Trial of Labour for Vaginal Birth After Cesarean Section			
Signing Authority:	Chief Nursing Executive		
Approval Date:	11-01-2019	Effective Date:	11-01-2019

SCOPE:

This policy and procedure applies to nurses and physicians and midwives with privileges caring for patients who have had a previous caesarean section and are choosing to labour and deliver vaginally at the Royal Victoria Regional Health Centre (RVH).

POLICY STATEMENT:

It is the policy of RVH to provide safe evidence-based family centred care to all of our patients. A trial of labour following a previous lower transverse uterine incision shall be offered to all patients providing there are no contraindications.

1. All patients undergoing a trial of labour following a previous lower transverse uterine incision shall have continuous electronic fetal monitoring during active labour.
2. The patient shall receive one to one nursing care during active labour.
3. Epidurals or other analgesia maybe used for pain management.
4. Patients requiring induction of labour:
   a. a foley catheter may be used for cervical ripening
   b. oxytocin may be used with careful surveillance
   c. prostaglandins shall not be used as they have been associated with increased risk of uterine rupture

Contraindications

- Previous classical or inverted “T” uterine scar
- Previous operative records unavailable to determine uterine scar
- Previous hysterotomy or myomectomy entering the uterine cavity
- Previous uterine rupture
- Presence of a contraindication to labour e.g. placenta previa or malpresentation of the fetus
- Patient refusal

Relative Contraindications

- Two or more lower transverse uterine incisions

DEFINITIONS:

Malpresentation: the fetus is not in the vertex position

PROCEDURE:

1. Evidence of informed consent for a trial of labour shall be documented by the Most Responsible Provider (MRP).
2. A complete blood count and type and screen shall be ordered by the MRP and samples collected.
3. Intravenous access with a large bore needle shall be inserted when in active labour as ordered by the MRP.
4. Patient shall be NPO when in active labour.
5. One to one bedside nursing/midwifery care shall be provided.
6. Continuous external fetal monitoring shall be commenced.
7. Progress of labour shall be assessed at a minimum of every two hours once in active labour.
8. Monitor for signs and symptoms of uterine rupture:
    a. Fetal heart rate abnormalities
    b. Increase or decrease in uterine contractility
    c. Loss of uterine tone
    d. Failure of labour to progress
    e. Abdominal pain
    f. Chest pain, shoulder tip pain and/or sudden shortness of breath
    g. Suprapubic pain at the level of the previous incision
    h. Epidural is not managing pain
    i. Vaginal bleeding
    j. Unable to feel the presenting part on vaginal exam
    k. Maternal hemodynamic instability
    l. Hematuria
9. Uterine rupture is an obstetrical emergency. Prepare the patient for an emergency caesarean section. (Refer to policy and Procedure *Obstetrical Emergencies Requiring Cesarean Section).*

CROSS REFERENCES:

Royal Victoria Regional health Centre (2019). Departmental Clinical Policy and Procedure. *Epidural Analgesia for Labouring Patients in the Birthing Unit.*

Royal Victoria Regional Health Centre (2018). Departmental Clinical Policy and Procedure. *Fetal Health Surveillance*

Royal Victoria Regional Health Centre (2017). Departmental Clinical Policy and Procedure. *Induction of Labour.*

Royal Victoria Regional Health Centre (2018). Departmental Policy and Procedure. *Intra-*

partum Care of the Low-Risk Pregnancy

Royal Victoria Regional Health Care (2018). Departmental Policy and Procedure: *Obstetrical Emergencies Requiring Cesarean Section.*

REFERENCES:

Health Quality Ontario (2018). Vaginal birth after caesarean section. Care for people who have had a caesarean birth and are planning their next birth. *Quality Standards.* Retrieved from http://www.pcmch.on.ca/wp-content/uploads/2018/04/VBAC-Quality-Standard-EN-April-2018.pdf

Mattel, M., MacKinnon, C. (reaffirmed 2018). Guidelines for vaginal birth after previous caesarean birth. *Journal of Obstetricians and Gynecologists of Canada.* (155) p. e195-e207.

Simpson, K., Creehan, P. (2014). Simpson, K., Creehan, P. (2014). *Perinatal Nursing* 4th ed. Ch.14 Wolters Kluwer/Lippincott Williams & Wilkins