RCOG WORLD CONGRESS 2022
13 - 15 JUNE

NHS
Barts Health
NHS Trust

Patient perspectives on mode of birth post myomectomy (open and laparoscopic)

Dr Anna McDougall* Dr Thomas Grainger** Miss Rebecca Mallick *** Mr Funlayo Odejinmi****

* Specialist Registrar North Central & East London **Foundation Year 2 Trainee Severn Deanery ***Consultant Obstetrician & Gynaecologist University Hospitals Sussex **** Consultant Obstetrician & Gynaecologist Whipps Cross University Hospital

Background

Whilst there is emerging evidence that vaginal birth after myomectomy may be safe in many pregnancies, there are no studies examining the perspectives of women who have given birth post myomectomy and their preferences regarding mode of birth.

Aims

To explore the subjective experience of women who have given birth post laparoscopic and open myomectomy, to gain insight into their experiences of and satisfaction with birth options counselling and to evaluate their preferred mode of birth after myomectomy in the index and subsequent pregnancies.

Methods

A retrospective questionnaire survey of women who had an open or laparoscopic myomectomy followed by a pregnancy across 3 maternity units within a single NHS trust (Barts Health) in the UK over a 5-year period.

Results

- 46 women completed the survey (48% response rate)
- 18 (39%) had an open myomectomy and 25 (54%) laparoscopic myomectomy
- Overall 65% of women of had a trial of labour after myomectomy (TOLAM) had a successful vaginal birth
- There were no cases of uterine rupture in the cohort

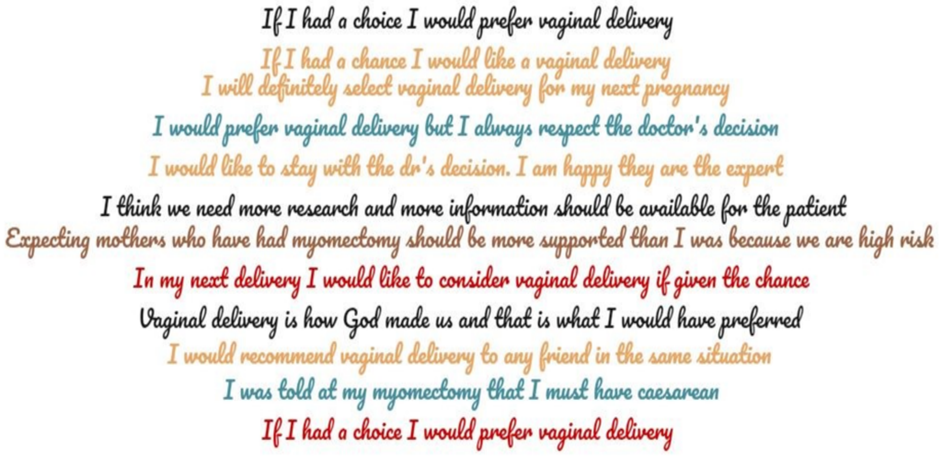

Fig 1. Quotes from women surveyed.

Only 53% of women felt they were actively involved in their birth plan

90% of respondents were not given the option of a specific birth options counselling clinic

Discussion

- There is often hesitancy among clinicians to pursue TOLAM
- There is insufficient evidence that TOLAM is any less safe than VBAC. Despite this, no previous study has explored the perspectives of women post myomectomy
- Women who have had a previous myomectomy did not always feel actively involved in their birth plan. Birth options clinics are used extensively for birth after CS and could be utilised for birth after myomectomy
- There is insufficient guidance on how to approach birth after myomectomy, both for patients and clinicians.

Conclusion

This study, the first of its kind to address patient perspectives has revealed inadequate involvement of women in the decision-making process regarding mode of birth post myomectomy and a preference for vaginal birth for many of these women.

Whilst long term prospective data is required to fully establish the safety of vaginal birth after laparoscopic and open myomectomy we recommend

1. The use of a multidisciplinary birth options clinic to provide individualised counselling on mode of birth
2. Establishment of a national fibroid reporting system to address the lack of prospective large volume data on this topic.