VBAC:
The Warragul experience

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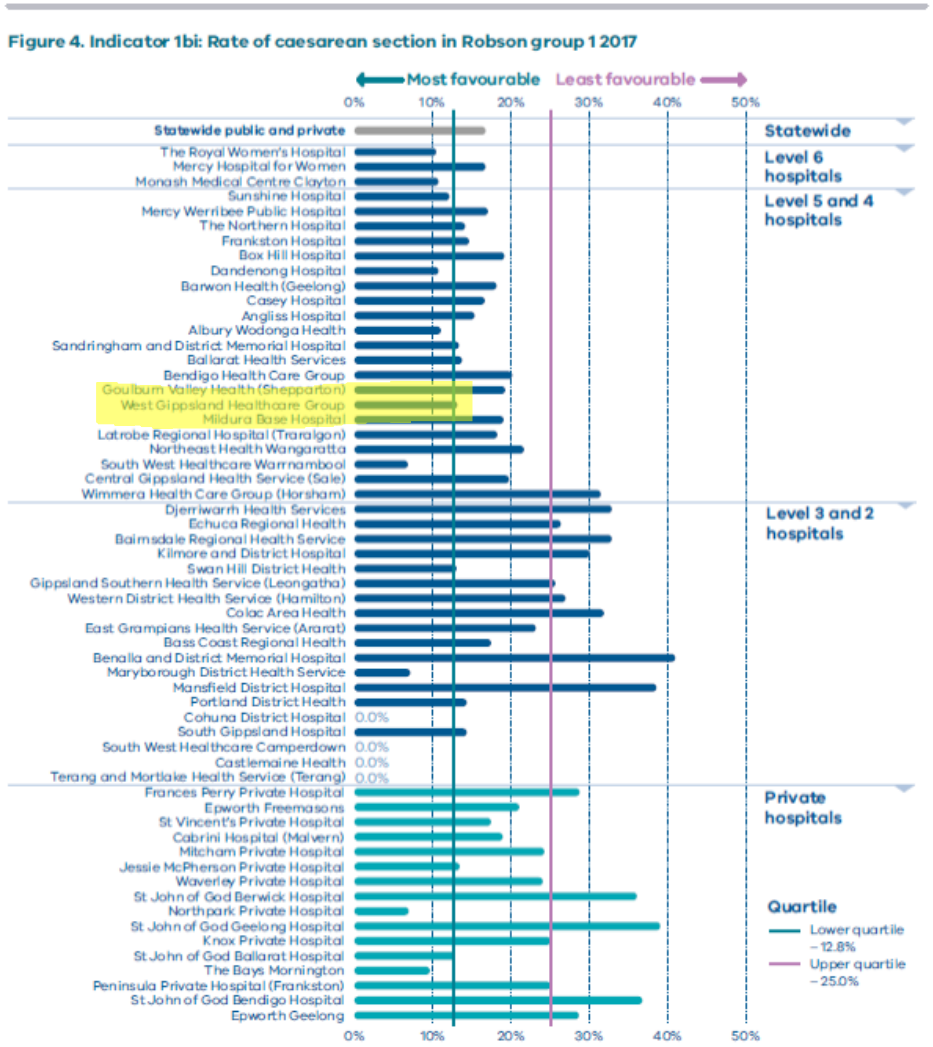
VBAC: why is it important?



1bi. Rate of caesarean section in Robson group 1 primiparae, spontaneous labour:
State average = **16.7%**

1bii. Rate of caesarean section in modified Robson group 2 primiparae, induced labour
State average = **30.1%**

Concerns re VBAC?

- Edward Cragin's 1916 dictum 'once a caesarean, always a caesarean'

VBAC: Initial studies

	Year	Duration	N	TOL success (%)	Rupture /1000
Lavin et al	1982	“30 years”	“25”	66	7 (0.7%)
Phelan et al	1987	2 years	1796	81	3 (0.3%)
Miller et al	1994	10 years	12,707	73	7 (0.7%)

10% perinatal morbidity or mortality in the setting of a uterine rupture

VBAC outcomes – Landon et al

- 33,699 women with prior cesarean
  - Overall success rate 73.4%
  - Rates of rupture 0.7%
    - Rupture-related perinatal death at term 2/114 (1.8%)
    - Rupture-related HIE at term 7/114 (6.2%)

Landon et al, NEJM 2004

VBAC outcomes – Macones et al.

