VAGINAL BIRTH AFTER CESAREAN SECTION IN 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 ‘Koco 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 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 3cm at the time of admission was a significant factor in favor of a successful VBAC. Birth weight of more than 3,000g was significantly associated with a lower success rate of VBAC (p<0.01). The incidence of fatal 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 nonrecurr-ent indication can be delivered safely by the vaginal route, without any major complication to the mother and the newborn.

Contents of Uric Acid, Vitamin D in the Blood Serum and Characteristics of Epidural Analgesia for Labor in Parturient Women with Preeclampsia

Background and Aims It is known that more than 40% of pregnant women have a deficiency of vitamin D. In addition to the classic symptoms of preeclampsia, more than a quarter of century, many foreign clinicians as preeclampsia indicator used by the hyperuricemia. We study the relationship of pain in childbirth, characteristics of epidural analgesia in patients with preeclampsia and the level of vitamin D, uric acid in the blood serum.

Methods The study group included patients with severe and moderate preeclampsia, alone have given birth vaginally with epidural analgesia. The control group included patients with physiological pregnancy, independently gave birth vaginally with epidural analgesia. The material of the study was to peripheral blood of pregnant women taken at admission to the emergency obstetric team.
the hospital for delivery. Vitamin D level was performed by enzyme immunoassay kits. The concentration of uric acid was determined spectrophotometrically.

**Results** In patients with severe preeclampsia revealed: a pronounced deficiency of vitamin D, a tough hyperuricemia, had higher numbers mean arterial pressure during labor epidural analgesia in the background. The results also gave evidence to suggest that patients with preeclampsia who have previously been registered lower levels of vitamin D and an increased concentration of uric acid in the birth have a greater need for a local anesthetic to reduce pain and stabilize blood pressure than patients with higher levels of vitamin D and smaller uric acid.

**Conclusions** In women with preeclampsia during childbirth epidural analgesia, low levels of vitamin D and hyperuricemia are associated a higher demand for local anesthetics.

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**Pediatric**

**PERSISTENT OPIOID USE AFTER PEDIATRIC FRACTURE TREATMENT**

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**Background and Aims** The opioid epidemic persists as one of the most critical public health concerns in the United States. In the pediatric population, fractures are among the primary causes for surgical interventions. Therefore, the identification of opioid prescription patterns and potential risk factors for prolonged opioid use is critical. 1

We hypothesized that the numbers of pediatric patients with persistent opioid use after surgery would be significant and that several risk factors driving persistent opioid use could be identified.

**Methods** A retrospective population-based cohort study was conducted. National claims data from the Truven Health MarketScan database were utilized to 1) characterize opioid prescription patterns, and 2) describe the epidemiology and risk factors for single use as well as persistent use of opioids among pediatric patients with surgical fracture treatment.

**Results** Among 303,335 patients, 21.54% received at least 1 opioid prescription within 6 months after surgery, and 1,671 (0.6%) developed persistent opioid use. Risk factors for persistent opioid use included older age, female gender, lower extremity trauma, surgeries of the spine, rib cage or head, closed fracture treatment, earlier surgery years, previous use of opioid, and higher comorbidity burden.

**Conclusions** Among a cohort of pediatric patients who underwent surgical fracture treatment, 21.5% filled at least 1 opioid prescription, and 0.6% (n=1,671) filled at least one more opioid prescription between 3 to 6 months after surgery. Understanding the risk factors associated with persistent opioid use in pediatric patients is critical for the development of prevention strategies in this patient population.