Results | A 27-year-old healthy woman with an history of cervical cerclage at 26 weeks, required a new cervical cerclage at 29 weeks. Spinal anesthetics were performed. In the first surgery a 27G pencil point was used without complications. In the second surgery, 3 attempts were required with a 27G quincke, but as the block failed, general anesthesia was necessary.

Two days after surgery, she developed frontal headache, vomiting, photophobia and noise sensibility that aggravated by orthostatic position. She was apyretic, normotensive and without neurologic deficits. The blood tests were normal except for anemia. Conservative treatment for PDPH was tried with no success and she was offered an epidural blood patch (EBP). The procedure, the risks and benefits were explained. Under aseptic condition the EBP was performed with 20 ml of autologous blood with no complications. The procedure was successful and she was discharged home asymptomatic.

One month later she was admitted with full dilatation. Labor analgesia with epidural was effective. The postoperative course was uneventful.

Conclusions | In our case, multiple attempts and the use of a quincke needle increased the risk of PDPH. Even though the time between EBP and the subsequent epidural analgesia was only one month, we speculate that the EBP had no effect on the quality of epidural analgesia.

123 VAGINAL BIRTH AFTER CESAREAN SECTION IN ALBANIA

1N Ceni*, 1A Bimbashi, 2R Ceni. 1 Obstetric-Gynecological University Hospital ‘Koço Gliozheni’, Tirana, Albania; 2 Lady of Good Counsel University, Tirana, Albania

Background and Aims | The rate of primary cesarean section (CS) is on the rise. More and more women report with a history of a previous CS. A trial of vaginal delivery can save these women from the risk of repeat CS. The study was conducted to assess the safety and success rate of vaginal birth after CS (VBAC) in selected cases of one previous lower segment CS (LSCS).

Methods | This is a prospective study conducted at the Department of Obstetrics and Gynecology, University Hospital ‘Koço Gliozheni’, Tirana, Albania, in the period 2015–2019. Sixty eight pregnant women with a history of one previous LSCS were enrolled in the study. The study was approved by the National Medical Ethics Committee of Albania.

Results | In the present study, 92% cases had a successful VBAC and 8% underwent a repeat emergency LSCS for failed trial of vaginal delivery. Cervical dilatation of more than 3 cm at the time of admission was a significant factor in favor of a successful VBAC. Birth weight of more than 3,000 g was significantly associated with a lower success rate of VBAC (p<0.01). The incidence of fetal distress and uterine rupture was 1.6% respectively in the present study. There was no maternal or neonatal mortality.

Conclusions | Trial of VBAC in selected cases has a great importance in the present era of the rising rate of primary CS. Majority of the cases of previous CS done for nonrecurring indication can be delivered safely by the vaginal route, without any major complication to the mother and the newborn.