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Editorial

Vaginal Birth After Cesarean Section: A Change Maker to Combat the Rising Rate of Cesarean Section

Introduction:

Rising trend of cesarean section (CS) is a global public health concern with one in five women undergoing CS. Bangladesh is also experiencing around one million CS each year, incrementing the rate from 12% in 2010 to 31% in 2016.[1]

Repeat CS following a previous one was a common notion in obstetric practice leading to conceptualize 'Once Cesar Always Cesar' due to the fair of adverse events like rupture uterus, maternal and perinatal morbidity and mortality. The upward trajectory of CS in Bangladesh also evidenced 42.4% CS only due to previous history of CS.[2]

To combat this, Trial of labor after Cesarian section (TOLAC) with an aim to deliver vaginally is a desired option currently working in many parts of the world. Recent evidences in favor of vaginal birth after cesarean (VBAC) are encouraging. According to the American Pregnancy Association, 90% of women who have undergone caesarean deliveries are candidates for VBAC. Approximately 60-80% of women opting for VBAC will successfully give birth vaginally, which is comparable to the overall vaginal delivery rate in the United States in 2010.[3] In resource poor setting VBAC should only be done where facilities for CS with 24 hours readiness of operation is available. There is a consensus between National Institute for Health and Care Excellence (NICE), Royal College of Obstetricians and Gynecologists (RCOG), American College of Obstetricians and Gynecologists (ACOG) and National Institutes of Health (NIH) that, proper selection of cases with planned VBAC is a clinically safe choice for the majority of women with a single previous lower segment caesarean delivery[4]. Planned VBAC is associated with an approximately 0.5% risk of uterine rupture[5]. The risk of delivery-related perinatal death is 0.04% which is comparable to the risk for nulliparous women in labor.[6] On contrary, repeat CS is linearly related with placenta accreta syndrome along with other adverse events specially of the mothers[7].

In current situation, fear of litigation is a major contributory factor not to encourage TOLAC in different parts of the world. Proper information to the patient and informed written consent can mitigate the legislation issue. However, Cochrane database systemic review, 2017 July 26 suggested more Randomized controlled trials to provide evidence regarding the benefits and harms of both planned elective repeat caesarean section and planned induction of labour for women with a previous caesarean birth[8].

Conclusion:

VBAC is a good choice following one previous CS to decrease the uptrend of CS. Patient selection and informed consent taking explaining all the risks and benefits before choosing TOLAC is crucial, similarly there should be readiness of the institute to do emergency CS at any point of care.

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References:

1. BDHS 2016
2. Begum T, Nababan H, Rahman A, Islam MR, Adams A, Anwar I (2019) Monitoring caesarean births using the Robson ten group classification system: A cross-sectional survey of private for-profit facilities in urban Bangladesh. PLoS ONE 14(8): e0220693. https://doi.org/10.1371/journal.pone.0220693
3. Consensus Development Conference Statement on vaginal birth after cesarean (VBAC), a National Institutes of Health (NIH) panel, published in June 2010
4. Althabe F, Belizán JM, Villar J, Alexander S, Bergel E, Ramos S, Romero M, Donner A, Lindmark G, Langer A, Farnot U. Mandatory second opinion to reduce rates of unnecessary

caesarean sections in Latin America: a cluster randomised controlled trial. The Lancet. 2004 Jun 12;363(9425):1934-40.

5. https://www.icddrb.org/news-and-events/news?id=835&task=view.Accessed on 26.07.2019

6. Begum T, Rahman A, Nababan H, Hoque DM, Khan AF, Ali T, Anwar I. Indications and determinants of caesarean section delivery: evidence from a population-based study in Matlab, Bangladesh. PloS one. 2017 Nov 20;12 (11):e0188074

7. Can E, Oðlak SC. The Implications of Multiple Repeat Cesarean Deliveries on Maternal Morbidity . Gynecol Obstet Reprod Med [Internet]. 2023Aug.15

8. Dodd JM, Crowther CA, Grivell RM, Deussen AR. Elective repeat Cesarean section versus induction of labour for women with a previous cesarean birth, Cochrane Library. 2017 July.26