Objective During pregnancy the uterus shows dynamic activity related to plasma concentrations of mediators that influence myometrial contractility, namely oxytocin and prostaglandins and their receptor. Morphological and functional properties of the scar on the uterus in everyday practice are largely a subjective estimate, based on palpation, bimanual inspection and ultrasonic thickness measurement and assessment of scarring. The disabling effects of the disease may make it physically hard to carry a pregnancy. Muscle weakness and coordination problems may increase the likelihood for falls, fatigue and impairment in urinary bladder control may worsen, and decreased sensation in the lower body that may interfere with the process of labour. NEUROLOGIC Normal urinary function depends on storage of urine in the bladder at low intravesicular pressure without leakage and the ability to intermittently voluntarily and effectively empty the bladder. These processes depend on dynamic interactions between the central and peripheral autonomic and somatic nervous systems. Although miscommunication or interruption in these pathways more often results in urinary incontinence, comorbid or independent urinary retention can occur. Urinary retention can result from many neurologic conditions (Table 318). Overactive bladder may be induced or made more likely by anomalies in the urinary microbiota. This is what an English team suggested by clearly showing the differences in bladder microbiota composition in women affected with this syndrome when compared with healthy women. To compare these microbiotas, researchers took urine samples and analyzed bacteria from 60 women visiting the doctor for that reason and 35 control subjects. They obtained a wide variety of bacterial genera (up to 95 different ones), although each woman had on average five different strains. The most frequently encountered were Staphylococcus, Streptococcus, Corynebacterium and Lactobacillus. Moreover, the authors not...