

VAGINAL BIRTH AFTER PREVIOUS CESAREAN DELIVERY

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Vaginal Birth After Previous Cesarean Delivery
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While vaginal birth after cesarean (VBAC) has become a popular birth option, CAP claims analysis reveals that a successful VBAC outcome depends on:

- (1) appropriate VBAC candidate selection, and,
- (2) obtaining full informed consent from that patient.

RECOMMENDATIONS / SUMMARY

The following recommendations are based on good and consistent scientific evidence (Level A):

- Most women with one previous cesarean delivery with a low-transverse incision are candidates for VBAC and should be counseled about VBAC and offered a trial of labor.
- Epidural anesthesia may be used for VBAC.
- A previous uterine incision extending into the fundus is a contraindication for VBAC.

The following recommendations are based on limited or inconsistent scientific evidence (Level B):

- Women with two previous low-transverse cesarean deliveries and no contraindication who wish to attempt VBAC may be allowed a trial of labor. They should be advised that the risk of uterine rupture increases as the number of cesarean deliveries increases.
- Use of oxytocin or prostaglandin gel for VBAC requires close patient monitoring.
- Women with a vertical incision within the lower uterine segment that does not extend into the fundus are candidates for VBAC.

The following recommendations are based on consensus and expert opinion (Level C):

- Because uterine rupture may be catastrophic, VBAC should be attempted in institutions equipped to respond to emergencies with physicians immediately available to provide emergency care

(Emphasis added). After thorough counseling that weighs the individual benefits and risks of VBAC, the ultimate decision to attempt this procedure or undergo a repeat cesarean delivery should be made by the patient and her physician.

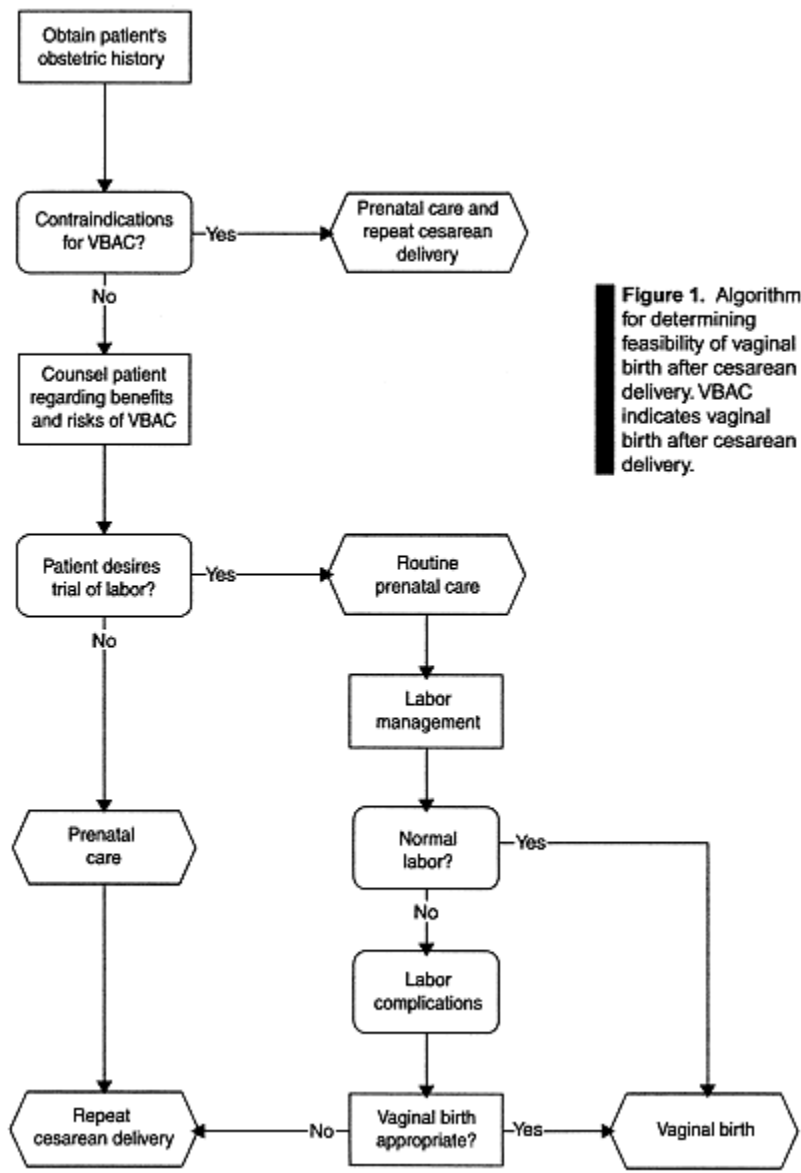


Figure 1. Algorithm for determining feasibility of vaginal birth after cesarean delivery. VBAC indicates vaginal birth after cesarean delivery.