

Name

Hosp No

Place patient sticker here

**Appendix 3**

**Counselling Sheet – VAGINAL BIRTH AFTER CAESAREAN SECTION**

|  |  |  |
| --- | --- | --- |
| **Risks/Benefits - VBAC** | **Elective Caesarean (tick discussed)** | **Recommendations (tick agreed)** |
| 75% (3:4) success 1 previous CS  65% (6.5:10) success 2 prev CS  90% (9:10) success if vaginal birth before/after CS  10-35% (1:4) chance Em LSCS | Date not fixed  Usually 39-40 weeks  If earlier need steroid injections to mature baby’s lungs | **VBAC CARE PLAN**  Phone and come in early  Labour in Hospital on main Labour Ward |
| **Mother**  Decreased blood loss / haemorrhage / transfusion | **Mother**  Increased serious blood clots x 5 (VBAC 0.2% 2:1000, El CS 1% 1:100) | Continuous fetal monitoring (CTG) from onset regular contractions,  Pool if telemetry/available |
| Reduced maternal infection risk (VBAC 6% 6:100 El CS 8% 8:100) | Anaesthetic risks - Spinal / Epidural or may need GA | IV FBC G+S in labour  Epidural available |
| 0.5% (1:200) chance scar dehiscence in labour  Maternal death low (4/100,000) | Reduces dehiscence risk, Pre-labour incidence <0.02% (2:10,000)  Maternal death x 3 (13/100,000) |  |
| **Perineal trauma**  First del 90%9:10 Subsq 69%7:10  Anal Sphincter OASIS 2-6% 5:100  Instrumental 11-39% 1-4:10  **Other** Less postnatal pain  Shorter hospital stay/recovery | Can opt for sterilisation, but failure rate and regret high  Decreased rate/maintenance of breast feeding  >2xLSCS = El LSCS recommended  No driving 6/52 | **El CS PLAN**  39-40 weeks, to agree with cons  <39 decided with consultant  If <39 for IM steroids |
| **Baby**  Perinatal death =any first labour 0.04% (4:10,000)  Brain damage 0.08% (8:10,000)  Stillbirth awaiting labour 39+ 0.1% (1:1000) = any first labour | **Baby** Increased neonatal breathing probs and Neonatal special care x 2  (VBAC 2% 2:100, El CS 5% 5:100)  Fetal laceration 2% (2:100)  Reduced sepsis/infection  Perintal death / Brain damage 0.01% 1:100,000 | **Increased risk with each CS**  Abnormal placentation in future  4-7% (5:100)  More scar tissue – more risk damage bladder(1:1000) bowel(1:3000)  Hysterectomy (8:1000) |
| **If Induction**  2.5 x uterine rupture  1.5 x Em CS than Spont VBAC | **If emergency LSCS** is needed  Risk hysterectomy 0.5%(1:200)  Risk transfusion 3% (3:100)  Risk womb infection 8% (8:100) | **No difference if successful VBAC/ElCS** Hysterectomy 0.1% (1:1000)  Long term maternal health PND PTSD |

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferences today:** | VBAC / El CS / Undecided | **PLAN:** CMW review at  Senior RM Review at |  |
| If labours Pre 37/40  If labours 37-39/40 pre El CS | VBAC / Em CS  VBAC / Em CS | Cons ANC at  Pt specific pathway |  |
| For IOL  Not for IOL | PG / Balloon / ARM / Synto  El CS at gestation | RCOG leaflet given |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I confirm I have explained the above / answered questions | Name of Dr/RM | Signature | Designation | Date |