



VBAC :
adakah peluang ?

Isharyah Sunarno

Practice Guidelines

Planning for Labor and Vaginal Birth After Cesarean Delivery: Guidelines from the AAFP

VBAC

- Practical & safe
- Benefits & harms, at early prenatal care visits;
- Risk factors, values, preferences
- Factors
 - Details of prior deliveries
 - Plans for more children
 - Resources available
 - CI : vertical uterine incision, vertical upward extension of a transverse incision, transmural uterine surgery

VBAC

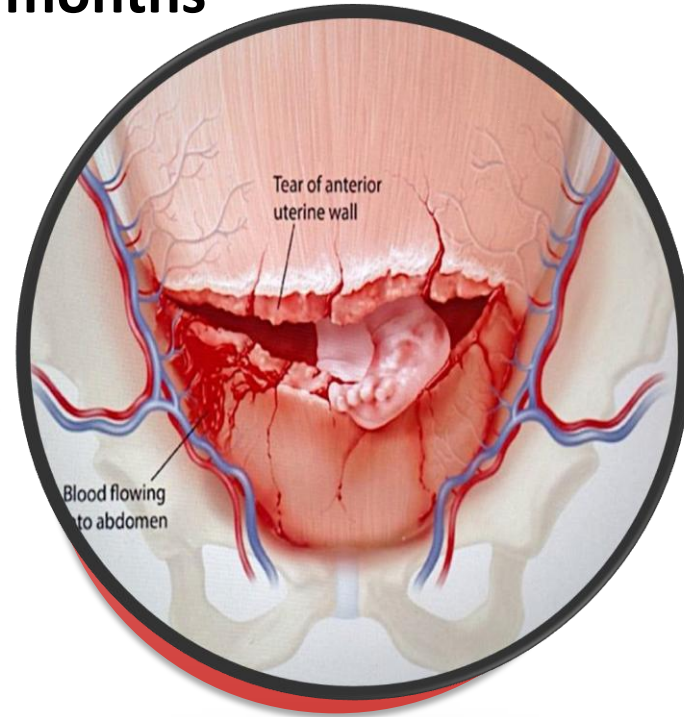
- Lower risk of death
- Less Blood loss
- Shorter recovery period
- Risk of hysterectomy not statistically different
- Risk of requiring transfusion not statistically different
- Incidence of infection not significantly higher

Repeat Cesarean Delivery

Increases the long-term risk of

- Abnormal placentation
- Hysterectomy
- Complications from surgery

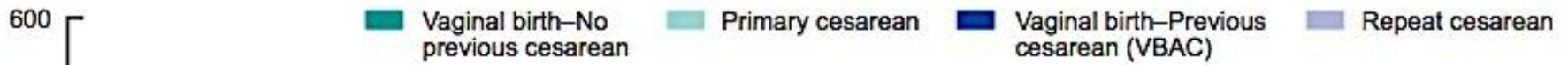
**Risk factors : classic uterine scar,
inter-delivery interval << 18 months**



Labor

**Uterine
Rupture**

Maternal morbidity, by method of delivery and previous cesarean history: 41-state and DC reporting area, 2013



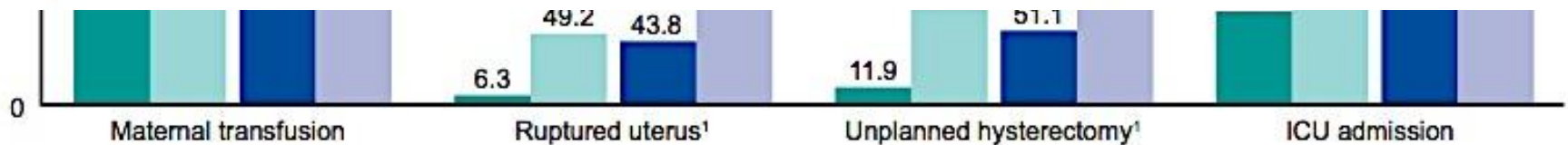
National Vital Statistics Reports



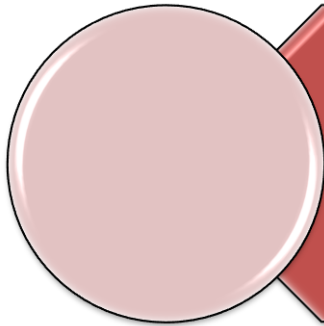
Volume 64, Number 4

May 20, 2015

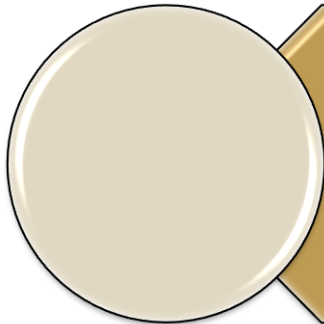
Maternal Morbidity for Vaginal and Cesarean Deliveries, According to Previous Cesarean History: New Data From the Birth Certificate, 2013



