



OUTCOME OF VAGINAL BIRTH AFTER ONE CAESAREAN SECTION IN AN AUSTRALIAN HOSPITAL

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OBJECTIVE

- Successful vaginal birth after previous Caesarean section (VBAC) reduces Caesarean section (CS) rate.
- Women are counselled using data from retrospective studies in absence of randomised trials.
- Though VBAC is not as safe as originally thought, success rate of a planned VBAC is around 75%. This is multifactorial and varies across facilities.
- This study was undertaken to obtain local data to counsel women about the outcome of labour in women attempting VBAC at an Australian hospital.

DESIGN

- Retrospective case note analysis of
 - women who underwent labour expecting a VBAC
 - over 13 months (March 2018 and 2nd April 2019)
 - At an outer metropolitan Australian hospital
 - With 1800 births annually

METHOD

- Strict inclusion (one previous lower segment CS, singleton pregnancy) and exclusion (previous ≥ 2 CS, uterine myomectomy, malpresentation) criteria were used.
- De-identified data collated from electronic records on
 - epidemiological factors (age, booking BMI, parity, past obstetric history)
 - labour (onset, analgesia, augmentation, mode of birth)
 - neonates (gestation, admission to neonatal unit).
- Approved by low risk ethical research committee.
- VBAC was conducted along RCOG (Green top 45) and local guidelines.
- BMI threshold for the facility was 45.

CONCLUSION

- The findings were consistent with literature
- Highest success followed spontaneous onset of labour and in women with previous VBAC
- This data will now be used to counsel women birthing at the facility

RESULTS

- Women attempting labour – 73
- Successful VBAC – 50
- Did not achieve VBAC (had emergency CS) - 23
- Success rate of VBAC – 68.49%
- Mean age of the VBAC cohort 30 years, mean parity 1.45
- Most (49) had BMI between 18.5 & 30 and seventeen > 30.
- Fifty-nine (80.8%) women were at term (≥ 37 weeks).
- Gestation was between 38 and 41 weeks in 59 (80.8%)
- Fourteen (19.1%) women had had one previous successful VBAC and 9 had vaginal birth before CS (para >2)
- Forty-four (60.2%) women had spontaneous labour eight of whom required oxytocin augmentation (18.2%)
- Twenty-nine (39.7%) women had induction of labour, eighteen of whom required oxytocin augmentation (62%)
- Sixteen (21.9%) used epidural only analgesia and twenty-four (32.9%) used a combination (inhalation, opiates, epidural)
- Thirteen (92.8%) of the 14 women with previous successful VBAC birthed vaginally.
- Most (87%) women who had spontaneous unaugmented labour birthed vaginally.
- Abnormal CTG was the commonest (11) indication for emergency CS
- There were no uterine rupture or dehiscence.
- 17 neonates were admitted to NICU which were uneventful.