- 25,005 women
  - Overall success rate 75%
  - Rate of rupture 0.98%

Macones et al, AJOG 2005

VBAC: Initial and later studies

	Year	N	TOL success (%)	Rupture/ 1000
Lavin et al	1982	“30”	66	7
Phelan et al	1987	1796	81	3
Miller et al	1994	12,707	73	7
Landon et al	2004	33,699	73	7
Macones et al	2005	25,005	75	9.8

What about Australia?

Australian VBAC data

- Crowther et al
  - 1225 women
  - 43.2% success
  - Rupture 0.2% (v 0.1%) = 1 in 500
  - Hysterectomy 0.1% (v 0%) = 1 in 1000
  - Perinatal mortality/morbidity 2.4% (v 0.9%) = 1 in 40
  - NNT 66

Crowther et al, PLOS Med 2012

Australian VBAC data

- Dekker et al
  - 29,008 women

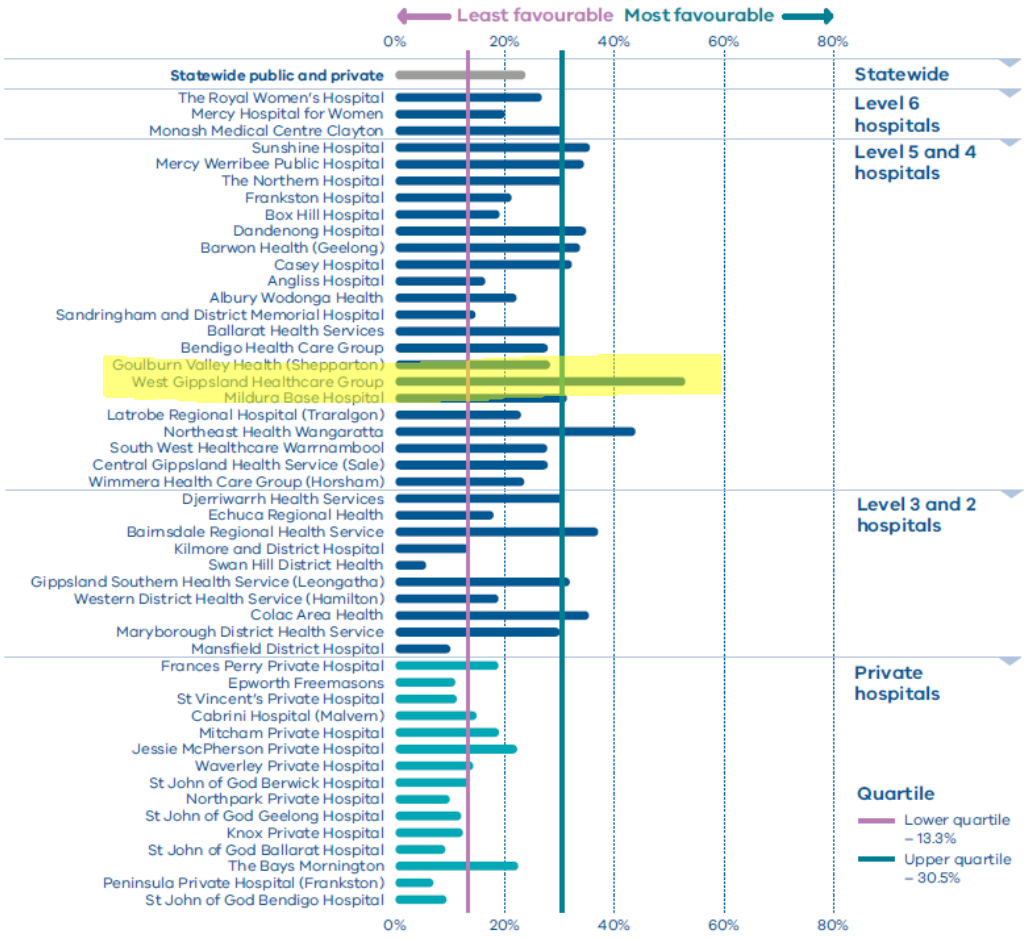
Labour/induction	Rupture	Rate
Spontaneous labour	0.15%	1 in 600
IOL oxytocin alone	0.54%	1 in 200
IOL prostaglandin alone	0.68%	1 in 150
IOL prostaglandin and oxytocin	0.88%	1 in 100
IOL without prostaglandin or oxytocin	0.63%	1 in 150

Dekker et al, BJOG 2010

Warragul’s performance?

