GU200 - GUIDELINES FOR VAGINAL BIRTH AFTER CESAREAN SECTION

1.0 GUIDELINE PRINCIPLE

Vaginal Birth After previous Cesarean (VBAC) is a safe alternative to a repeat Cesarean Section for women with a previous lower segment transverse scar who have no other indications for Cesarean Section in the present pregnancy.

At BC Women's Hospital an emergency Cesarean Section is available imminently for women undertaking a VBAC who have indications for immediate operative delivery.

Notification with an Obstetrician is necessary when the woman is admitted in labour. A consultation is at the discretion of the primary health card provider.

Applicability: Women undertake a VBAC in the Delivery Suite not in Single Room Maternity Care (SRMC).

2.0 PROCEDURE

2.1 Informed Consent

Provided there are no contraindications, a woman with one previous transverse low-segment Cesarean section should be offered a trial of labour (TOL).

Prior to labour starting, the physician and/or midwife (primary obstetrical caregiver) discusses with the woman and her family the maternal and perinatal risks and benefits.

The physician and/or midwife (primary obstetrical caregiver) documents the process of informed consent and includes it in the health record of all women with a previous Cesarean section.

2.2 Admission for women undertaking a VBAC

- A woman in prodromal labour may remain at home.
- Admit a woman who is planning a VBAC to hospital when she is in active labour.

2.3 Induction Medications and Method

- Oxytocin - Medical induction of labour with oxytocin occurs only after full informed consent of the woman. See CL0600.
- Prostaglandin E_1 (misoprostol) is associated with a high risk of uterine rupture and **should not be** used for a VBAC.
- Medical induction of labour with prostaglandin E_2 (dinoprostone) is associated with an increased risk of uterine rupture and **should not be** used in a term VBAC. In rare circumstances (i.e. a preterm VBAC), after an obstetrical consultation and appropriate counselling of the woman a medical induction may be appropriate.
- Use an intracervical foley catheter for ripening the cervix, as indicated.

2.4 Fetal Health Assessment

- Assess fetal health by continuous electronic fetal monitoring. See CF0500.

2.5 Labour Support

- Isotonic calorie-containing clear fluid or water intake in active labour.
- IV access - On admission, start a saline lock if IV access is predicted to be difficult. Start an IV infusion when indicated.

2.6 Pain Management

An epidural is a reasonable choice for analgesia.

- **Note:** At BC Women's the dosage in the epidural solutions are diluted and will not mask the pain of uterine rupture.

2.7 Labour Assessment

Assess the progress of labour frequently as per CF0500 Appendix B.

- **Note:** SOCG states ". . . there is some evidence that prolonged or desultory labour is associated with an increased risk [likelihood] of failure and uterine rupture." Pg. 167.
- **Note:** SOCG states "The most reliable first sign of uterine rupture is a non-reassuring fetal heart tracing." Pg. 167.

3.0 DOCUMENTATION

- Consent for Procedure or Treatment
- Partogram
- Triage/Admission Form

4.0 REFERENCES

British Columbia Reproductive Care Program (2000, May). Obstetric Guideline 8, Vaginal Birth After Previous Cesarean Birth. http://www.rcp.gov.bc.ca/guidelines/Master[1].OB8.VBAC.May2000.pdf

CF0500 Electronic Fetal Heart Monitoring Intrapartum Fetal Surveillance. http://infosource.cw.bc.ca/cw_fetmatnewborn/policies/pdf/CF0500.pdf

CF0500 Appendix B Fetal Health Assessment Electronic FM Flowchart - Intrapartum http://infosource.cw.bc.ca/cw_fetmatnewborn/policies/pdf/CF0500%20app%20B.pdf

CL0600 Labour Induction: Administration of Oxytocin, Cervidil, Prostaglandin E_2 and Cervical Ripening. http://infosource.cw.bc.ca/cw_fetmatnewborn/policies/pdf/CL0600.pdf

College of Midwives of British Columbia (CMBC). (2005). Standards of Practice. Indications for Discussion, Consultation and Transfer of Care, 1-6. http://www.cmbc.bc.ca/

Dodd, J., Crowther, C. A. (2003, June). Vaginal births after Caesarean section: A survey of practice in Australia and New Zealand. Australian and New Zealand Journal of Obstetrics and Gynaecology, 43 (3), 226-231.

O'Sullivan, G., Scrutton, M. (2003). NPO during labor: Is there any scientific validation? In Vadhera, R.B., Douglas, J.M. (Eds.). Issues in obstetric anesthesia (pp. 87-98). Philadelphia: W.B. Saunders.

O'Sullivan, G., Hart, D., Shennan, A. (2003). A rational approach to aspiration prophylaxis. In Halpern, S.H., Douglas, J.M. (Eds.), Evidence-Based Obstetric Anesthesia (pp. 178-191). Malden, Massachusetts: Blackwell Publishing Ltd.

SOGC Clinical Practice Guidelines (2005, Feb. #155). Guidelines For Vaginal Birth After Previous Caesarean Birth. JOGC 660-670. Pg. 167. http://www.sogc.org/guidelines/public/155E-CPG-February2005.pdf

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