

Appendix 3 – Discussion Tool for women planning a VBAC outside of recommended care

Addressograph

Date:

EDD:

Previous Births:

Success rate for vaginal birth is estimated to around 72-75%. The success rate is higher amongst women with a previous vaginal birth. Advice to women having a VBAC is that they should labour on the Central Delivery suite in Singleton Hospital.

Rarely (around 1 in every 200 births) the uterine scar opens during labour. Scar rupture is an obstetric emergency, immediate delivery of the baby is required to minimise the risk of severe morbidity (Including haemorrhage or hypoxia) or even death to mother and baby. Because of this risk women are recommended to be cared for where there is immediate access to Caesarean , on site blood transfusion and advanced neonatal services.

Recommended care (Based upon NICE (2014))	Rationale	Understood	Accepted	Declined
Labour care provided on obstetric unit.	Caesarean section can be performed quickly if necessary. Time is a critical element when scar rupture occurs. It is reasonable to expect a baby should be delivered within 30 minutes for a category 1 caesarean section (category 1 section = Immediate threat to life of woman or fetus) If transfer from home, AMU or FMU is required this time interval may be increased substantially. This additional time may have severe consequences for either mother or baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consider Intravenous access (A drip attachment in the back of your hand)	When labour is progressing normally IV access is not required, however if any concerns arise during your care, IV access is recommended in case IV fluids, blood products or quick delivery of the baby is required. If labouring in a midwifery led setting IV access will not be secured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood sample taken on admission	It is important to have up to date blood results for both haemoglobin and platelet count should urgent delivery of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<p>the baby be required. A recent sample for blood group should also be available should an urgent blood transfusion be required.</p> <p>If labouring in a midwifery led setting this sample will not be taken.</p>			
Continuous electronic monitoring of baby during labour.	<p>Rarely (around 1/200) the uterine scar opens during labour. The first sign of this can be the occurrence of changes in the fetal heart rate (present in 66-76% of uterine rupture, RCOG,2015).</p> <p>Scar rupture is an obstetric emergency.</p> <p>Intermittent Auscultation (IA) of the fetal heart may not detect fetal heart changes that would alert staff to possible scar rupture</p> <p>There is no reliable evidence around the use of intermittent or no auscultation were VBAC is planned, therefore the risks or advantages are unknown.</p> <p>Women labouring in a midwifery led setting will only receive intermittent auscultation.</p> <p>Where intermittent auscultation is use it will be offered in line with NICE (2014) guideline.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal examinations performed 4 hourly in the first stage and hourly in the 2 nd stage	In line with NICE, 2014 intrapartum care guideline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice to transfer to consultant unit will be made where cervical dilatation is < 6cm over six hours in first stage. Where ARM is indicated transfer to the OU will be advised	The risk of scar rupture is increased in prolonged labour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer to consultant unit and or advice to leave the birthing pool will be recommended after 60 minutes of active pushing in the second stage (30 minutes for women with a previous vaginal birth).	The risk of scar rupture is increased in prolonged labour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Omeprazole 40mg administered followed by 20mg dose every 12 hours	This may reduce the risk of general anaesthetic, in case a Caesarean section needs to be undertaken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This will not be available in a midwifery led setting.				
Only water or isotonic drinks to be drunk during established labour.	In case a Caesarean section needs to be undertaken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any woman choosing to labour outside of the consultant unit can change her mind about her chosen care package at any time. The midwife providing intrapartum care should inform the appropriate delivery suite that the woman is in labour, a senior obstetrician and anaesthetists should also be informed. Intrapartum care should be documented fully on a continuation sheet in addition to a partogram (the All Wales clinical pathway for normal labour pathway is not a suitable documentation tool in this instance). All clinical findings, recommended care and their relevance should be discussed and documented with the woman in order that she can make informed decisions on her care.

Additional Information is available at:

http://www.healthtalkonline.org/Pregnancy_children www.nice.org.uk/

Signed: (Pregnant woman)

Signed: (Community or Consultant Midwife)