4a Rate of women who planned a vaginal birth after a primary caesarean section

Figure 14. Indicator 4a: Rate of women who planned a vaginal birth after a primary caesarean section 2017



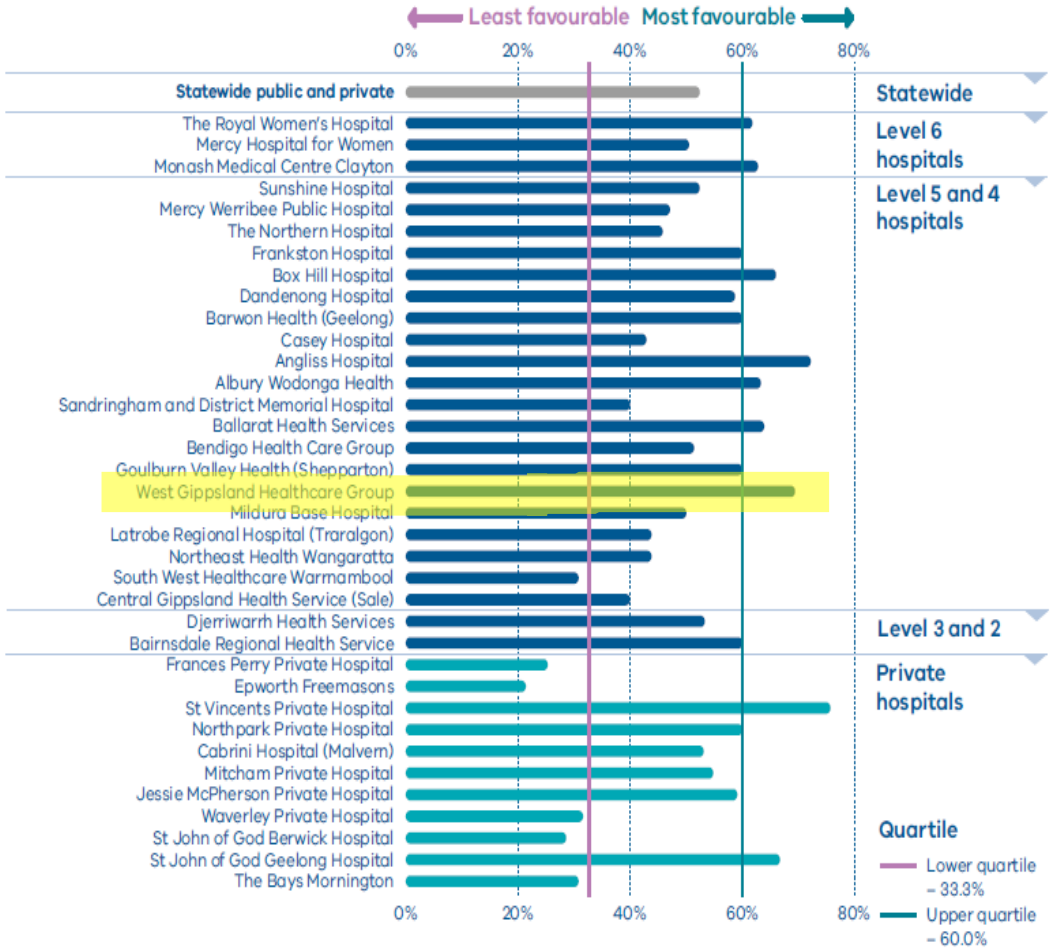
Rate of women who planned a vaginal birth after a primary caesarean section	50.7	50.8	58.5	52.9	52.9

State average: 23.7%

Most favourable quartile: 30.5%

4b Rate of women who achieved a planned vaginal birth after a primary caesarean section

Figure 16. Indicator 4b: Rate of women who achieved a planned vaginal birth after a primary caesarean section 2017



Rate of women who achieved a planned vaginal birth after a primary caesarean section	41.2	66.7	55.3	66.7	69.4

State average: 52.4%

Most favourable quartile: 60.0%

What is Warragul's practice?

- Culture exists
- Positive approach
  - "Excellent candidate for VBAC"
  - "We will support you"
- Consultant input, but not exclusively consultant care
- Referral to BBAC midwife

What is Warragul's practice?

