Caesarean section and its impact on postpartum recovery, subsequent fertility, pregnancy and delivery.

Background
Women are at increased risk of complications after caesarean section (CS) postpartum and in subsequent pregnancy and delivery.

The overall aim was to evaluate complications after CS, outline options for their management and to assess strategies to increase the rate of vaginal deliveries after CS (VBAC).

Research question/Method
Paper I: Women were offered to have an additional appointment with an obstetrician supplemented by ultrasound 6-9 months after CS (n=147) to evaluate whether this appointment may reduce the levels of anxiety postpartum.
Paper II: all cases of CS-scar and other non-tubal ectopic pregnancies managed between 2010-2018 were assessed (n=39) to evaluate the success rate and complications of different treatment regimens and to determine predictive factors for treatment failure;
Paper III: pregnant women with one previous CS in their first or third trimester participated in the study (n=87) to determine their level of knowledge regarding CS/VBAC;
Paper IV: a study, including women with one previous CS who delivered during two periods: 2005-2008 (n=792) and 2013-2016 (n=1225), was conducted to compare the rate of VBAC, maternal and perinatal outcomes in two cohorts.

Results
- an appointment with an obstetrician supplemented by ultrasound significantly reduced the level of anxiety in women.
- conservative treatment may be the first option in non-tubal ectopic pregnancies. The presence of fetal heartbeat and β-hCG levels may be used for prediction of treatment failure.
- the level of knowledge about risks and benefits of VBAC increased in the third trimester of pregnancy compared to the first trimester, nevertheless women reported to get insufficient information even at the end of pregnancy.
- appropriate management of women with one previous CS might increase VBAC rate without negative impact on maternal or perinatal outcomes.

Significance
The results of the research might be implemented into clinical practice by:
- development of educational programs for women with previous CS;
- establishment of clinical guidelines for management of complications after CS such as postpartum anxiety and CS-scar pregnancy;
- improving the interaction between ultrasound department, antenatal units and delivery ward to support women more.