

AN AUDIT ON VBACs IN THE OBSTETRICS DEPARTMENT OF THE LOCAL TEACHING HOSPITAL

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BACKGROUND

- Vaginal Birth After Caesarean Section (VBAC) is endorsed by the Royal College of Obstetricians & Gynaecologists in women with one previous caesarean section.
- Such choice is also supported by health economic modelling and may be used to decrease the maternal morbidity and mortality associated with such deliveries.
- This audit will be looking into the outcomes of women attempting VBAC in our local hospital. The results will then be compared to the averages quoted by the RCOG.

DESIGN

- A descriptive retrospective audit of recorded cases of those patients who were going through a trial of VBAC from October 2020 – to October 2021.
- Data were collected from patients' files who were admitted to Central Delivery Suite (CDS) with a documented attempt for VBAC.
- Audit proforma documented the outcomes and adherence to local guidelines (Figure 1).
- The proforma included demographic data, detailed obstetric history, current delivery details, and a local guidelines checklist (Figure 1).

Figure 1: Local Guidelines (Oct 2020)

Review by the specialist assigned to CDS prior augmentation

The infusion of Syntocinon should be increased by increments of 4 IU

The maximum rate of Syntocinon should not exceed 64 IU

If the contraction rate at any one time exceeds 3-4 contractions every 10 minutes, then the rate should be reduced to the previous rate

The mother should be continuously monitored and cross-match should be taken

RESULTS

- A total of fifty-five patients were included in this audit. The mean age was 30. The majority were para 1 patients (80%). Of the 20% who were multiparous, 9 had 1 LSCS + 1 NVD. Two had 2 previous NVDs and 1 LSCS.
- The eventual outcome is as outlined in Figure 2

