

VAGINAL BIRTH AFTER CESARIAN (VBAC) RATE AUDIT CONDUCTED IN MCH PIMS ISLAMABAD VS GLOBAL RATE.

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INTRODUCTION

The rising rate of cesarean sections (CS) is a global concern due to increased maternal and neonatal complications, particularly with repeat CS. A major contributor to this trend is the reluctance or lack of opportunity for women with a prior CS to attempt vaginal birth after cesarean (VBAC). Despite recommendations by ACOG supporting trial of labor after cesarean (TOLAC) for eligible women, access remains limited due to safety concerns, legal liabilities, and lack of emergency support. Repeated CSs increase risks like placenta previa, accreta, and hysterectomy. VBAC, when feasible, offers better maternal outcomes. The audit at MCH Centre, PIMS, Islamabad aims to assess the frequency of TOLAC, success rates of VBAC, and associated factors, comparing local trends with international practices..

OBJECTIVES

The MCH Centre, PIMS, a leading tertiary care facility in Pakistan's capital, provides specialized care for pregnant women and is among the busiest centers in the region. This audit aimed to assess the incidence of TOLAC, successful VBAC rates, and factors contributing to repeat cesareans, comparing these findings with global trends, particularly in the Western world.

METHODS

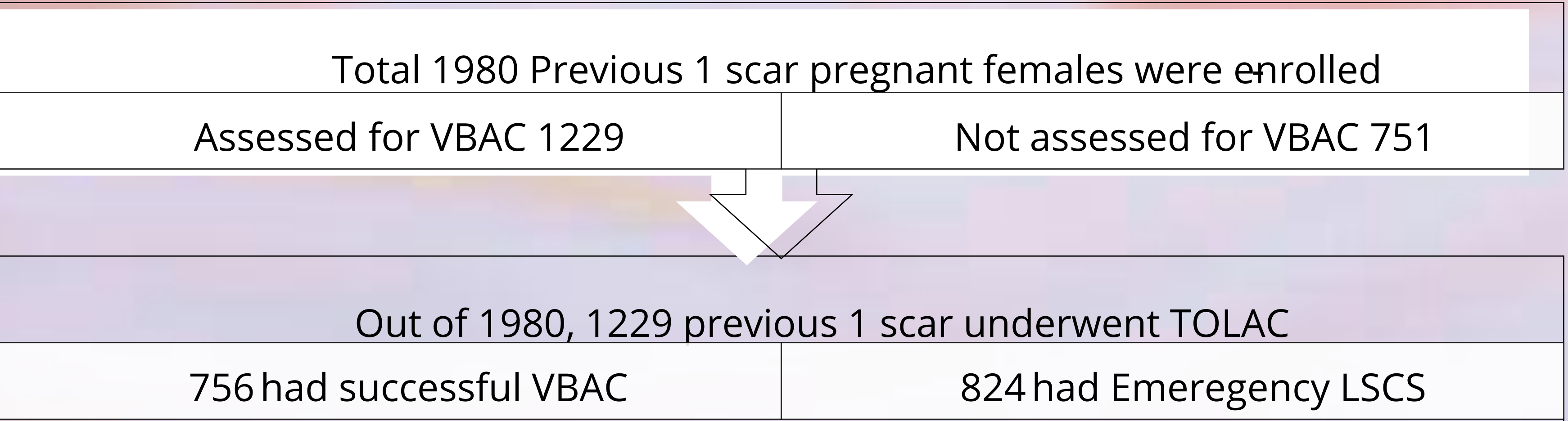
- Study Setting:** Pakistan Maternal and Child Health Centre (MCH), Islamabad, Pakistan
- Study Duration:** August 2022 – August 2024
- Study Design:** Quantitative analytical study
- Sample Size:** 1,980 women with one previous cesarean section
- Inclusion Criteria:** Women with a history of one prior cesarean scar
- Data Collection:** Data were collected through validated questionnaires and review of medical records. Information included demographic characteristics, VBAC outcomes, and reasons for repeat cesarean sections.
- Data Analysis:** Statistical analysis was performed using SPSS version 23 and MS Excel 360. Methods included outlier detection and descriptive statistics.
- Ethical Considerations:** Ethical approval was obtained. Confidentiality was maintained, and participation was voluntary and cost-free.

