

Update on cesarean delivery and prematurity

ATUALIZAÇÃO EM CESARIANA E PREMATURIDADE

RICARDO SIMÕES¹, RICARDO CARVALHO CAVALLI¹, WANDERLEY M. BERNARDO², ANTÔNIO J. SALOMÃO², EDMUND C. BARACAT¹

¹Federação Brasileira das Associações de Ginecologia e Obstetrícia (Febrasgo)

²Guidelines Project, Associação Médica Brasileira

<http://dx.doi.org/10.1590/1806-9282.61.06.488>

1. The indication of cesarean delivery in preterm pregnancy can be based on three proposals. They include:

- a. Medically indicated cesarean section.
- b. On mother's request.
- c. Convenience and preference of the physician.
- d. All of the above are correct.

2. Cesarean section in preterm pregnancy also presents a particular problem related to surgical technique, because:

- a. The uterine wall is particularly thinner.
- b. The lower segment may not be formed.
- c. Horizontal incision may be required.
- d. Due to the incision, there is increased risk of uterine rupture in the postpartum period.

3. Regarding the fetal trauma at birth and maternal outcomes, it is true that:

- a. There is a significant increase in fetal trauma with vaginal delivery.
- b. There is no difference in morbidity for women undergoing cesarean section or vaginal delivery.
- c. There is no difference in fetal trauma between cesarean section and vaginal delivery.
- d. There is less morbidity among women undergoing cesarean delivery.

4. The concept of planned cesarean section in preterm deliveries implies:

- a. Accurately diagnosing, and performing a C-section early in the period of labor, or right before it.
- b. Reduced neonatal morbidity and mortality.
- c. Perform a cesarean section at least 12 hours before the start of labor.
- d. Indication of cesarean section if there is no progress with vaginal delivery.

5. Regarding cesarean delivery and prematurity, the recommendation is:

- a. The patient's request determines the indication, on the account of autonomy.

- b. Planned cesarean section in preterm fetuses in cephalic presentation should not be indicated with the purpose of fetal protection.
- c. Is indicated for convenience and preference of the physician.
- d. There is no specific recommendation and the procedure is at the discretion of the obstetrician.

ANSWERS TO CLINICAL SCENARIO: UPDATE ON ELECTIVE CESAREAN SECTION FOR TERM BREECH DELIVERY [PUBLISHED IN RAMB 2015; 61(5)]

1. Regarding term breech delivery, it is correct to affirm that:

Nulliparity is an associated factor (Alternative C).

2. The term breech trial (TBT), which compared the elective cesarean section with planned vaginal delivery, found:

Reduced risk of neonatal hypotonia with cesarean delivery (Alternative A).

3. In maternal morbidity and mortality, comparing the elective cesarean section with planned vaginal delivery, it can be said that:

Results are controversial (Alternative D).

4. Regarding neonatal morbidity and mortality, comparing the elective cesarean section with planned vaginal delivery, it can be said that:

Results are controversial (Alternative B).

5. What is the recommendation for the mode of delivery in patients with a term breech pregnancy?

Planned vaginal delivery is recommended, in selected cases, and under ideal conditions (professionals experienced in maneuvers for breech presentation) (Alternative A).