

Audit of counselling regarding birth options provided to pregnant women with one previous caesarean birth at University College London Hospital (UCLH), before and after re-design of the birth after caesarean (BAC) service

Ellie Bard, Noshali Wimalaweera, Jo Modder, Seni Subair, Meg Wilkinson



Introduction

UCLH has a high total and elective caesarean rate -- 35% and 15% respectively in 2017 -- outstripping its capacity. In 2016, 451 (45%) of all elective caesarean sections (ELCS) at UCLH were justified by previous caesarean: 7% of all births.

Planned vaginal birth after caesarean (VBAC) is a clinically safe choice for most women with single previous caesarean and reduces future complex caesareans.

Methods before and after re-design of the service

We obtained a list of births at UCLH in 2016 where women had one previous caesarean and no other children (n=631). After excluding VBAC contraindications, we randomly selected 150, examined 113 paper notes, and collected information pertaining to the 2015 BAC guideline.

Following the first audit, the service was re-designed with a new guideline, checklist, decision tool and leaflet, published March 2019. Instead of a 1:1 birth options clinic, women should attend a BAC group workshop; and then a 1:1 BAC counselling appointment.

The second audit used the same methodology, randomly selecting from eligible births September 2019 – February 2020. Our sample size was 124.

Findings

Audit standard	Target	Achieved 2016	Achieved 2019/20
Seen in 1:1 birth options clinic	100%	60/113 (53%)	41/124 (33%)
Attended BAC group workshop	100%	N/A	41/124 (33%)
Choice of mode of birth documented	100%	107/113 (95%)	120/124 (97%)
Patient information leaflet received	100%	42/113 (37%)	54/123 (44%)
Counselling checklist completed *target 2016: "all considering VBAC" *target 2019/20: 100%	*	14/113 (12%)	43/123 (35%)

1. Initial patient preference influences referral pathway and birth mode

Women's preference for birth mode before counselling was associated with intended birth mode, actual birth mode and referral pathway: those preferring ELCS were more seen by obstetricians while those preferring VBAC more often attended the workshop / birth options clinics (all p-values <0.05).

2. Not enough women are attending birth options and group workshop

In 2016, 53% were seen in birth options clinic and 58% in obstetrics. In 2019/20, 49% attended birth options clinic or the group workshop, and 70% attended obstetrics.

