Vaginal birth after caesarean? Call the midwife

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Introduction

Prior to 2010, VBAC rates were low in our rural level two hospital (1).

Following the introduction of a community midwifery-led program (CMP), with obstetric support, gross data showed a significant increase in the rates of VBAC.

Objectives

We hypothesized that the higher rates could be attributed to the new model of care.

Therefore we undertook a 5-year review of VBAC patients to assess planned mode of delivery and the obstetric/neonatal outcomes in the different models of care.

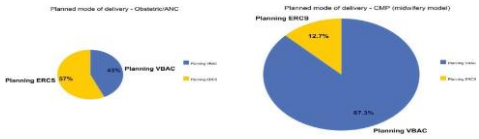
Methods

Eligibility criteria were defined as one previous lower uterine segment caesarean section and no standard contraindications to VBAC.

A retrospective chart review was undertaken following identification of cases using a hospital database. Data was collected, de-identified and analysed using Microsoft Excel software.

Results

Two hundred and ninety pregnancies were identified as eligible with the history available. 152 (52.4%) planned to attempt a VBAC. 138 (48.6%) planned an elective repeat caesarean section (ERCS). 87.3% of women under the CMP model planned to attempt a VBAC versus 43% in the standard antenatal clinics.



Successful VBAC rates were higher in the midwifery-led group (58.2%) as compared to the other models (41.7%).

PPH rates were significantly higher in the planned ERCS. Though the vast majority were accounted for by PPH of 500-600ml. Serious operative and obstetric outcomes were low. Other obstetric and neonatal outcomes were comparable.

Discussion

Higher rates of uptake and successful VBAC were seen in the midwifery-led model of care. This remained the case even after controlling for antenatal complications between the different groups.

Conclusion

Eligible women who are keen for VBAC may benefit from the support of a midwifery-led model with obstetric support and can be reassured by the comparable outcomes between the various models of care.

References: 1. *Victorian maternity services performance indicators: Complete set for 2009-10, Department of Health 2012, State of Victoria, Melbourne.*