Team Name: Regional Perinatal Team Lead: Regional Director Public Health-Healthy Living and Director of Health Services - Portage District General Hopsital Approved by: Executive Director - North	Reference Number: CLI.5810.SG.004 Program Area: Obstetrics Policy Section: General
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STANDARD GUIDELINE SUBJECT:
Vaginal Birth After Previous Cesarean Section

PURPOSE:
The purpose of this guideline is to:
- To assist in determining whether or not a trial of labour after a cesarean is an acceptable form of delivery for the patient and the facility.
- To assist in the proper management of a patient undergoing a trial of labour.
- To assist in the recognition of the signs and symptoms of uterine rupture and appropriate actions.

DEFINITIONS:
Vaginal birth after cesarean (VBAC) – Vaginal delivery after having a previous cesarean birth.

Trial of labour (TOL) – The plan to attempt labour when a woman has had a previous cesarean birth, with the goal of achieving a successful vaginal birth.

Elective repeat cesarean section (ERCS) – A cesarean delivery performed before the onset of labour.

Uterine scar rupture – The complete separation of the myometrium with or without extrusion of the fetal parts into the maternal peritoneal cavity.

PROCEDURE:
If these criteria are not met, a written consult from an obstetrically trained physician must be on the chart.

The trial of labour after cesarean will be considered if all the following criteria are met:
1. All trials of labour of VBAC's must be done at a facility which can provide operative support in a timely manner (30 minutes).
2. Risks and benefits explained to the patient, informed consent obtained by primary care giver.
3. History of no more than one previous cesarean.
4. Greater than 18 months since previous cesarean section.
5. Previous cesarean must have been done with lower segment incisions. Operative reports of previous cesarean should be obtained.

6. Singleton, vertex presentation.
7. Ultrasound in the second and third trimester of pregnancy for gestational size and placental location must be on the patient chart.
8. All TOL patients require continuous fetal monitoring throughout labour.
9. All TOL patients must only have clear fluids during labour.
10. When attempting a trial of labour all operative staff should be notified.
11. Prostaglandin use is contraindicated. However, cervical ripening with a foley catheter may be safely used. Induction of labour which requires cervical ripening is associated with a lower rate of successful VBAC.
12. The patient can decline a trial of labour and request an elective cesarean.
13. Patients with a previous uterine rupture are not to have a trial of labour.
14. Previous hysterotomy or myomectomy entering the uterine cavity are not to have a trial of labour.

- Ensure all the above criteria have been met prior to attempting a trial of labour.
- Admit labouring patient to the obstetrical floor following Routine Care of the Labouring Patient Standard Guideline.
- Notify and ensure availability of operative staff including physicians.
- Follow Fetal Heart Surveillance in Labour Standard Guideline.
- Ensure patient remains on clear fluids until delivery.
- Watch for signs and symptoms of uterine rupture.

IMPORTANT POINTS TO CONSIDER:

Vigilance and early recognition of uterine rupture by the healthcare team is an essential component of TOL. Signs and symptoms of a uterine rupture include:

- An abnormal fetal heart rate tracing
- Vaginal bleeding
- Hematuria
- Maternal tachycardia, hypotension or hypovolemic shock
- Easier abdominal palpation of fetal parts
- Unexpected elevation of the presenting part
- Acute onset of scar pain or tenderness (seldom masked by an epidural; this sign is neither sensitive nor specific)
- Chest pain, shoulder tip pain and/or sudden shortness of breath
- A change in uterine activity (decrease or increase) in an uncommon and unreliable sign.

This is a perinatal emergency. Survival of the mother and fetus depends on:

- Prompt identification
- Rapid volume expansion and the use of blood products
- Timely access to a surgical team for surgical intervention
- Uterine repair or hysterectomy
- Prophylactic antibiotics
- The attendance of a neonatal resuscitation team

The risk of uterine rupture for all women with prior cesarean delivery is elevated.

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