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Original Article

VAGINAL BIRTH AFTER CAESARIAN SECTION – A REVISIT.

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ABSTRACT

Background: vaginal delivery after caesarian section needs to be encouraged in patients who are willing to do it but with proper care and under expert care. Success rates of labour after caesarian section are also varied with differently reported mild risk of uterine rupture. This study was done to evaluate the patients undergoing vaginal delivery after caesarian section in our setup.

Methodology: This multicenter, single protocol, prospective observational study was conducted on one hundred twenty three patients from Jan 2009 to Dec 2009 after obtaining informed consent in the Departments of Obstetrics and Gynecology, Muhammad Medical College, Mirpurkhas and Liaquat University of Medical & Health Sciences, Jamshoro, having normal pregnancy, clinically normal pelvis dimensions spontaneous onset of labour, normal presentations are selected for trial of labour.

Results: In this study oblique lie was found in 6 (4.87%) patients. Transverse lie was seen in 17 (13.82%) of patients, placenta previa was seen in 21(17.07%). Thirty one (25.50%) failed to progress so they were underwent caesarian section. Breech presentations were seen in 7(5.69%). The rate of scar dehiscence seen higher in lower uterine segment with vertical incision and seen lower in transverse incision. So this is a good indicator for safety of labour after caesarian section, is location of uterine scar. The success rate and fetomaternal outcome is comparable in studies carried in other countries.

Conclusion: Trail of labour is given only after one caesarian section and should be given at place where all facilities are available along with judicious fetomaternal monitoring and care.

Keywords: VBAC, caesarian section, vaginal delivery

INTRODUCTION

The caesarean section is an operation for the delivery of baby by incision on the uterus. Internationally the rate varies. In the mid of 20th century a caesarian section implied that all subsequent pregnancies are likely to be deliver in the same pattern.[1] This was decided after the hazardous results of uterine scar rupture in classical caesarian section, which persisted still after the replacement of classic with lower uterine section without same basis. The uterine rupture with previous lower segment caesarian section is not as much hazardous as in upper segment caesarian section hence increased the risk of perinatal death. This can be observed from the era of trial of scar or vaginal birth after caesarian section occurs very commonly. This stimulus for normal vaginal delivery after caesarian section was because of rise in caesarian section rate over the past three decades.[2]

Vaginal birth after caesarian section attempt is increased worldwide to decrease rate of post-partum fever, wound infections, maternal discomfort, hospital stay, blood transfusion, hysterectomy. Maternal age under 40 years plays an important role. So the study was conducted to decrease fetomaternal mortality and to prevent the post-operative complications in patients with successful vaginal birth after caesarian section.[3] The rate of trial of vaginal birth after caesarian section is increased from 35% to 64% in 1995.[4] Recent review of literature shows that there is increased trained of caesarian section because of request by patient. The association

of maternal morbidity after labour trial seen greater as compared to elective caesarian section, which further changing this decision.
Fourteen points have been given by general medical council, which are related to patient views and given respect their rights, which further help patient to take decisions about own care. Females play an important role in obstetric care, that why with maternal request the rate of caesarian section is increased after these literatures.[2,3] In few instances, maternal wish for major surgery with all complications, with no proven safety to her and the baby another thought is that after prolong and painful labour the end up result is surgery. Women choosing themselves for major surgical procedure along with all the complications and no benefits to them and their babies that is very surprising.

MATERIAL AND METHODS

This multicenter, single protocol, prospective observational study was conducted on one hundred twenty three patients from Jan 2009 to Dec 2009 after obtaining informed consent in the Departments of Obstetrics and Gynecology, Muhammad Medical College, Mirpurkhas and Liaquat University of Medical & Health Sciences, Jamshoro, having normal pregnancy, clinically normal pelvis dimensions spontaneous onset of labour, normal presentations are selected for trial of labour. Unknown cause for caesarian section, any obstetrical and medical complications, macrosomia, and previously classical caesarian section are excluded from this study.
After admission, counseling, complete investigations and written informed consent, trial of labour given to patient along with strict monitoring to mother and baby. All facilities be available nearby like Operation Theater, anesthesia and paediatrition.

RESULTS:

This study conducted on a sample of 123 patients who had previous caesarian section with non-recurrent causes.In this study few cases seen with scar dehiscence after 1st caesarian section. These patients complaining of pain and tenderness on lower uterine segment with regular uterinecontractions, along with signs of fetal distress land up to emergency caesarian section without any fetomaternal complications occur.
In this study oblique lie was found in 6 (4.87%) patients. Transverse lie was seen in 17 (13.82%) of patients, placenta previa was seen in 21(17.07%). Thirty one (25.50%) failed to progress so they were underwent caesarian section. Breech presentations were seen in 7(5.69%).Table I
Benefits and safety of vaginal birth after caesarian section reported in various studies. To increase vaginal delivery and reducing caesarian sections good antenatal checkups and careful selection of patient for trial of labour and monitoring of labour is needed. The use of excessive amount of oxytocin, who has facing dysfunctional labour and history of one or two caesarian section, having more risk for uterine rupture, so strict monitoring required for all patients with previous caesarian section atthe time of labour and watch for progression. To find any problem during active phase arrest requires operation either to augment further r with oxytocin. In this study 90 (73.17%) patients had vaginal deliveries whereascaesarian section was performed in 33 (26.82%) patients. Table II. Mode of deliveries is described in Table III.
The rate of scar dehiscence seen higher in lower uterine segment with vertical incision and seen lower in transverse incision. So this is a good indicator for safety of labour after caesarian section, is location of uterine scar. The success rate and fetomaternal outcome is comparable in studies carried in other countries.
It is showed that patient in good care of hospital with previous caesarian section goes in labour deliver safely. The trial of labour in patient with previous caesarian section is safely done at hospital where all the facilities for operative procedures are available to face any complications.

DISCUSSIONS:

This is obstetrician ultimate responsibility to inform and satisfy patient about delivery plan along with advantages and disadvantages of each delivery method. The rise in the rate of caesarian section after first caesarian section is because of patient own wish and interest in mode of delivery.
Publications showed that increase rate of mortality and morbidity is related with caesarian section as compared to vaginal delivery.[6] Incidence of scar dehiscence with selected patients for trail of labour after previous caesarian section under strict fetomaternal monitoring is decreases too. In our study rate is 73.17%of normal vaginal births after caesarian section with comparison to other studies that also shows the normal vaginal delivery after caesarian section occur in 60-80% females.[8]
With one previous caesarian section the results are better and chances are more to deliver by normal vaginal birth.[9]Less than 1% cases reported with uterine rupture after lower segment caesarian section.[10] The rate of complications increased in patients after unsuccessful delivery. The morbidity reported increased in women who take trial of labour after caesarian section but couldn't reach that mode of delivery. To predict that the factors which are beneficial to cause the successful vaginal birth after caesarian section, literature on vaginal birth after caesarian section showing the identification of factors which increased the success rate.[11,12,13,14] In our study women having vaginal birth after caesarian section had previous history of vaginal delivery.[15] The results are favored by additional information that female with less than 4kg baby weight, good bishop's score and going in spontaneous labour are good candidates for trial of labour as compared to the good size baby weight, induction of labour and poor bishop's score.[16,17]

CONCLUSION:

Proper and intensive antenatal care is required in management of patient with previous caesarian section. Labour need very careful observations and along with all facilities nearby. The counseling for trial of labour and patient selection plays an important role in reducing caesarian section. The trial of labour is safe procedure but this doesn't mean that it is free from risks, so should be done with all protocols. Trialof labour after caesarian section helps a lot in decreasing caesarian section rate.

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