Decision-making framework for women with previous caesarean section

**Booking in**
- Identify history of previous CS
- Obtain obstetric history including:
  - Dates of previous CS and vaginal birth(s) if applicable
  - Number of previous CS
  - Type of CS performed
- Obtain operation record and medical notes/record wherever possible
- Reason/indication for previous CS
- History of uterine rupture
- Provide woman with standardised written information

**Contraindications for VBAC?**
- Previous uterine rupture
- History of classical CS
- Contraindication to vaginal birth regardless of history of CS (e.g. placenta praevia)

**Discussion/counselling**
- Following morphology ultrasound
- Planned VBAC is safe and appropriate for majority of women with a single previous CS
- Facilitate obstetric consultation if history of two or more previous CS or history of complex uterine scars
- Facilitate discussion using evidence based, balanced, consistent information about the risks and benefits of VBAC and ERCS
- Wherever possible, use a standardised documentation to facilitate counselling and improve decision making process
- Incorporate in discussion:
  - Individual risks, benefits, concerns, questions and preferences
  - Unique history and circumstances
  - Individual likelihood of successful VBAC
  - Capabilities of local facility
- Consider need for anaesthetic review
- If suspected fetal macrosomia, consider USS at 36 weeks

**Favouring likelihood of VBAC:**
- Previous vaginal birth—strongest predictor of VBAC
- Spontaneous onset of labour
- Higher Bishop score
- Malpresentation as indication for previous CS
- Uncomplicated and low risk pregnancy

**Reducing likelihood of VBAC:**
- Induction of labour
- Previous CS for dystocia, CPD or failed IOL
- No previous vaginal birth
- Obesity
- Current fetal macrosomia (4 kg or more)
- Advanced maternal age
- Diabetes
- Hypertensive disorders

**Contraindications for VBAC**
- Previous uterine rupture
- History of classical CS
- Contraindication to vaginal birth regardless of history of CS (e.g. placenta praevia)

**Decision and plan**
- By 36+0 weeks
  - Woman to make decision on planned mode of birth where possible
  - Ensure woman understands that she may change her mind and/or withdraw consent at anytime
  - Discuss consent requirements for VBAC and ERCS and obtain valid and informed consent according to woman’s decision
  - Discuss and document individualised management plan including preferences in event of:
    - Preterm labour
    - Spontaneous labour before ERCS date
    - No spontaneous labour by 41 weeks and IOL
    - Augmentation risks and benefits
    - ERCS date where applicable

**Proceed according to planned VBAC (refer to Planned VBAC flowchart) or planned ERCS**

**Recommend ERCS**

BMI: body mass index; CPD: cephalopelvic disproportion; CS: caesarean section; ERCS: elective repeat caesarean section; HHS: Hospital and Health Service; IOL: induction of labour; USS: ultrasound scan; VBAC: vaginal birth after caesarean section