

MATERNAL AND FOETAL OUTCOMES IN TRIAL OF LABOUR WITH A PREVIOUS LOWER SEGMENT CAESAREAN SECTION SCAR AT SARAWAK GENERAL HOSPITAL, 2010

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ABSTRACT

The research aimed to study outcomes of trial of labour in women with a previous LSCS scar in Maternity Unit, Sarawak General Hospital, Malaysia, 2010 and it was designed as retrospective study by reviewing records of pregnant women with a previous caesarean section scar without prior vaginal delivery. Out of 390 women, successful vaginal delivery rate (VBAC) was 53.3%. Blood loss among successful group were significantly less than that of failed group ($p=0.018$) but blood transfusion was not significantly different between these two groups ($p=0.258$). Successful VBAC rate was significantly higher in the group of foetal weight between 2.5 to 3.5 Kilogram comparing to the group of more than 3.5 Kilogram ($p=0.048$). Newborns with Apgar score less than 7 after 1 minute of delivery were more common in failed VBAC than successful VBAC ($p=0.026$). NICU admission were higher in the group of preterm pregnancy ($p < 0.001$). The study concluded that success rate was about fifty percent. Foetal birth weight was a significant factor for successful VBAC. These results should be considered in trial of labour.

Key words: Lower segment caesarean section (LSCS), Trial of labour after caesarean section (TOLAC), Vaginal birth after caesarean section (VBAC)

INTRODUCTION

Caesarean section rates across the world have been gradually increasing for decades, seemingly unstoppable. In UK, the rate was 12% in 1990, 20% in 2001, 24% in 2008, 26.9% in 2013, 29.1% in 2014 and still rising despite efforts to reduce it (Index of National Maternity Statistics, n.d). In 2011, caesarean section rate in Australia was 32%, while in New Zealand it was 23.6% (Birth after previous caesarean section-RANZCOG, 2010). In the United States the caesarean section rate reached 32.2% in 2014 (Hamilton *et al.*, 2015). China has one of the highest caesarean section rates in the world with 16 million babies or approximately 50% of babies born in 2010 were delivered by caesarean section (Hellerstein *et al.*, 2015).

Increasing rates of primary caesarean section have led to an increased proportion of the obstetric population who has a history of prior caesarean delivery and therefore pregnant women with a previous caesarean section have to face with the choice of either TOLAC or ERCD. London MB *et al.* did a prospective four-year observational study at 19 academic medical centers comparing maternal and perinatal outcomes between women who underwent a trial of labour and an elective repeated cesarean delivery. After that they concluded as TOLAC was associated with a greater perinatal risks than ERCD in 2004 (Landon *et al.*, 2004). Moreover, according to the review of national maternity hospital data base and national registry of perinatal deaths by Smith *et al.* (2005) also concluded that there was increased risk of uterine ruptures which leading to perinatal deaths in TOLAC who had increased risk of emergency LSCS.

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