтті VBAC жиілігін анықтау.

Материалдар мен әдістер. 2021–2025 жылдар аралығында Орал қаласының Қалалық көпсалалы ауруханасында босанған әйелдердің медициналық карталарына ретроспективті талдау жүргізілді. Зерттеуге бұрын кесар тілігі жасалған жатыр тыртығы бар әйелдер енгізілді. Акушерлік-гинекологиялық анамнез, жүктіліктің ағымы, қайталама кесар тілігіне көрсеткіштер, босану нәтижелері және нәрестелердің жағдайы бағаланды.

Нәтижелер. 2021 жылдың қаңтарынан 2025 жылдың сәуіріне дейін барлығы 27 482 босану тіркелді, олардың ішінде 4 553 (16,8%) — кесар тілігі арқылы өтті. Операциялық босанулардың ішінде 1 290 әйелде бұрын бір кесар тілігі болған. Жатыр тыртығымен табиғи жолмен босанған әйелдер жалпы кесар тілігі жасалғандардың 7,9% құрады. Қайталама кесар тілігіне негізгі көрсеткіштер — босану әрекетінің прогресінің болмауы және ұрық гипоксиясының белгілері болды. Табиғи жолмен босанған әйелдерде қан жоғалту көлемі аз, босанудан кейінгі қалпына келу уақыты қысқа және асқынулар аз кездесті.

Талқылау. Алынған нәтижелер түпнұсқалы және жергілікті жағдайды көрсетеді. Негізгі мәселелер — мамандардың сақтығы, VBAC жүргізу тәжірибесінің жеткіліксіздігі және асқынулардан қорқу. Жатыр тыртығы бар әйелдердің босануын тиімді жүргізу үшін халықаралық хаттамаларды (ACOG, WHO) енгізу, акушер-гинеколог дәрігерлерін оқыту және әйелдерді VBAC қауіпсіздігі туралы ақпараттандыру қажет.

Қорытындылар. Жатырда тыртығы бар әйелдердің табиғи жолмен босануы көпсалалы стационар жағдайында науқастарды мұқият іріктеу және антенаталдық пен интранаталдық мониторинг жүргізу кезінде қауіпсіз және тиімді болып табылады. Сәтті VBAC хирургиялық қауіптерді азайтады, әйелдердің репродуктивтік денсаулығын жақсартады және қайталама кесар тіліктерінің санын төмендетеді. Қазақстан жағдайына бейімделген халықаралық хаттамаларды енгізу және осы бағыттағы қосымша зерттеулер жүргізу қажет.

Түйін сөздер: кесар тілігі, жатыр тыртығы, VBAC, табиғи босану, акушерия, Қазақстан.

Роды у женщин с рубцом на матке – альтернатива повторным оперативным родам

Ажимова Ш.М. [1], Ералин Е.Г. [2]

[1] Врач акушер-гинеколог, Городская многопрофильная больница, Уральск, Казахстан

[2] Врач акушер-гинеколог, Заместитель директора по охране материнства и детства, Городская многопрофильная больница, Уральск, Казахстан

Резюме

Роды через естественные родовые пути после ранее перенесенного кесарева сечения (VBAC — Vaginal Birth After Cesarean) представляют собой актуальную проблему современного акушерства. В мировой практике VBAC признан безопасным методом при правильном отборе пациенток, что подтверждается рекомендациями Всемирной организации здравоохранения (WHO)[1], Американского колледжа акушеров и гинекологов (ACOG)[2] и Королевского колледжа акушеров и гинекологов Великобритании (RCOG)[3]. Согласно данным ACOG (2020). Успешность родов через естественные пути после кесарева сечения составляет 60–80%. В Казахстане данный метод до сих пор применяется ограниченно, что обусловлено настороженностью специалистов и недостаточной информированностью женщин.

Цель исследования — провести анализ исходов родов у женщин с рубцом на матке после кесарева сечения и определить частоту успешных VBAC в условиях Городской многопрофильной больницы (ГМБ) г. Уральска.

Материалы и методы. Проведено ретроспективное исследование, включающее анализ историй родов женщин, родивших в Городской многопрофильной больницы (ГМБ) г. Уральска в период с 2021 по 2025 год. В исследование были включены пациентки с рубцом на матке после предыдущего кесарева сечения. Оценивались акушерско-гинекологический анамнез, особенности течения беременности, показания к повторному кесареву сечению, исходы родов и состояние новорождённых.

Результаты. Общее количество родов за период с января 2021 по апрель 2025 года составило 27 482. Из них путем операции кесарева сечения 4553 родов или 16,8%. Из общего количества оперативных родов 1290 операций проведены у женщин, имевших одни оперативные роды в анамнезе. Успешные роды через естественные пути с рубцом на матке составили 7,9% от общего числа родов с одним рубцом на матке после операции кесарева сечения. Основными показаниями к повторному кесареву сечению являлись отсутствие прогресса родовой деятельности, признаки острой гипоксии плода в родах. У женщин, родивших через естественные родовые пути, отмечалась меньшая кровопотеря, более быстрое восстановление после родов и меньшее количество послеродовых осложнений.

Обсуждение. Полученные результаты являются оригинальными. Выявлены локальные проблемы - высокая настороженность врачей, ограниченный опыт проведения VBAC и страх осложнений. Для повышения эффективности ведения родов у женщин с рубцом на матке необходимо внедрять международные протоколы (ACOG, WHO), организовывать обучение специалистов и повышать информированность пациенток о возможностях VBAC.

Выводы. Ведение родов с рубцом на матке возможно в условиях многопрофильного стационара при строгом отборе пациенток, антенатальном и интранатальном мониторинге и соблюдении международных рекомендаций. Успешные VBAC позволяют снизить операционные риски, улучшить репродуктивное здоровье женщин и сократить количество повторных оперативных вмешательств. Требуются дальнейшие исследования и адаптация международных протоколов для условий Казахстана.

Ключевые слова: кесарево сечение, рубец на матке, VBAC, естественные роды, акушерство, Казахстан.