

Department of Obstetrics and Gynaecology	Document No.	OGOB0094(I)-E
	Last review date	Jul 2022
Subject	Next review date	Jul 2025
Checklist for delivery after Caesarean Section	Approved by	Obstetrics Team, QMH
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Checklist for Delivery after Caesarean Section

Labels		

Type of previous scar of womb:

lower segment / involving upper segment / unknown. (delete where appropriate)

Previous operation / Caesarean section record available?

Yes / No

Vaginal birth after Caesarean section (VBAC)

Successful rate (average 72-75% in spontaneous labour, but decrease in labour with medical induction/ augmentation)

Risks

Mother: Womb rupture (rare, risk 22-74 per 10,000)

Baby: perinatal mortality and morbidity including intrapartum infant death

(small) and cerebral palsy (uncertain)

Risk of perinatal mortality associated with VBAC (4 per 10,000) is higher than that with elective repeat Caesarean section but similar to

that with women having their first birth.

Benefits (in successful vaginal birth)

Mother: Short term - safest method

quicker recovery less blood loss less infection

fewer complications from operation

fewer thromboembolic events

Long term - fewer placenta praevia

fewer morbidly adherent placentae

lower risk of womb rupture

Baby: breathe better



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Elective repeat Caesarean section (ERCS)

Risks			
	Mother:	short term-	higher risk of complications from surgery (e.g.
			organs injury especially bladder, ureter and bowel,
		Long term-	haemorrhage, wound complications) higher risks of placenta praevia
		Long term	higher risk of morbidly adherent placentae
			higher risk of womb rupture
	Baby:	Wet lung of 1	newborn
Benefits			
	Mother:	reduce morbidity compared to emergency operation in case of failed	
	Baby:	trial of vagin	ar orth of perinatal morbidity and mortality
	Buoy.	Todace TISK 0	r permatar morotatty and mortanty
_	oregnancy	: Advised rep	eat Caesarean section in view of two previous Caesarean
section			
======	======		
I want to	attempt	VBAC. / I wa	ant to have elective repeat Caesarean section.
(Patient	's signatu	re)	
(1 attent	3 Signatu	10)	
(Doctor's	s name an	d signature)	
(DOCKOT S	inanne and	a signature)	
Date:			
<i></i>			