3. Counselling improved in 2019/20 due to workshop and checklist use

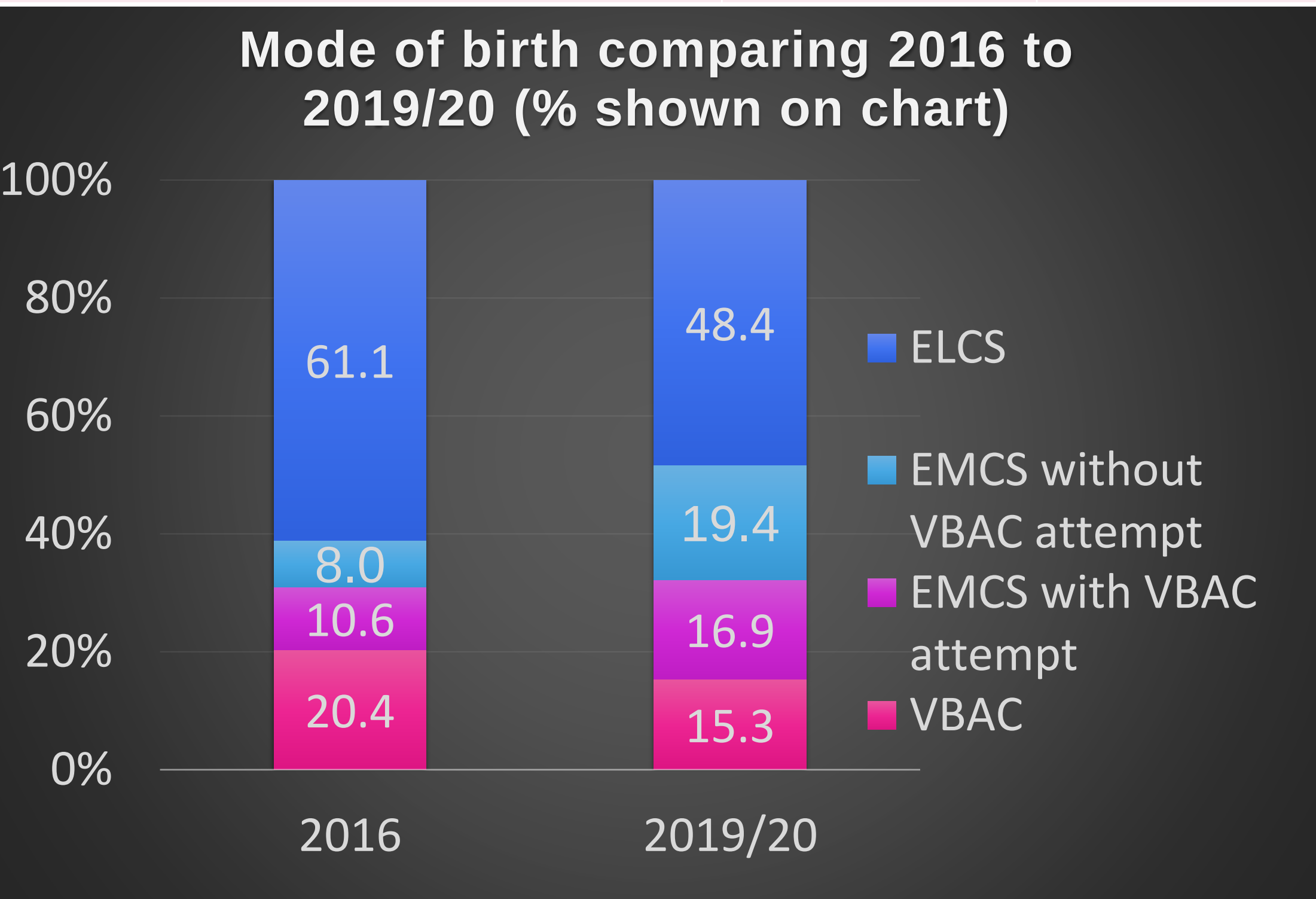
Counselling checklist completion increased from 12% to 35%, mainly due to workshop attendance. Documentation of information given was otherwise poor without a checklist, though improved in 2019/20. 19% of women in 2016 and 33% in 2019/20 were informed regarding risk of scar rupture.

4. Attendance at birth options / workshop in 2019/20 appears to influence decisions about mode of birth

In 2016, womens' early preference for birth mode was associated with intended birth mode for all women, whether they attended birth options clinic (p=0.008) or not (p=0.003). In 2019/20, among women attending the workshop or birth options clinic, there was no association between early preference and intended birth mode (n=61, p=0.337), whereas the association was strong for the other 63 women (p=0.005). This suggests that attendance at the birth options clinic or workshop influences womens' decisions regarding birth choices.

5. VBAC rates remain low and the emergency caesarean rate increased from 19% to 36%

	2016 N=113	2019/20 N=124
Intended VBAC	38%	38%
Attempted VBAC	31%	32%
VBAC success rate	66%	48%
VBAC rate overall	20%	15%



Recommendations

- Increase number of women attending workshop / birth options clinic as we are well below our guideline target of 100%. Attendance ensures consistent counselling and appears to influence decisions regarding mode of birth.
- Women should have access to the same patient pathway regardless of their initial preferences.
- Review reasons for increased emergency caesarean rate which likely reflects local and national trends.
- Consider post-natal follow-up and counselling after 1st caesarean birth to influence ideas before next pregnancy.