APPENDIX 1
Birth After Caesarean

This form should be discussed and completed at 34 weeks and not later than 36 weeks. The notes of the previous section should be discussed with the named senior obstetrician for the current pregnancy and ideally reviewed by a senior obstetrician (i.e. consultant or associate specialist). The RCOG birth after caesarean leaflet should have been previously given to the woman. The following should be discussed:

- Attempting vaginal delivery is appropriate when there is a history of one uncomplicated lower segment transverse caesarean section ○ If there is a wish for VBAC with 2 or more previous uncomplicated lower segment transverse caesarean sections counselling should be by a senior obstetrician.

The likelihood of success for vaginal delivery is variable and can be individualised to a degree.

- One previous section, no vaginal deliveries 72-75%
- One previous section, at least one vaginal delivery 85-90%
- Induced labour, no previous vaginal delivery, BMI > 30 & previous section for dystocia all reduce the likelihood of success. If all are present success rates are about 40%

There is uncertainty regarding the safety and efficacy of VBAC in twins, macrosomia (estimated fetal weight over 4.5kg) or short interdelivery interval (under 2 years) and caution should be exercised.

Complications associated with vaginal birth after caesarean (VBAC) and elective repeat caesarean section (ERCS) are shown in the table overleaf. It should be noted that the worst outcomes for mothers and babies are in those who attempt a vaginal delivery and end up with an emergency section.

Provided the above criteria are met and there are no exceptional circumstances important points to remember are that:

- VBAC is considered safe
- CTG monitoring is recommended as this provides the best warning of uterine rupture
- Delivery should be undertaken on the labour ward with intravenous access during labour
- Epidurals can be used, the risk of anaesthetic complications in VBAC or ERCS is very low
- There is x 1.5 increase in section risk with induced or augmented labour; this becomes about 40%, **very common**.

I confirm that I have reviewed the notes for this woman, that there is no contraindication to attempting vaginal birth after caesarean and I have discussed the risks on this form and answered any questions.

Signature of Doctor:
Print Name & designation:
Date:

I confirm that I have discussed the risks on this form with the doctor named above and that any questions have been answered to my satisfaction. I understand signing this form does not commit me to attempting a vaginal birth nor to an elective section. I confirm I have received the Royal College of Obstetricians and Gynaecologists information leaflet on this subject.

Signature of Woman:
Print Name:
Date:

VBAC –v- ERCS

Spontaneous VBAC	ERCS at 39-39+6
Short-term neonatal respiratory morbidity 2- 3% **Common**	Short-term neonatal respiratory morbidity 4- 5% **Common**
10 per 10 000 (0.1%) risk of stillbirth beyond 39+6, similar to nulliparous 8 per 10 000 (0.08%) risk of hypoxic ischaemic encephalopathy; long term consequences unknown 4 per 10 000 (0.04%) risk of delivery-related perinatal death, similar to nulliparous Overall 22 per 10 000 (0.22%) **Rare**	<1 per 10 000 (<0.01%) risk of delivery related perinatal death or HIE **Very rare**
5% risk of anal sphincter injury **Common**	Not Applicable
4 per 100 000 (0.004%) risk of maternal death **Very rare**	13 per 100 000 (0.013%) risk of maternal death **Very rare**
50 per 10 000 (0.5%) risk of scar rupture, associated with maternal morbidity and neonatal morbidity and mortality **Uncommon** 150 per 10 000 (1.5%) if induced or augmented **Common**	<2 per 10 000, almost no risk of scar rupture, <0.02% **Rare**
Higher chance of vaginal birth in future <u>if successful</u>	Higher chance of more sections with increasing complications including praevia and accreta
2 per 100 (2%) risk of blood transfusion **Common**	1 per 100 (1%) risk of blood transfusion **Common**
<u>No labour by 41 weeks – IOL or ERCS?</u>	**<u>Labour before section date – VBAC or section?</u>**

Term	Equivalent numerical ratio	Colloquial equivalent
Very common	1/1 to 1/10	A person in a family A person in a street A person in a village
Common	1/10 to 1/100	
Uncommon	1/100 to 1/1000	A person in a small town
Rare	1/1000 to 1/10 000	A person in a large town
Very rare	Less than 1/10 000	