

Clinical Guideline

# VAGINAL BIRTH AFTER CAESAREAN - VBAC (INTRAPARTUM CARE)

<b>SETTING</b>	Maternity Services
<b>FOR STAFF</b>	Midwifery, obstetric and anaesthetic staff
<b>PATIENTS</b>	Women aiming for vaginal birth after caesarean section (VBAC)

## GUIDANCE

- This guideline should be used in conjunction with the current UHBristol guideline for Labour Care, **the aim being to keep the labour as uncomplicated as possible.**
- When a woman planning VBAC is admitted in labour, review the indication for previous Caesarean section (CS) where notes available on Evolve.
- Women booked for a repeat CS who go into labour prior to the elective CS should have a discussion with an obstetrician ST3 or above about the feasibility of VBAC. Decision to proceed with VBAC instead of Caesarean section should be made by ST6 or above.
- On admission in labour
  - Perform a full Maternal and Fetal Assessment
  - Discuss management plan for labour and fetal monitoring with the woman. Document this discussion in the partogram. On the front page of the partogram complete the management plan for labour e.g.

Date	Time	Risk factor/ special consideration	Plan	Signature
		VBAC	Follow VBAC guideline Continuous fetal monitoring	

- Once labour is confirmed:
  - Inform ST3 or above of admission
  - Obtain and send blood for Full Blood Count and Group & Save (unless done within last 3 days)
  - Administer Omeprazole 40mg BD orally
  - Encourage isotonic drink
  - If the woman wishes to eat in labour, carry out an individual risk assessment and discuss with the anaesthetist
  - Make a clear plan to monitor progress of labour

Note that an intravenous cannula is not required unless the labour deviates from normal or another indication arises

- Maternal and fetal observations will be undertaken to identify early signs of scar rupture. Signs include:
  - Maternal tachycardia, hypotension or shock
  - Abnormal CTG - use telemetry if available to facilitate maternal mobility (CTG changes herald rupture in 50-70% of cases)
  - Constant severe abdominal pain
  - Acute onset scar tenderness
  - Abnormal vaginal bleeding
  - Haematuria
  - Cessation of previously efficient uterine activity
  - Loss of station of the presenting part
  - Sudden maternal collapse
  - Change in abdominal contour
  - Inability to pick up fetal heart rate at the old transducer site
- It is acceptable for the woman with previous caesarean section to labour in water as long as there are no concerns about the fetal heart rate. See **Water immersion in labour** guideline for more information.
- Regional analgesia can be used with no increase in risk of repeat caesarean section
- If the labour deviates from normal:-
  - Refer to the Obstetric Team
  - Insert an IV cannula
- Augmentation of labour using Oxytocin should only be undertaken after careful obstetric assessment, maternal counselling and agreement by ST6-7 or a Consultant Obstetrician. Oxytocin augmentation should be titrated such that it should not exceed the maximum rate of contractions of 4 in 10 minutes; the ideal contraction frequency would be 3 to 4 in 10 minutes.
 

When discussing oxytocin for delay in the first stage of labour, explain to women who have had a previous caesarean section that this:

  - increases the chance of uterine rupture
  - reduces the chance of another caesarean section
  - increases the chance of an instrumental birth.
- Recommend managed third stage of labour (See Labour Care guideline)

#### Version 4

#### Review led by

██████████ Consultant Obstetrician

#### Consultation

CDS Working Party

#### Ratified by

CDS Working Party

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**RELATED  
DOCUMENTS  
(all available  
on DMS)**

Labour Care  
Fetal monitoring in labour  
Water immersion in labour  
Vaginal Birth After Caesarean – antenatal guideline  
Vaginal Birth After Caesarean – patient information leaflet

**SAFETY**

If there are unusual or unexpected safety concerns (to staff or patient), emphasize them here

**QUERIES**

Contact the co-ordinating midwife on CDS (ext [REDACTED]), the on call ST5 or above (via switchboard) or a Supervisor of Midwives (via switch board)

**References**

NICE. Clinical guideline NG192 – [Caesarean Section](#). March 2021

NICE clinical guideline NG121- [Intrapartum care for women with existing medical conditions or obstetric complications and their babies](#). April 2019