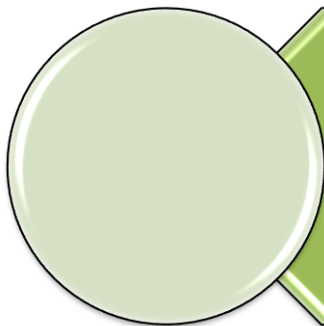
¹Difference in rates between primary cesarean and VBAC is not statistically significant.
 NOTES: The birth certificate reporting area represented 90% of all U.S. births in 2013. ICU is intensive care unit.
 SOURCE: CDC/NCHS, National Vital Statistics System.



**3 cases of uterine
rupture per 1,000
labors**



**130 fetal/neonatal
deaths per 100,000
VBAC**



**50 fetal/neonatal
deaths per 100,000
RCS**

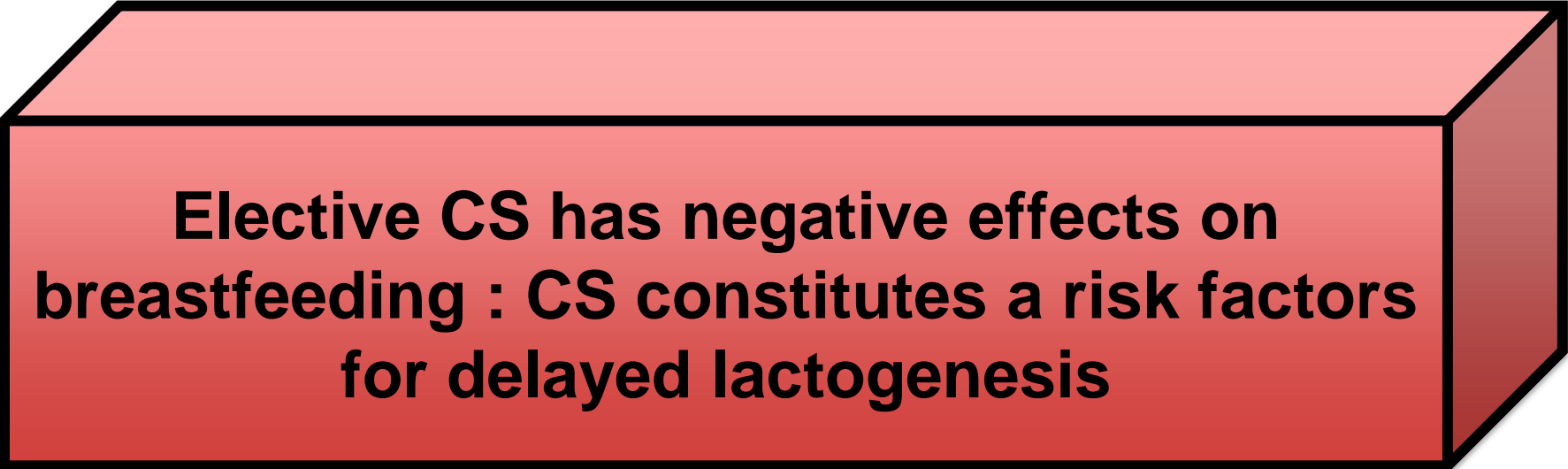
**1 previous cesarean
have a hysterectomy
risk : 400 per 100,000
pregnancies**

**5 previous cesareans
have a hysterectomy
risk : 9,000 per 100,000
pregnancies**

Early postpartum lactation effects of cesarean and vaginal birth

Yuksel Isik, Zeynep O. Dag, Ozlem B. Tulmac, Eren Pek

Department of Obstetrics and Gynecology, Faculty of Medicine, Kirikkale University, Kirikkale, Turkey



Elective CS has negative effects on breastfeeding : CS constitutes a risk factors for delayed lactogenesis

The mode of delivery affects the diversity and colonization pattern of the gut microbiota during the first year of infants' life: a systematic review

Erigene Rutayisire¹, Kun Huang^{1,2}, Yehao Liu³ and Fangbiao Tao^{1,2*}

The diversity and colonization pattern of the gut microbiota were significantly associated to the mode of delivery during the first three months of life, however the observed significant differences disappears after 6 months of infants life

Can Intrapartum Cardiotocography Predict Uterine Rupture among Women with Prior Caesarean Delivery?: A Population Based Case-Control Study

Malene M. Andersen^{1*}, Dorthe L. A. Thisted^{1,2}, Isis Amer-Wählin³, Lone Krebs¹, The Danish CTG Monitoring during VBAC study group¹

- KTG patologi →
 - Ancaman ruptur uteri
 - Bukan prediktor kuat

Concomitant Vesicouterine Rupture with Avulsion of Ureter: A Rare Complication of Vaginal Birth after Cesarean Section

NALINI SHARMA¹, J LALNUNNEM THIEK², STEPHEN SIALO³, SANTA SINGH AHANTHEM⁴

A 33 yo P7L5A1 was referred to our hospital with complaints of severe pain abdomen and bleeding per vaginum following ventouse assisted delivery 2 hours back. Past obstetric history revealed CS in the 5th pregnancy. She had one VBAC.