CONCLUSIONS

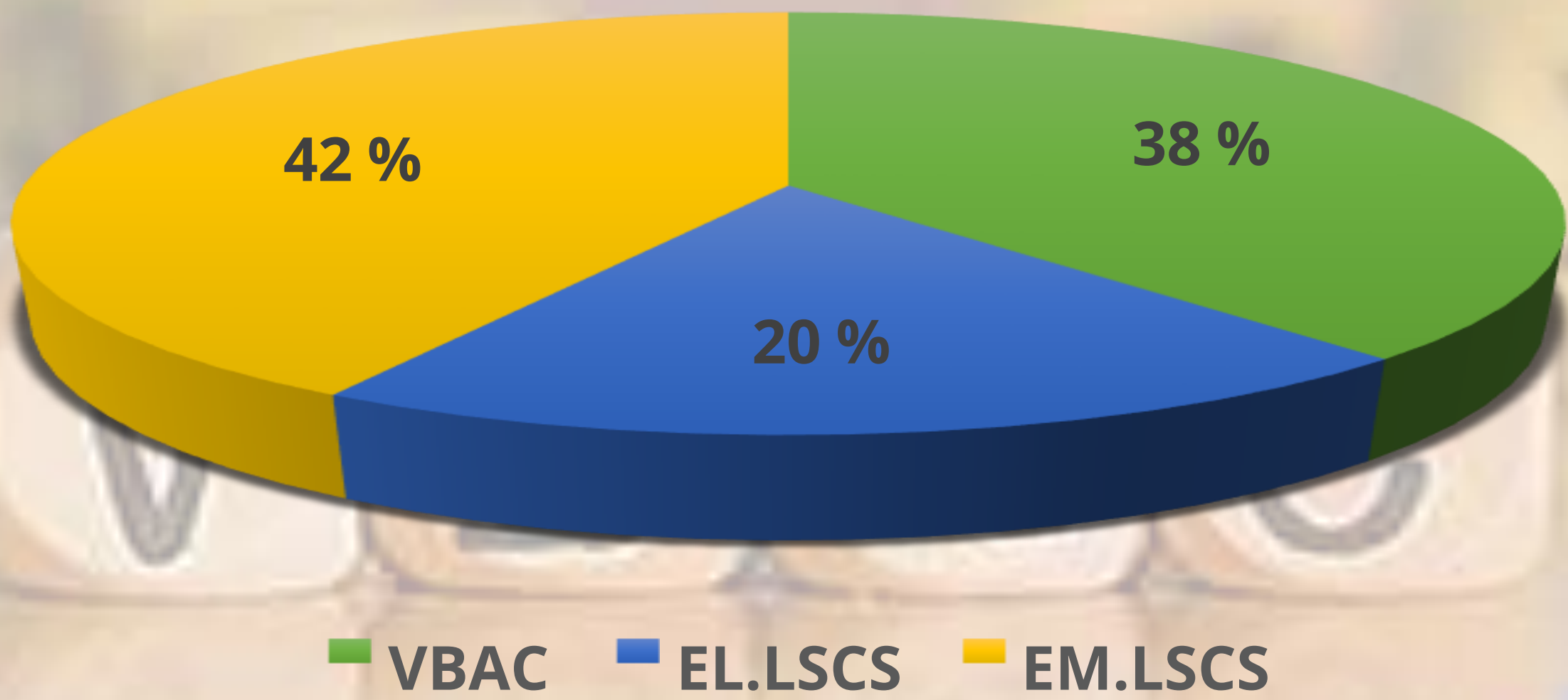
- Successful VBAC is key to lowering cesarean rates and related complications like placenta previa and accreta, which increase maternal risks. Its success depends on obstetrician support, careful monitoring, and coordinated care. Factors such as clear communication, consistent care models, and patient involvement further enhance outcomes. With rising global cesarean rates, especially repeat procedures, maternal and neonatal risks grow.

RESULTS

In a study of 1,980 women with one previous cesarean, 1,229 attempted VBAC through TOLAC, resulting in 756 successful VBACs (38.18%) and 824 emergency cesareans. The remaining 751 were excluded due to high-risk factors like placental abruption, pre-eclampsia, and suspected scar rupture. Most participants (59.39%) were housewives, 47.98% were urban residents, and 42.93% were para 1. The majority (49.49%) presented at 37+1 to ≥41 weeks, with 43.23% being booked patients. Among all deliveries, 61.82% underwent cesareans, including 20.20% elective and 41.62% emergency LSCS for various complications like PIH, GDM, MAP, and fetal distress.



MODE OF DELIVERY OF PREVIOUS 1 SCAR



VBAC	756(38.18)
LSCS	1224(61.82)
EL.	Prev 1 + PIH + GDM178(8.99)
LSCS	Prev 1 + S/O MAP74(3.74)
	Prev 1 + RTOL126(6.36)
	Prev 1 + H/O Myomectomy22(1.11)
	Total400(20.20)
EM.	Previous l +NPOL+RTOL45(2.27)
LSCS	Previous l + Polyhydromnios26(1.31)
	Previous l + S/O scar dehiscence56(2.83)
	Previous l + ↓ FM55(2.78)
	Previous l + NRCTG104(5.25)
	Previous l + Post date45(2.27)
	Previous l + 2nd stage arrest25(1.26)
	Previous l + Preeclampsia50(2.53)
	Previous l + GDM36(1.82)
	Previous l +PROM42(2.12)
	Previous l + Twin25(1.26)
	Previous l + Precious + RTOL55(2.78)
	Previous l + Anhydramnios20(1.01)
	Previous l + Oligo IUGR37(1.87)
	Previous l + CPD45(2.27)
	Previous l + MSL55(2.78)
	Previous l + Anomalous6(0.30)
	Previous l + Abruption28(1.41)
	Previous l + MAP13(0.66)
	Previous l + abnormal tie35(1.77)
	Previous l + IUD3(0.15)
	Previous l + Prolong latent phase18(0.91)
	Total824(41.62)

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