BOSTON MEDICAL CENTER

PRENATAL COUNSELING ON GIVING BIRTH AFTER CESAREAN

This document is intended to help providers counsel a woman about modes of birth after a previous cesarean

At Boston Medical Center, out of 100 women who choose labor after cesarean (LAC), 70 will have a successful vaginal birth

Women who should be considered candidates for labor after cesarean (LAC)

- One or two previous low-transverse or low vertical incisions
- No previous uterine rupture
- Unknown uterine scar without suspicion of a classical uterine incision
- Inter-delivery interval greater than or equal to18 months
- Planning to have more children

Women who may be considered candidates for LAC

- Twin gestation, with appropriate fetal lie for vaginal birth
- Previous cesarean preterm birth without documentation of uterine incision

Women who are not candidates for LAC

- Previous classical or T-shaped incision
- Transfundal uterine surgery
- Previous uterine rupture
- Medical or obstetric complications that preclude vaginal birth

Benefits of a successful vaginal birth after cesarean (VBAC)

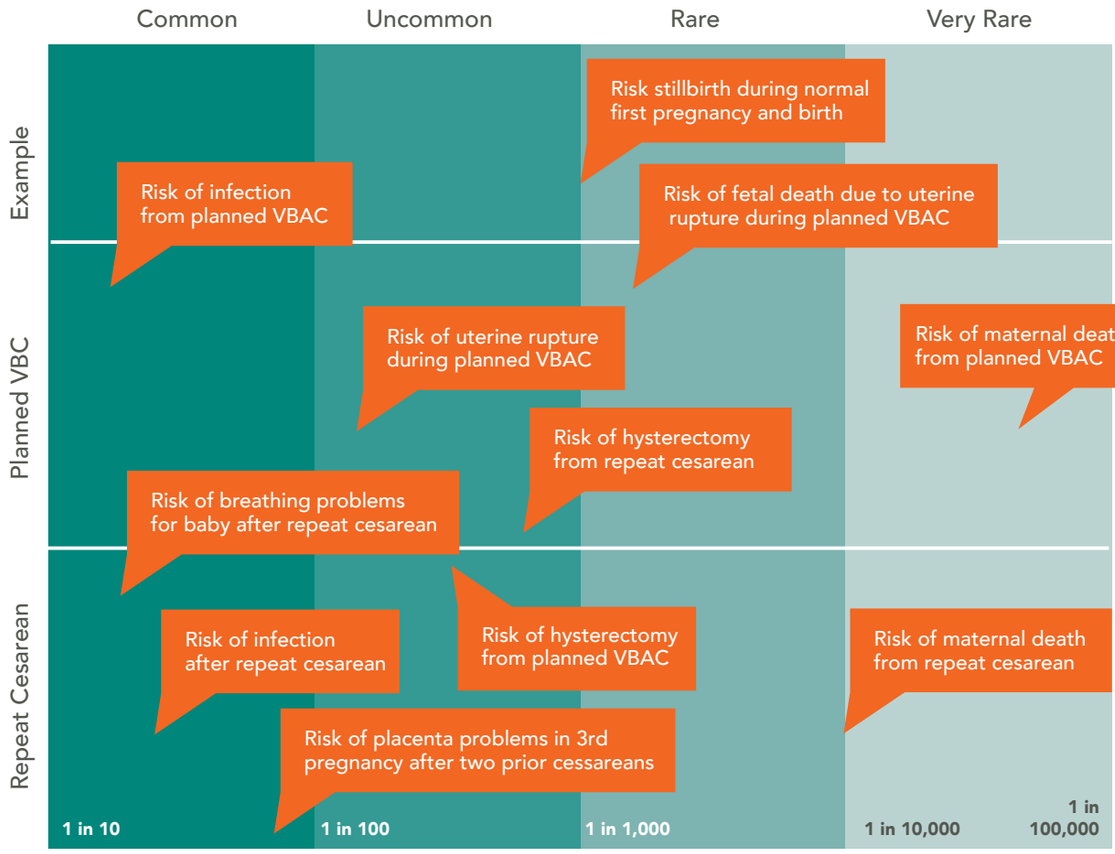
- Avoid major abdominal surgery
- Shorter recovery time after birth
- Decreased risk of maternal death
- Decreased risk of complications associated with multiple cesarean births including hysterectomy, bowel or bladder injury, blood transfusion, infection and abnormal placentation

Factors Associated with Probability of Successful VBAC	
Factors	Successful VBAC (%)
History of vaginal birth	
Prior VBAC	90
Any vaginal birth	87
Indication for previous cesarean	
Malpresentation	84
Non-Reassuring FHT	73
Dystocia	64
Obstetric factors	
Spontaneous labor	81
Oxytocin augmentation	74
Labor induction	67
Admit cervical dilation ≥4 cm	84
Admit cervical dilation <4 cm	67
Medical complication	70
Birth weight<4,000 gm	75
Birth weight ≥4,000 gm	62
Epidural anesthesia	73

Landon MB, Leindecker S, Spong CY, et al. TheMFMUCesarean Registry: Factors affecting the success of trial of labor after previous cesarean delivery. Am J Obstet Gynecol. 2005;193:1016-1023.

RISKS EXIST WITH BOTH A VC AND WITH AN RC

- A successful VBC has the least amount of risk for the mother and baby
- A failed LAC carries a higher risk (increased morbidity, blood loss, and infection)
- An RC is somewhere in the middle



Accessed from: powertopush.ca/wp-content/uploads/2010/05/Best-Birth-Clinic-VBAC-Patient-Info-Booklet-with-BC-Data_web.pdf

Benefits of an elective repeat cesarean birth (ERCB)

- Being able to plan in advance for the date and time of the birth
- Feeling more comfortable knowing what to expect from the surgery
- Avoiding labor and the risks associated with VBAC
- Avoiding the chance of going through labor and still needing a cesarean birth

When is VBAC more likely to be successful?

- The patient has had a previous vaginal birth
- The patient's labor starts on its own
- The patient is in active labor (6 cm or more dilated) when they are admitted to the hospital
- The patient wants to have a vaginal birth
- The patient has not had more than two cesarean births
- The patient is less than 40 weeks pregnant
- The patient's baby's weight is estimated to be less than 4,000 grams (8lbs13oz)
- The patient has good labor support and pain control
- The patient is an average weight
- The patient's previous cesarean was not done because of a problem with the size of their pelvis

When is VBAC less likely to be successful?

- The patient has never had a vaginal birth
- The patient needs medication to get into labor
- The patient is more than 35 years old
- The patient is in labor less than 18 months since her last cesarean
- The patient is unsure about having a vaginal birth
- The patient's baby's weight estimated to weigh more than 4,000 grams (8lbs 13oz)
- The patient is admitted in early labor (meaning her contractions are not too strong and her cervix is not open very much)
- The patient is overweight

Risks of Uterine rupture	
1 previous cesarean	7-9 in 1,000
More than 1 cesarean	9-18 in 1,000
Induction of labor **Oxytocin** **Prostaglandin E2** **Misoprostol** **Cervical Foley Balloon**	15 in 1,000 11 in 1,000 20 in 1,000 130 in 1,000 No Data
Induction of Labor at > 40 week gestation	32 in 1,000

ACOG. Vaginal birth after previous cesarean delivery. Practice bulletin number 115. Obstet Gynecol. 2010;116:450-463.

AAFP. Planning for labor and vaginal birth after cesarean. Clinical practice guideline. Accessed at http://www.aafp

Risk of Uterine Rupture:
1 out of 100