Appendix 1 – Birth After Caesarean (BAC) Checklist

<table>
<tr><td>Booking appointment</td><td>Date ……………………………..
EDD………………………………
Gestation: ……………………
Reason for previous CS:
……
Antenatal Risk factors? ……………………………………………………………………………………
RCOG (2016) information leaflet provided Yes No</td><td>Addressograph</td></tr>
<tr><td>BAC Discussion before 20 weeks</td><td>Discuss previous birth experience ☐
Previous obstetric notes reviewed ☐
Risks and benefits of VBAC discussed ☐
Risks and benefits of ERCS (elective repeat) ☐
Patient information leaflet given ☐ by CMW ☐
Recommendation for VBAC ☐ ERCS ☐</td><td>Recommended care in labour:
Recommendation for birth on Obstetric unit ☐
Recommendation for CEfM ☐
Use of telemetry ☐
Use of water for labour ☐
FBC/GS taken on admission and venous access assessment. ☐
Support in labour ☐
Mobility in labour ☐
Additional information
……………………………………………………………………………</td></tr>
<tr><td>Plan</td><td colspan="2">Woman wishes:
VBAC ☐ Appointment to be arranged for 36 weeks in ANC clinic
ERCB ☐ Refer to ANC (discontinue pathway. Detailed plan to be documented in maternal records by 36/40)
Undecided ☐ Referral to community midwife or consultant midwife by 28 weeks
Other:
Signed: ……………………………………………………………………. Printed:</td></tr>
</table>

- The risk of scar rupture overall is 5:1000 (0.5%) in planned VBAC,<2/10,000 (0.02%) in ERCB
- Likelihood of successful planned VBAC; after a single previous caesarean is 72-76%, with at least 1 previous vaginal birth 85-90%.
- Pervious LSCS for malpresentation increases likelihood of successful VBAC to 84%
- Unsuccessful VBAC more likely in IOL, BMI more than 30, no previous vaginal birth, and labour dystocia .Success rate falls to 40% where all factors are present.
- ERCS increases the risk of serious complications in future pregnancies (placenta praevia/morbidly adherent placenta).
- Risk of birth-related perinatal loss during VBAC is comparable to the risk for women having their first baby RCOG (2015) birth after previous caesarean Birth (Green-top guideline 54)
- Maternal Mortality 4/100,000 VBAC, 13/100,000 ERCB

Subsequent appointment		
Plan		
Clinic appointment in the 40th week	Date: ……………………………………………………………… Gestation: ………………………………………………… Is VBAC still recommended Yes ☐ No ☐ If no, why? ………………………………………………… ………………………………………………………………………	**Discussion:** Methods used for induction of labour ☐ Increased risk of scar rupture and LSCS ☐ Recommendation for cervical assessment ☐ and stretch and sweep ☐ Cervical assessment carried out? Yes ☐ No ☐ Bishop's score………………………………..

Plan	Where spontaneous labour has not occurred by 41 weeks Woman wishes IOL ☐ ERCS ☐ Book for ERCS ☐ Date…………………………… Pre-op clerking booked ☐ Date…………………………… *a comprehensive plan should be developed where women are planning ongoing conservative management.	Book IOL for 40+7: Propess ☐ Prostin ☐ Traction Catheter/ Arm ☐ Oxytocin ☐ Other …………………………………………………… Date of IOL ………………………………………………
	Signed: …………………………………………………………………… Printed:…………………………………………………………	

- Rates of uterine rupture increase 2-to- 3 fold with IOL via Prostaglandin and oxytocin.
- Emergency LCSC increases 1.5 fold compared to spontaneous labour **RCOG (2015).**