

# Primärt kejsarsnitt och risk för sfinkterskada vid efterföljande vaginal födelse

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| Hehir, M. P., et al. (2014). "Are women having a vaginal birth after a previous caesarean delivery at increased risk of anal sphincter injury?" <u><i>Bjog-an International Journal of Obstetrics and Gynaecology</i></u> <b>121</b> (12): 1515-1520. | 5.0% vs 3.5% | 1981       |

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Ingen information om det primära kejsarsnittet

## Syfte

- Studera om kvinnor som föder vaginalt efter ett första kejsarsnitt har en ökad risk för sfinkterskada även i Sverige
- Finns det ett samband mellan dokumenterad indikation för det primära kejsarsnittet och risk för sfinkterskada?



## Tidigare hypoteser....

“a relative fetopelvic disproportion leading to the first cesarean section also predisposes to OASIS in the subsequent vaginal delivery” (Räisanen, 2013)

“contractions like a parous woman but a perineum like a nullipara (Hehir, 2014)”



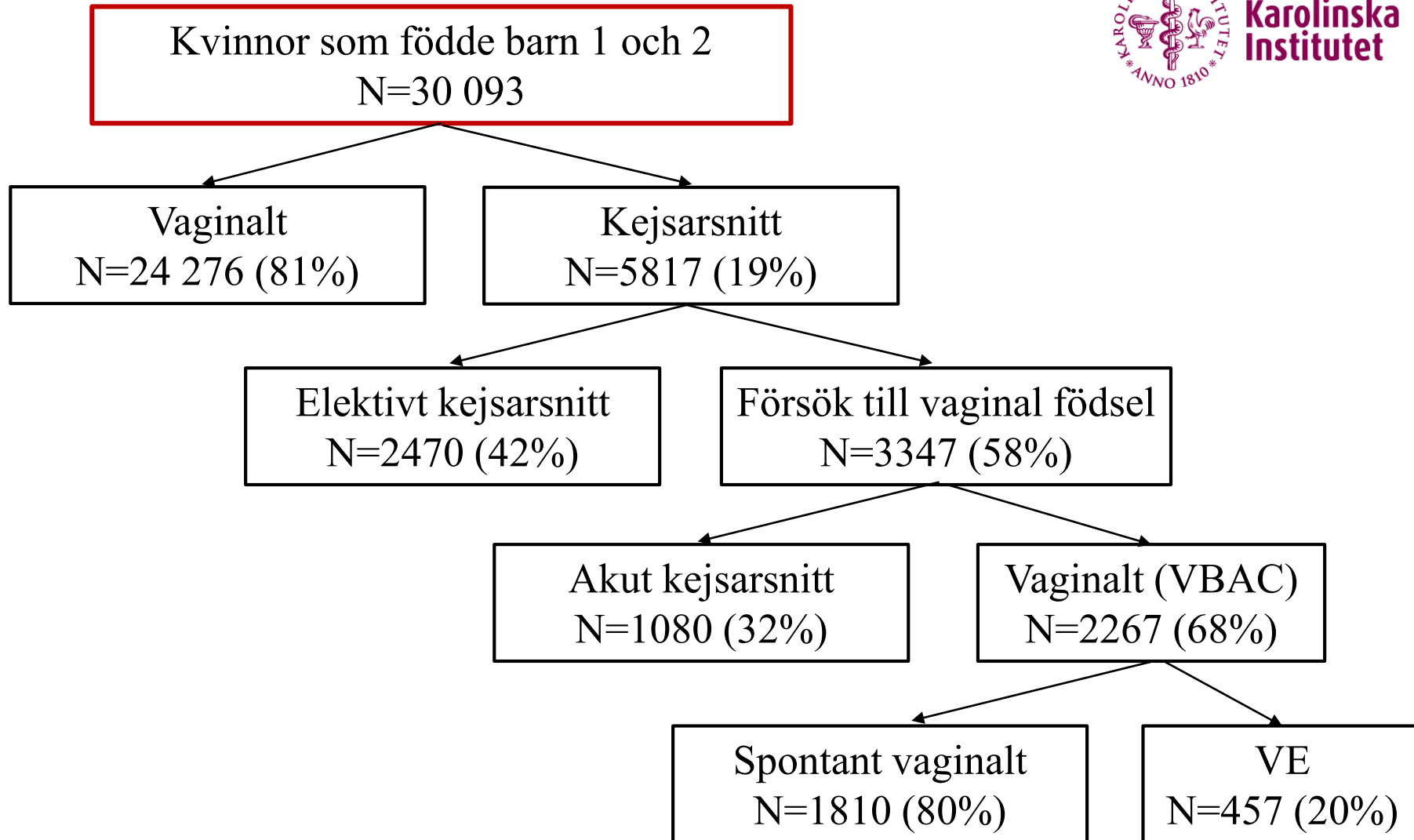
*Databas: Obstetrixdatabasen*  
*Tidsperiod: jan 2008- okt 2014*  
*Inkluderade: kvinnor som födde sitt första och andra barn (N=30 093)*

## Definition av sfinkterskada som utfall

ICD-10 kod O702, O702C, O702D, O702X, O703  
och/eller checkbox för sfinkterskada

+

operationskod (MBC33)



Kvinnor som födde barn 1 och 2  
N=30 093

Vaginalt  
N=24 276 (81%)

Kejsarsnitt  
N=5817 (19%)

7.0%

Elektivt kejsarsnitt  
N=2470 (42%)

Försök till vaginal födsel  
N=3347 (58%)

Akut kejsarsnitt  
N=1080 (32%)

Vaginalt (VBAC)  
N=2267 (68%)

Spontant vaginalt  
N=1810 (80%)

12.3%

VE  
N=457 (20%)

10.6%

19.0%

|                   | <b>Förstföderskor</b><br>(n=24 276) | <b>VBAC</b><br>(n=2267) | p-värde   |
|-------------------|-------------------------------------|-------------------------|-----------|
| Sfinkterskada (%) | 7.0                                 | 12.3                    | p<0.001   |
| Maternell ålder   | 29.1 ± 4.4                          | 32.4 ± 4.4              | p<0.001 ← |
| Maternell längd   | 167.0 ± 6.3                         | 166.2 ± 6.5             | p<0.001 ← |
| Gestationslängd   | 279.7 ± 13                          | 280.2 ± 11              | p=0.048 ← |
| Vidöppet läge     | 3.3                                 | 3.1                     | p=0.661   |
| Födelsevikt       | 3445 ± 505                          | 3558 ± 510              | p<0.001 ← |
| Huvudomfång       | 34.6 ± 1.9                          | 35.0 ± 2.0              | p<0.001 ← |
| VE                | 19.3                                | 20.2                    | p=0.331   |
| Värkstimulering   | 66.8                                | 61.4                    | p<0.001 ← |
| Epidural          | 58.4                                | 64.3                    | p<0.001 ← |
| Krystlängd        | 36.3 ± 24.3                         | 33.1 ± 23.9             | p<0.001 ← |
| Klipp             | 6.8                                 | 6.1                     | p=0.273   |

Ökad risk både vid VE och spontan vaginalt och oavsett indikation för tidigare kejsarsnitt.

## Sammanfattning

- I denna population, har kvinnor som föder vaginalt efter ett primärt kejsarsnitt en ökad risk för sfinkterskada jämfört med förstföderskor, oavsett indikation för tidigare kejsarsnitt
- En av fem kvinnor som föder med sugklocka efter primärt kejsarsnitt drabbas av sfinkterskada