

Delivery Outcome in Term PROM with Previous One LSCS AL Wakra Hospital Qatar

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Introduction

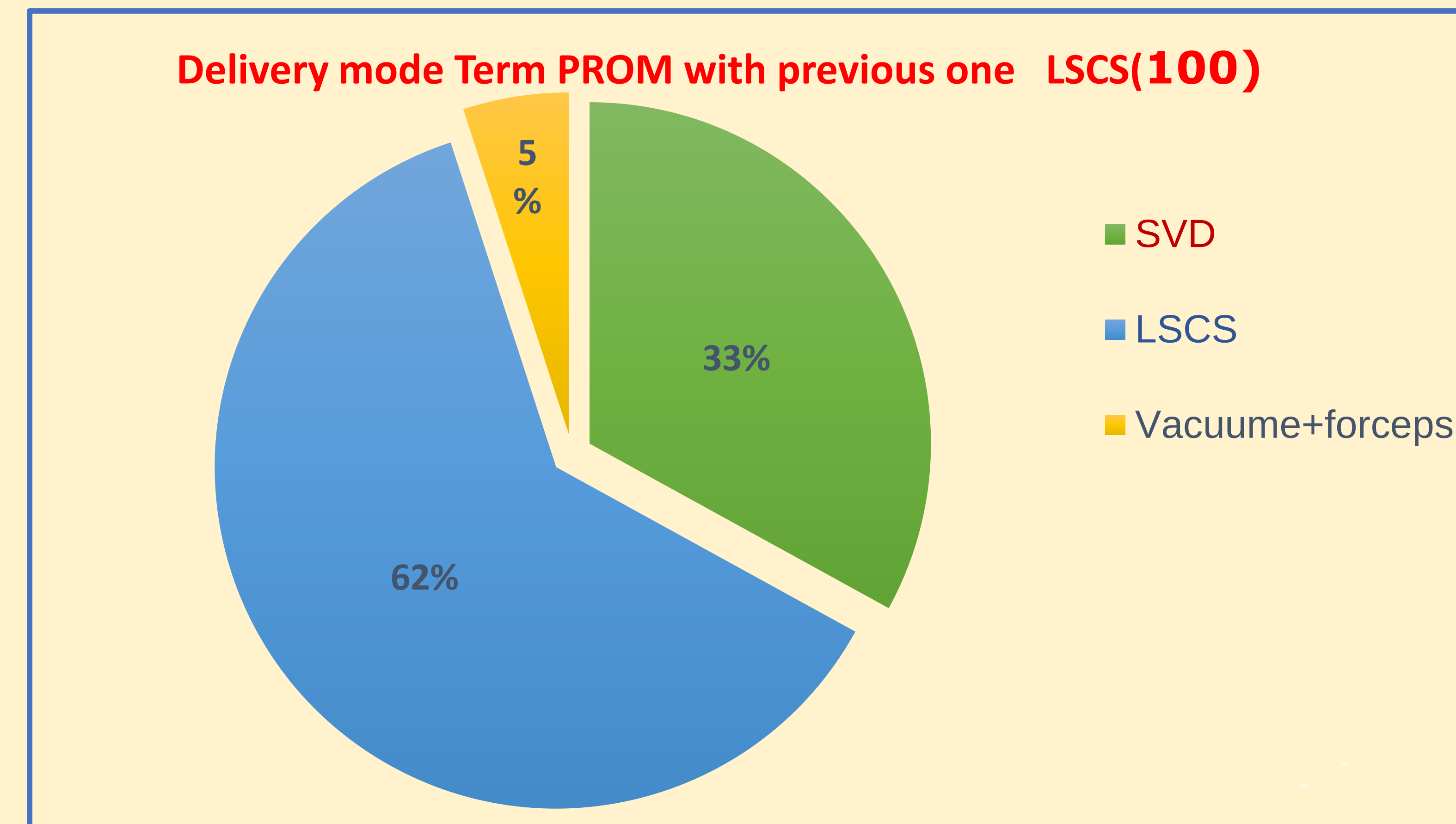
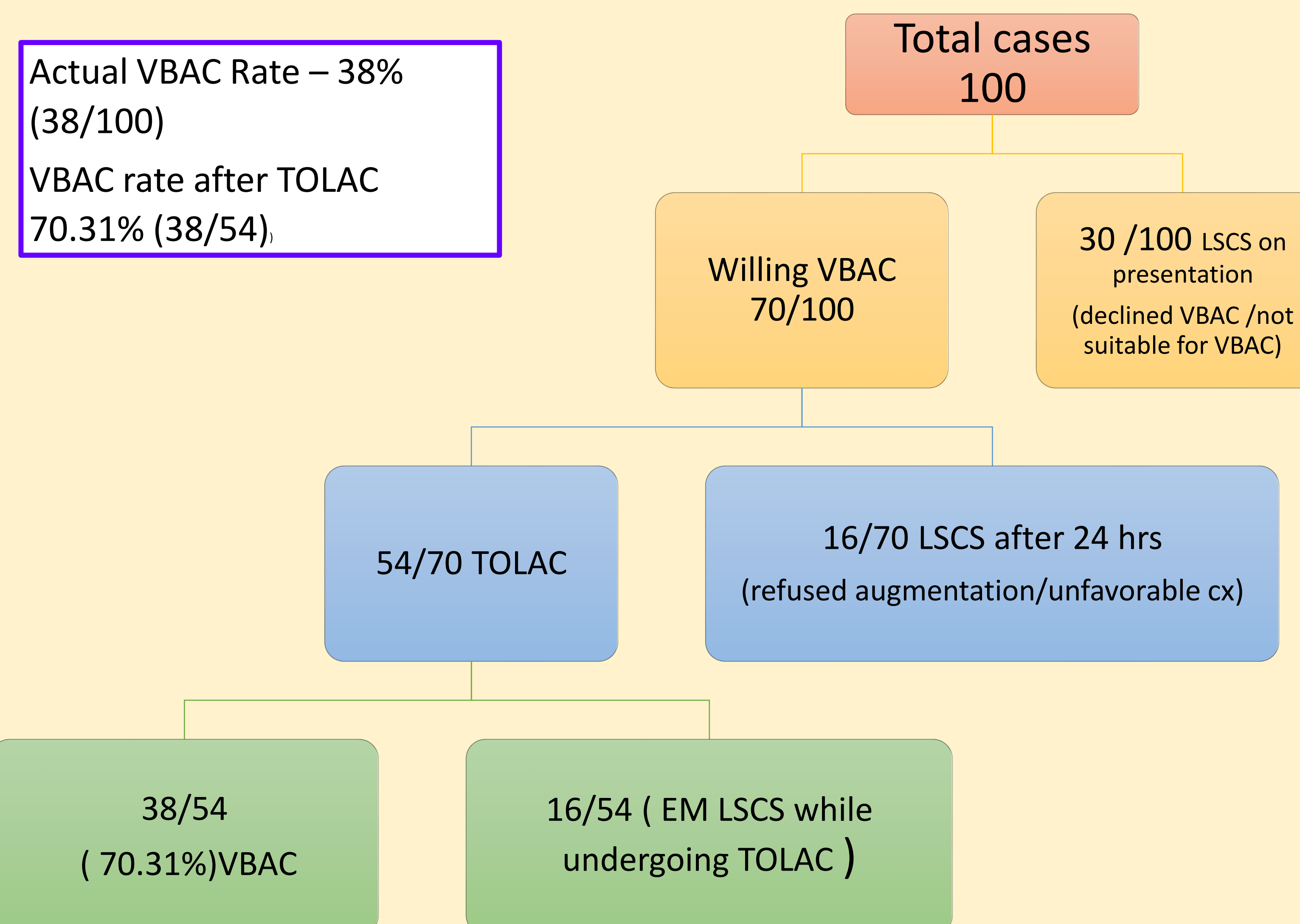
- Encouraging VBAC (Vaginal birth after caesarean) is crucial in reducing caesarean section rate but can be challenging to achieve due to different presentations of patient in labour.
- Several factors affect success of Trial of labour after previous one caesarean (TOLAC). Higher success rate of TOLAC with spontaneous labour onset is well known.
- If patient presents with Prelabour rupture of membranes (PROM) it can affect the outcome and increase the need for induction of labour.

