

Name

Number

Or attach patient label



# Wrightington, Wigan and Leigh Teaching Hospitals

NHS Foundation Trust

## Check list for antenatal counselling and intrapartum management for women with one or more previous caesarean sections

### Antenatal management

	Initial and date
VBAC information leaflet given	
Virtual clinic appointment for those with one previous caesarean section for discussion about mode of delivery: Date:                      Gestation:                      Midwife:	
More than one previous caesarean section or risk factors for VBAC – Consultant appointment after anomaly scan	
<b>Follow up</b>	
All previous cs not already seen in Consultant clinic	28 weeks
Then: Undecided about mode of delivery	36 weeks
Planned repeat caesarean section	36 weeks
Planned VBAC	39-40 weeks
<b>Elective repeat caesarean section</b>	
Follow Caesarean section guideline (Obs 103) booking proforma, consent, MRSA swabs, preop appointment	
<b>VBAC</b>	
Offer membrane sweep at 39 - 40 weeks in Consultant ANC	
Discuss pros and cons of induction of labour	
<b>Planned VBAC with induction of labour</b>	
Dilapan-S cervical ripening	No / Yes
Syntocinon after ARM	No / Yes                      Maximum rate

### Antenatal Counselling

Previous delivery notes reviewed by senior clinician directly or by correspondence with other hospital.	
Chance of successful vaginal delivery is between 70 - 80%	
The incidence of scar opening following spontaneous labour is approximately 0.5% (1 in 200) but it is rare for there to be serious fetal or maternal consequences	
The need for hysterectomy is rare 0.1% explained	
If undecided about mode of delivery at 20 weeks, then in the event of labour before 36 weeks an individual management plan will be discussed at the time otherwise a final plan for mode of delivery will be agreed at 36 weeks gestation	
Induced labour, particularly with prostaglandin carries an increased risk of dehiscence or rupture (3 times spontaneous labour i.e.1.5 %)	



**Plan for management if labour commences before a planned repeat caesarean section**

<b>Labour before 37 weeks</b>	
VBAC	
Caesarean section	
<b>Labour at or after 37 weeks</b>	
VBAC	
Caesarean section	
<b>Individualised management plan (specify)</b>	

**Plan for Management of labour during VBAC**

In view of the above risks, consultant led hospital birth advised if requesting home birth full risk assessment which should include a senior midwifery and Consultant Obstetric review	
Inform registrar when admitted in labour. The registrar must refer to the VBAC Antenatal Assessment form to review and revise the management plan prepared antenatally in consultation with the woman	
<b>First stage of labour</b>	
Site IV line, bloods for FBC and group and save	
Continuous Electronic Fetal Monitoring throughout the labour	
Assess for progress as for labour without a previous caesarean section according to intrapartum care guideline	
Syntocinon only to be used following a Consultant decision	
<b>Second stage of labour</b>	
As for labour without a previous caesarean section according to intrapartum care guideline	
Registrar to examine and discuss with Consultant before proceeding with mid cavity instrumental delivery Consider trial of forceps/ventouse in theatre	