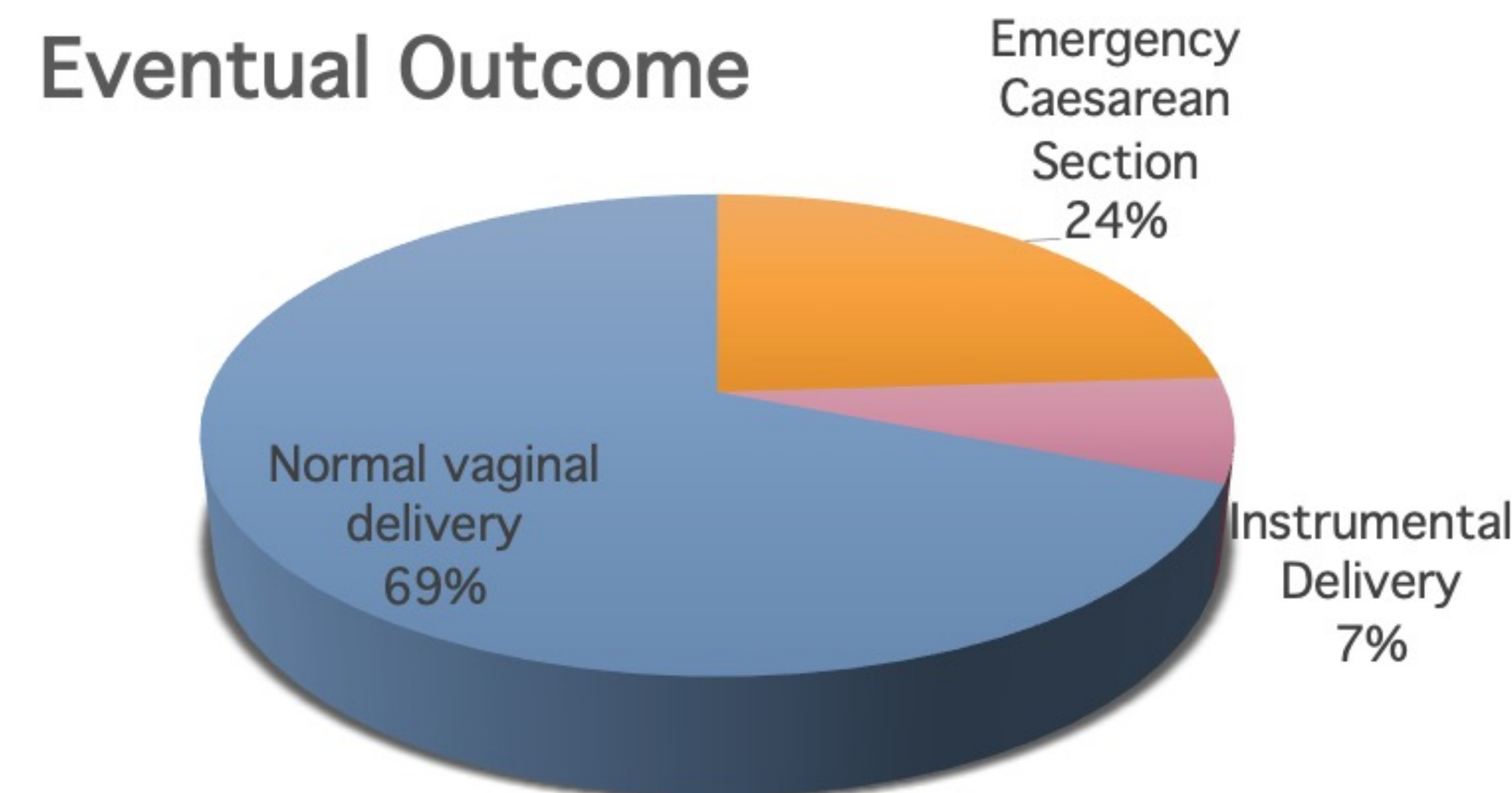


Figure 2: Eventual outcome

- The multiparous cohort had a higher success rate of 81% compared to 75.5% of para 1 patients.
- Spontaneous delivery was also associated with a higher successful outcome of 81% compared to 61.5% of induced patients.
- Most patients (78%) had VBAC as their planned mode of delivery with 20 patients having clear documentation of risk of uterine rupture of 1:200
- Local guidelines were strictly adhered to as seen below (Fig 3)

Review by SR	93%
Continuous monitoring	100%
Cross match available	100%
Reduction in Syntocinon as necessary	100%
Maximum rate of Syntocinon <64 IU	100%
Syntocinon increased appropriately	100%

Figure 3: Adherence to local guidelines

- Complication rates are outlined in Figure 4 below.

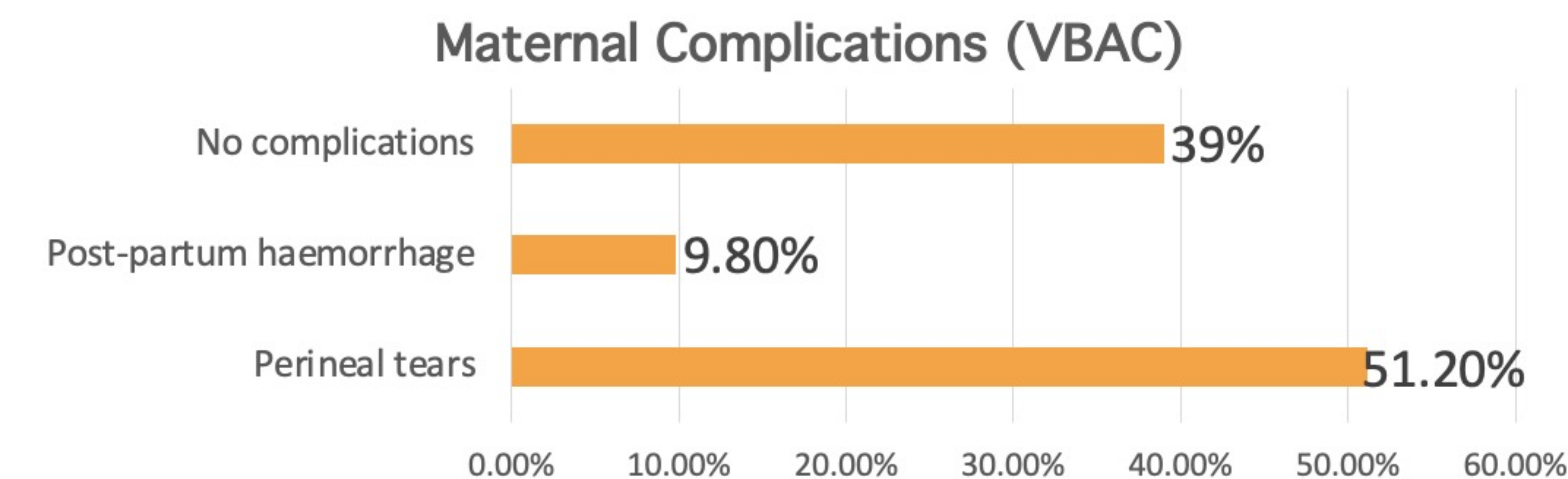


Figure 4: Maternal complications post-VBAC

- No neonatal complications of note in both cohorts.
- From the emergency CS cohort – 1 patient had PPH, 1 patient had a wound infection.

CONCLUSIONS

- The success rate for VBAC was comparable to guidelines set by RCOG (76.3% vs 72-75%).
- It was also noted that local guidelines were adhered to in most cases.
- Major complications were also low to a bare minimum in this cohort of patients. Successful VBACs were also associated with earlier discharges.
- This audit has also highlighted the importance of shared decision making when it comes to deciding mode of delivery during booking visit and subsequent antenatal appointments

REFERENCES

- Royal College of Obstetricians & Gynaecologists: Birth after previous caesarean birth, Guideline No: 45, London-RCOG:2015

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