Outcome of trial of labour after one previous Caesarean section at an outer Metropolitan General Hospital in Australia

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INTRODUCTION
- Successful vaginal birth after Caesarean section (VBAC) is known to reduce Caesarean section (CS) rate
- Chance of a planned successful VBAC is around 75%
- This rate is not uniform at all facilities and is multifactorial

AIMS
- To identify outcome of labour in women with one previous CS attempting VBAC
- Utilise the information from this study to inform and counsel patients wishing to attempt VBAC at the facility

METHODS
- Retrospective case note analysis of 73 women
     who underwent labour with a view to achieving VBAC
     between 1st March 2018 and 2nd April 2019 (13 months)
- Inclusion criteria
     One previous lower segment CS (LSCS)
     Singleton pregnancy
- Exclusion criteria
     Previous two or more LSCS
     Uterine myomectomy
     Mal-presentation

RESULTS
Women attempting labour – 73
     Achieved VBAC – 50
     Did not achieve VBAC (had emergency CS) - 23
Success rate of VBAC – 68.49%
Mean age of the entire cohort 30 years
Mean parity -1.45
Previous VBAC - 14
Women birthing at term – 59
Spontaneous onset of labour – 44
Oxytocin augmentation – 36
Most women used a combination of analgesics – 24
Spontaneous vaginal birth occurred – 47
Non-elective LSCS – 23
Commonest indication for NELSCS – abnormal foetal heart rate
No uterine dehiscence or rupture
Uneventful admissions to the neonatal unit – 7

Onset Of Labour					
Spontaneous-44		Induction - 29			
No augmentation	Augmentation	Cook's catheter + ARM+ oxytocin	Only ARM	ARM + oxytocin	
31	Total – 13 Only ARM – 5 ARM+ oxytocin –8	9	1	19	

Booking BMI
< 18.5 - 4
18.5-25 - 27
>25-30 - 22
>30-35 - 13
>35-40 - 2
>40-45 – 2
Not mentioned- 3

CONCLUSION
- Findings consistent with data from literature
- Highest success was with spontaneous onset of labour (87%)
- Previous successful VBAC was associated with greater success rate (92%)
- This data will be used to counsel women