Learning Objectives

- To review Delivery outcome in patient with PROM (pre labour rupture of membranes) at term and history of previous 1 delivery by caesarean section.
- To assess success of trial of labour after caesarean section (TOLAC) in the same group.

Design and Method

- Retrospective Audit, Period (Jan-Nov 2020)
- Retrospective review of electronic medical record of all cases presenting with PROM > 37 week of gestation during Jan 2020 to Nov 2020 was done at AL Wakra Hospital, Qatar.
- Total Number of deliveries during that period was 5894. Total 700 (11.8%) patients present with PROM at term. We excluded patient with > that one previous caesarean and with no prior caesarean section.
- Delivery outcome all cases was analyzed using Microsoft excel.



Results

- Age range was 21-41yrs(average 31.3years), 65% were para1 (no previous vaginal deliveries), 74% were between 37-40 weeks gestation and 24% were postdate.
- Out of 100 cases 38 %(38/100) delivered vaginally (Normal+ Instrumental delivery) and 62% delivered by caesarean section(CS).
- Total of 70/100(70%) patients were willing for VBAC, and 30% had immediate caesarean section as (21 declined VBAC, 9 were already planned for elective cesarean due to other indications like short interval or malpresentation).
- Out of actual 70 patient willing VBAC, 54 went for trial of labour, as they went into labour spontaneously in 24 hours or agreed for augmentation of labour with oxytocin, rest 16/70(22.85%) had CS as they refused augmentation or were not found favorable for augmentation. VBAC rate was 70.31% (38/54) for those who underwent TOLAC.
- Overall indications of caesarean were –declined TOLAC (21%), refused augmentation or unfavorable for augmentation (16%), malpresentation, or planned for EL LSCS- (9%), failure to Progress (8%), fetal Distress (6%), APH (2%) cases.

Conclusion

- Our data showed that success of VBAC is not affected in patients with PROM at Term if they tried TOLAC.
- The challenge is for those cases who still have unfavorable cervix and need augmentation or induction after 24hrs of latency due to risk of uterine rupture.
- Options like mechanical induction while waiting for 24hrs for spontaneous labour, or induction with prostaglandin must be weighed against risk of infection and uterine rupture
- Slow-release prostaglandin preparations needs more research.