

A successful Partnership Experience of Trial of Labour After Cesarean Section Counseling

Ms. Renny Ullly, Ms. Parwaneh Shibani, Ms. Salwa KH SH Alrawaili, Dr. Morounfolu Olaleye Thompson, Dr. Lolwa M. Alansari, Tamara Alshadafat, Farideh Jweihan, Fayrooz Abu-Essa, Shamika Sachin Kalyankar

Background

Recently, a study from WHO has shown an increase in the number of Cesarean section globally⁴. It is accounting for more than 1 in 5 (21%) of all childbirth, this projection is expecting to continue to rise to nearly a third (29%) of all births by 2030^{4,5}. The most common reason is Repeated C-Section, although evidence shows the chance to have a vaginal birth after lower segment C-Section with uneventful pregnancy is 60-75%. VBAC rates vary widely in different healthcare settings and countries 1-3.

Al Wakra Hospital initiated to establish VBAC clinic since July 2020. This clinic aim is to provide women and her family full access to all information in VBAC and Elective Repeated Cesarean Section (ERCS) benefits, challenges, and disadvantages. Taking obstetric shared-care model, a midwife specialist and Obstetric team collaborate to support previous scars women to decide which options are suitable for her as well as respect her own preferences.

All the pregnant women are initially seen and counselled by the specialist midwife either individually, or with their husbands or selected family members present over 30 - 45minute sessions. After discussing the options, a preliminary informed decision is recorded by the midwife and passed onto her obstetric team for further discussion and planning. In 2019 data shows the percentage of VBACs in AWH was 19.0%, this number had increased to 20.8% in 2021. However, only 32.8% of women with a previous CS referred to the VBAC clinic. This report identifies success rates after the VBAC clinic was established and will give an account of measures introduced to increase the clinic uptake.

Methods

Data was collected retrospectively from womens' electronic medical records and VBAC clinic logbooks between July 2020 and December 2022 at Al Wakra Hospital. This included the numbers of women referred to the service, those accepting a trial of labour and mode of delivery after acceptance in those with spontaneous labour onset, number of emergency CS after trial of labour, and numbers of elective repeat CS (ERCS) where labour did not ensue spontaneously.

During the VBAC clinic risk assessment process, counseling check lists are documented in each patients' electronic medical record.

