CASE REPORT: MANAGEMENT OF ATTEMPTED DELIVERY AFTER PREVIOUS CESAREAN SECTION IN A MATERNITY HOSPITAL IN THE WESTERN AMAZON

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Introduction: Vaginal birth after previous cesarean (VBAC) is recognized as one of the most important strategies for reducing cesarean rates proposed by the World Health Organization (WHO). Objective: To describe the clinical management of a case of attempted vaginal birth after previous cesarean (AVBAPC) in pregnant women treated in the Municipal Maternity Mother Hope, Brazil. Case report: PAP, 29, female, 2nd pregnancy a cesarean section for 08 years. Gestational age: 39 weeks and 2 days by USG 1º trimester. Patient was admitted to complaining of “pain in lower abdomen every 15 minutes and no net loss of approximately two hours,” dynamic absent in 10 minutes and fetal heartbeats of 132 bpm uterine. It was found to gynecological examination premature rupture of membranes and patent cervix a pulp with a Bishop score of 4/15. After 5 hours of monitoring, there was sparse and remitting uterine contractions, cervical dilation of 3 cm, a Bishop score of 6, which led to induction of labor with a prescription for a vial of oxytocin 5 IU diluted in 500 ml 5% GS, EV, 12 drops/minute. After 11 hours of monitoring, the patient had uterine activity with three moderate contractions, cervical dilation of 5 cm, leading to opening of the partograph and diagnosis of labor. After 16 hours of monitoring, fetal tachycardia of 170 bpm, persistent control measures, reason for the suspension of oxytocin and indication for cesarean section because of the evidence of fetal distress. The patient underwent cesarean section after 17 hours of the disease, or procedure performed uneventfully, which was extracted alive newborn with Apgar 8/10 with a weight of 3,415 grams. Conclusion: The induction of AVBAPC as well as repeat cesarean section is associated with risks and benefits. The Bishop score is a tool to evaluate the success of induction.