- VBAC can have bladder rupture with or without ureteric involvement along with uterine rupture.
- Haematuria is the most common presentation of bladder rupture.

BMJ Open Selected maternal morbidities in women with a prior caesarean delivery planning vaginal birth or elective repeat caesarean section: a retrospective cohort analysis using data from the UK Obstetric Surveillance System

Manisha Nair,¹ Kate Soffer,² Nudrat Noor,¹ Marian Knight,¹ Malcolm Griffiths²

While the risk of uterine rupture in the VBAC and ERCS groups is well understood, this national study did not demonstrate any other clear differences in the outcomes we examined.

Patient Counseling and Preferences for Elective Repeat Cesarean Delivery

Susan Folsom, MS¹ M. Sean Esplin, MD^{1,2} Sean Edmunds, MD¹ Torri D. Metz, MD³
G. Marc Jackson, MD^{1,2} T. Flint Porter, MD^{1,2} Michael W. Varner, MD^{1,2}

- **Most women were inadequately counseled about delivery options.**
- **The most important factors influencing the choice of ERCD over VBAC :**
 - **patient preferences,**
 - **risk for fetal injury,**
 - **perceived physician preference.**

Comparison between continuing midwifery care and standard maternity care in vaginal birth after cesarean

Tieying Zhang¹, Chunna Liu²

The continuing midwifery care has more benefits than the standard maternity care in VBAC

Pak J Med Sci 2016 Vol. 32 No. 3

Vaginal Birth After Cesarean Delivery: Deciding on a Trial of Labor After Cesarean Delivery



The American College of
Obstetricians and Gynecologists



**“The College
guidelines state that
women with two previous
low-transverse cesarean
incisions and women carrying
twins may be considered
appropriate candidates
for a TOLAC ...”**



Birth after previous caesarean section

Recommendation 8	Grade
Women should be advised that a planned VBAC should be conducted in a suitably staffed and equipped delivery suite, with continuous intrapartum care and monitoring and with available resources for urgent Caesarean section and advanced neonatal resuscitation should complications such as scar rupture occur	Consensus-based recommendation
Recommendation 9	Grade
Continuous intrapartum care is required to monitor progress and to enable prompt identification and management of uterine scar rupture.	Consensus-based recommendation
Recommendation 10	Grade
Women should be advised to have continuous electronic fetal monitoring following the onset of uterine contractions for the duration of the planned VBAC.	Consensus-based recommendation

No 155 (Replaces guideline No 147), February 2005

Guidelines for Vaginal Birth After Previous Caesarean Birth

- **Trial of labour after Caesarean section (TOLAC) in women who have no contraindications**
- **Hospital with timely Caesarean section facilities are available**
- **Close observation of herself and her fetus**



Royal College of Obstetricians and Gynaecologists

Green-top Guideline No. 45

February 2007

Setting standards to improve women's health

Women who are preterm and considering the options for birth after a previous caesarean should be informed that planned preterm VBAC has similar success rates to planned term VBAC but with a lower risk of uterine rupture.

B

A cautious approach is advised when considering planned VBAC in women with twin gestation, fetal macrosomia and short interdelivery interval, as there is uncertainty in the safety and efficacy of planned VBAC in such situations.

C

Women should be advised that planned VBAC should be conducted in a suitably staffed and equipped delivery suite, with continuous intrapartum care and monitoring and available resources for immediate caesarean section and advanced neonatal resuscitation.

B

Women should be advised to have continuous electronic fetal monitoring following the onset of uterine contractions for the duration of planned VBAC.

B

Birth After Previous Caesarean Birth



Royal College of
Obstetricians &
Gynaecologists

Green-top Guideline No. 45

October 2015

Women should be advised that planned VBAC should be conducted in a suitably staffed and equipped delivery suite with continuous intrapartum care and monitoring with resources available for immediate caesarean delivery and advanced neonatal resuscitation.



Women should be advised to have continuous electronic fetal monitoring for the duration of planned VBAC, commencing at the onset of regular uterine contractions.



TAKE HOME MESSAGES

RISK

BENEFIT

PATIENT'S RIGHT



Terima Kasih