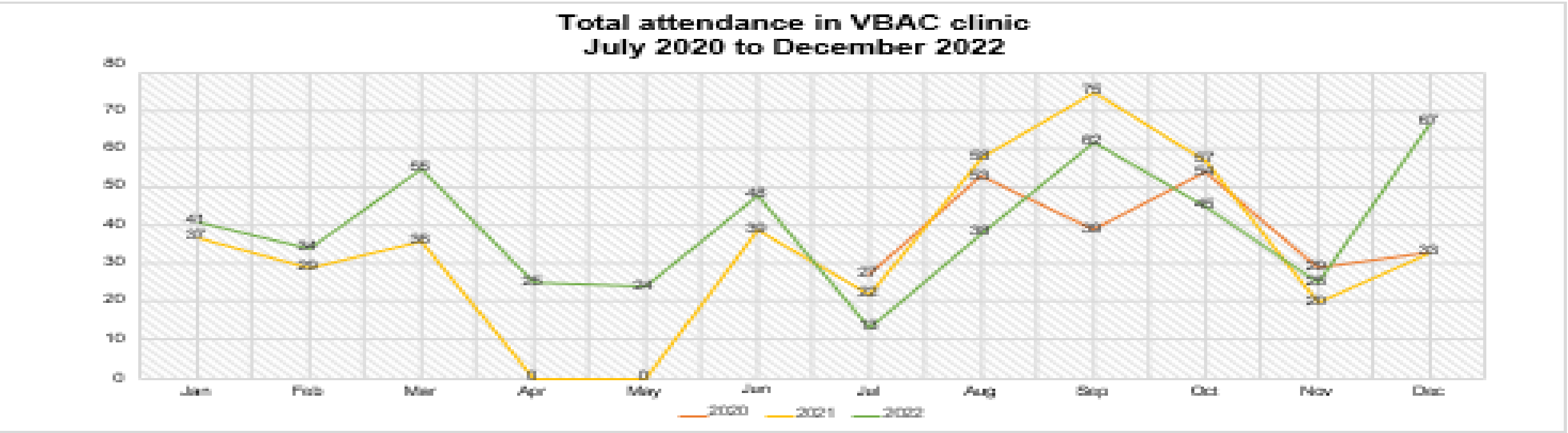
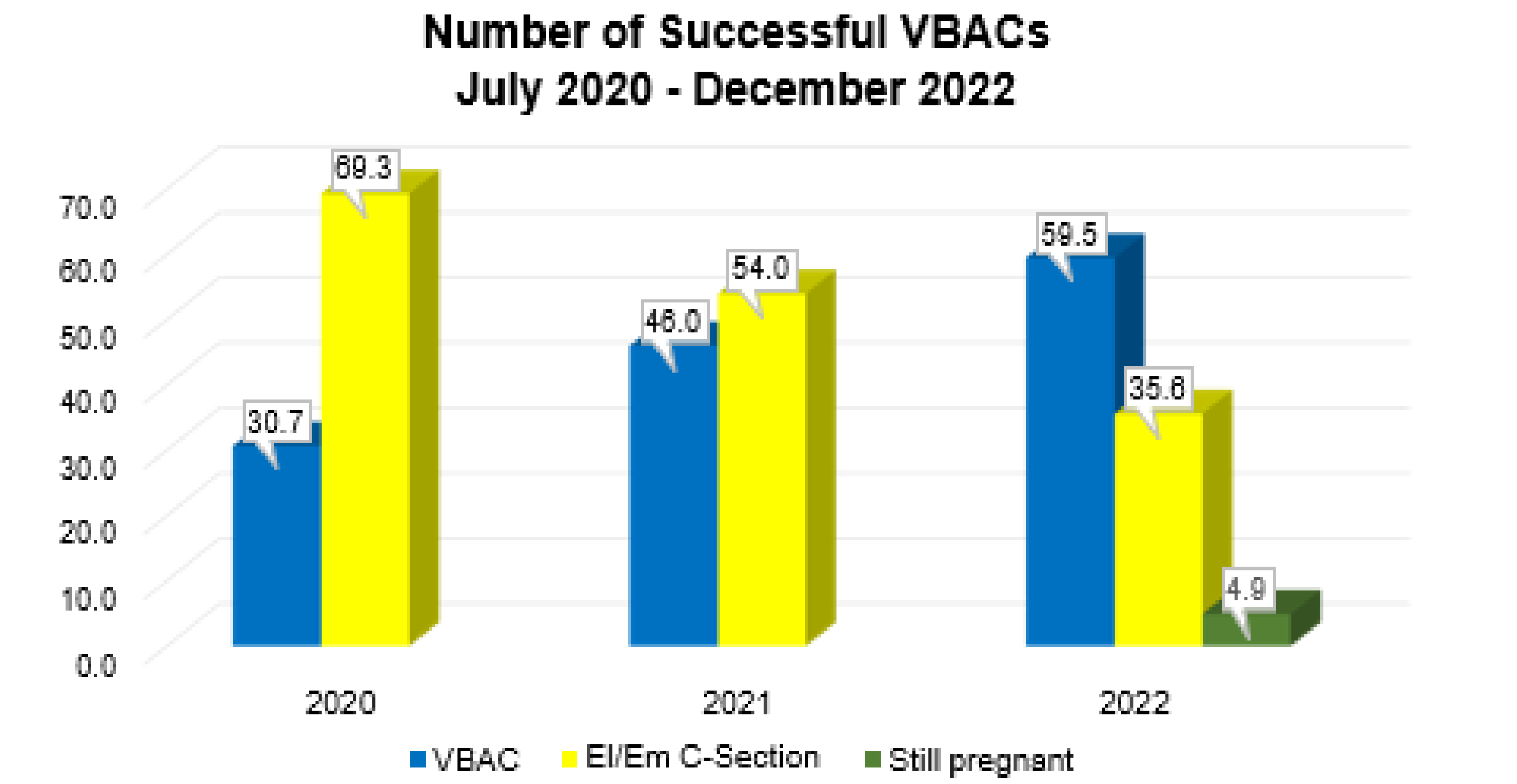
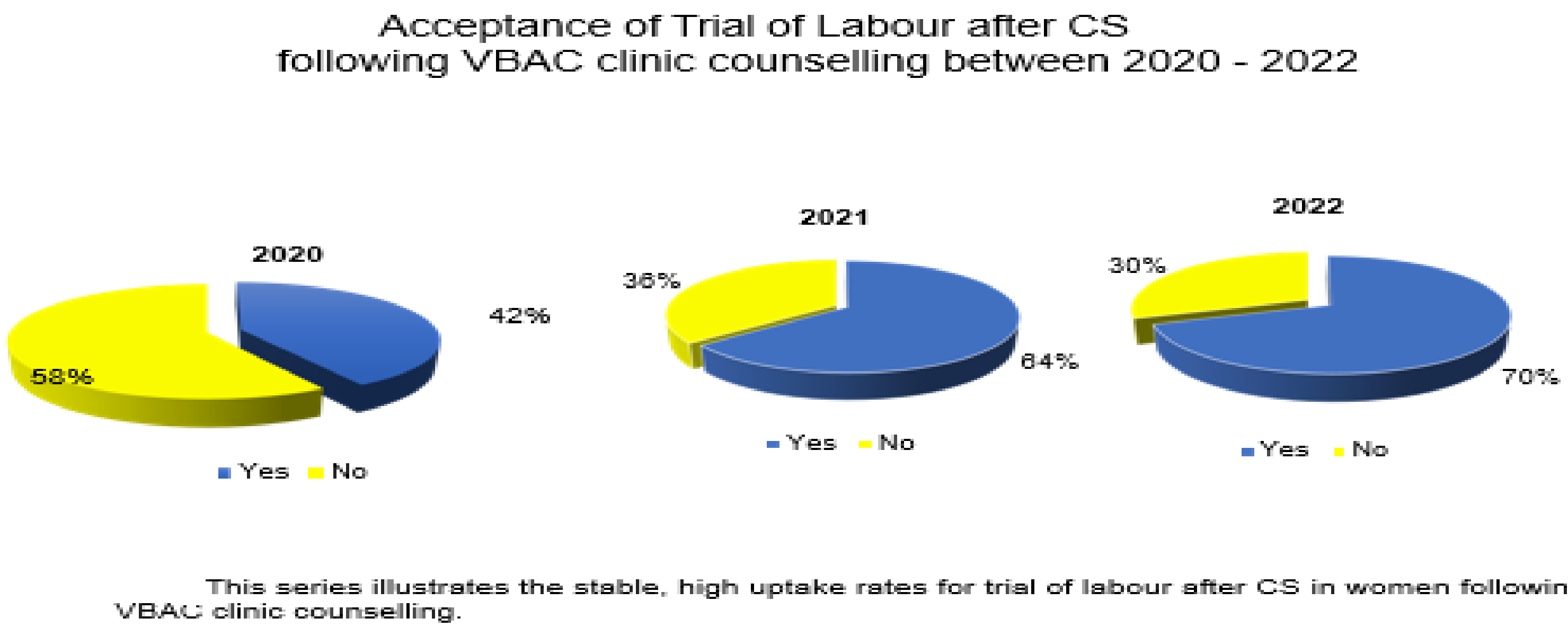


