## Example VBAC counselling checklist

An example checklist that can be used by clinicians when counselling women about birth after previous CS.

Contraindications for VBAC			Tick when discussed
Contraindications include: previous uterine rupture; history of classical caesarean section; contraindications to vaginal birth which apply regardless of history of caesarean (e.g. placenta praevia)			
If complex caesarean scar (e.g. inverted T or J), or history of multiple caesarean sections, seek expert advice			
Likelihood of VBAC vBAC rate			
One previous caesarean section, no previous vaginal birth 7		72–75%*	
One previous caesarean section, at least one previous vaginal birth		85–90%*	
Induced labour, no previous vaginal birth, BMI greater than 30, previous caesarean for dystociaIf all factors present, 40%			
Maternal risks of planned VBAC and ERCS			
Risk	Planned VBAC	ERCS	
Uterine rupture*	0.5%	< 0.02%	
*If uterine rupture occurs, 14–33% risk of hysterectomy and 6.2% risk of perinatal death			
Serious complications in future pregnancies	Not applicable if VBAC	Increased likelihood of placenta praevia/morbidly adherent placenta	
Maternal mortality	0.004%	0.013%	
Fetal risks of VBAC and ERCS			
Risk Planned VBAC ERCS			
Antepartum stillbirth beyond 39+0 weeks awaiting labour	0.1%	Not applicable if ERCS at 39 weeks	
Hypoxic ischaemic encephalopathy (HIE)	0.08%	< 0.01%	
Perinatal mortality	0.13%	0.05%	
Intrapartum care recommendations			
Recommended continuous electronic fetal monitoring in labour			
One-on-one midwifery care			
Birth in suitable facility			
Written information leaflets provided: VBAC  ERCS  Other			

Queensland Clinical Guideline: Vaginal birth after caesarean (VBAC). Document: F20.12-3-V1-R25



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