- Counselling
  - Ideally labour spontaneously (1:500 risk of scar rupture)
  - Induction possible (1:200 risk of scar rupture)
  - In those that attempt VBAC
    - 1 in 1000 chance of baby dying
    - 1 in 1000 chance of baby suffering brain damage (HIE)
    - 1 in 1000 chance of mum dying
    - 1 in 500 chance of hysterectomy
  - 25% chance of adverse outcome *if* scar ruptures

Appleton et al ANZJOG 2000, Chauhan et al AJOG 2003

Handouts

Health & care information you can trust

The Information Standard Certified Member

Royal College of Obstetricians & Gynaecologists

Information for you

Published in July 2016

Birth options after previous caesarean section

About this information

This information is for you if you have had one caesarean section and want to know more about your birth options when having another baby. It may also be helpful if you are a relative or friend of someone who is in this situation.

How common is it to have a caesarean section?

More than one in five women in the UK currently give birth by caesarean section. About half of these

Appendix IV: Birth choices after caesarean delivery pathway

Likelihood of	Overall	Tick when discussed
Successful VBAC (one previous caesarean delivery, no previous vaginal birth)	3 out of 4 or 72–75%	☐
Successful VBAC (one previous caesarean delivery, at least one previous vaginal birth)	Almost 9 out of 10 or up to 85–90%	☐
Unsuccessful VBAC more likely in:		☐
Induced labour, no previous vaginal delivery, body mass index (BMI) greater than 30 and previous caesarean for labour dystocia. If all of these factors are present, successful VBAC is achieved in 40% of cases.		

Likelihood of	VBAC	ERCS	
	Maternal		
Uterine rupture	5 per 1000/0.5%	< 2 per 10 000/< 0.02%	☐
Blood transfusion	2 per 100/2%	1 per 100/1%	☐
Endometritis	No significant difference in risk		☐
Serious complications	Not applicable if successful	Increased likelihood of placenta praevia/	☐

Page 27 of RCOG GreenTop 45

Labour

- (Cook double balloon catheter, discussion re oxytocin)
- IVC
- CFM
- Syntometrine for 3rd stage
- Same assessor
- 3hourly assessment in labour, 2hourly from 7cm
- Epidural OK
- If oxytocin used, turned off once in active labour (6+cm)

Background

- VBAC clinic established in 1999 by 2 midwives and Consultant Obstetrician
- Set scene for VBAC as a birth option and the norm for women in Warragul
- 2009 BBAC (Better Birth After Caesarean) Clinic established
- response to resignation of Senior Consultant Obstetrician
- fear of rise in C/S rate
- all women with history of primary C/S seeing remaining Senior Consultant Obstetrician
- seen @ 18-20 weeks-early to facilitate informed decision making

Phone call prior to consult

- last birth - debrief prior D/C
- feelings then and now
- write birth story if appropriate
- bring birth summary if available
- woman to talk to partner re attending appt
- obtain hospital medical records to review-
- aware these reflect care and management not woman's feelings

At consult

- listen birth story - don't judge
- discuss woman's and / or partner's feelings
- elicit where she is on journey (last birth put on backburner until this pregnancy and then resurfaces with guilt / fears etc.)
- allow time to heal / grieve
- forgive herself / others
- acceptance of what was
- address fears

Acronym "BIRTH"

- BELIEVE in your ability to birth
- INFORM yourself and others
- REVISIT your last birth, learn and move forward
- TIME to heal, plan and be positive
- HEALTH - eat well, exercise and be happy

This Birth

- review last birth
- look for positives
- how can I make it better
- what can I avoid
- be realistic and expect times of being unsure
- aware of the clinician's skills and experience - on call roster

Acronym "BRAIN"- decision making

- BENEFITS
- RISKS
- ALTERNATIVES
- INTUITION
- NOTHING

Birth Options

- benefits vs risks
- what to expect with this labour / birth- management for safety
- what if scenarios
- impact if future pregnancies

Resources

- seeking out knowledge is part of the woman's journey
- evidenced based
  - RCOG
  - RANZCOG
- reputable consumer sites
  - birthrites.org
  - canaustralia.net
- Birthskills Book
- visualisation / affirmations

End of consult

- Woman asked was it beneficial?
- opportunity for further consult if required
- documentation in hand held record, BOS and Genie

Summary

- My role is to
  - listen
  - respect
  - educate
  - support
  - communicate with obstetric and midwifery colleagues in the provision of individualised collaborative care for women planning a VBAC.