Fig 1. presents the number of women with a previous CS who attended the VBAC clinic for full counseling by a specialist midwife since July 2020 and shows the overall trend of a gradual annual increase over the year.



This shows the increasing numbers of successful VBAC from 2020 to December 2022. In contrast, the numbers of repeat CS showed a reduction.

Table 1 VBAC deliveries outcomes (mothers and babies)

	2020	2021	2022
MOTHER			
Perineal trauma (1 st /2 nd degree tear)	12 (23.1%)	1 (0.7%)	0
PPH >500ml	1 (1.9%)	4 (2.7%)	2 (1.3%)
Instrumental deliveries (vacuum and forceps)	13 (25%)	22 (14.9%)	14 (8.9%)
Episiotomy	36 (69.2%)	72 (48.9%)	102 (64.9%)
Susp. Chorioamnitis	1 (1.9%)	0	1 (0.6%)
BABY			
APGAR score >7/9	52 (100%)	147 (100%)	157 (100%)
Instrumental delivery injuries	0	0	0
Preterm <36weeks	0	0	2 (1.3%)
Postdate >41 weeks	0	4 (2.7%)	10 (6.4%)
Low birth weight <2500gr/ SGA	6 (11.5%)	2 (1.4%)	4 (2.54%)
Respiratory distress	0	0	1 (0.6%)
LGA >4000gr	2 (3.8%)	1 (0.7%)	2 (1.3%)
Meconium	5 (9.6%)	3 (2.04%)	18 (11.5%)
Susp. chorioamnitis	1 (1.9%)	0	2 (1.3%)
Total VBACs	52	147	157

This table shows maternal and neonatal outcomes following successful VBAC. Overall, there were less complications including PPH (less than 3% from all deliveries) although episiotomy rates remained between 49% to 69%. There were no babies delivered with 1 and 5 minute APGAR scores below 7, and no birth trauma related to assisted vaginal deliveries (0%).

Conclusion

- Al Wakra Hospital VBAC clinic has shown associated improvements in maternity care with a trend towards increasing numbers of vaginal birth is increasing over time. There were better outcomes shown for both mothers and babies. Moreover, the high success rates among women who went on to spontaneous labor 2022 highlighted the excellent achievement in having results similar to the internationally reported outcome data. It is clear that it is feasible to improve patient experience through elaborate specialist midwife risk assessment and counseling sessions regarding benefits, challenges and disadvantages.