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Reducing caesarean birth rates: Audit of counselling regarding birth options provided to pregnant women with one previous caesarean at UCLH

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Introduction

UCLH has a high total and elective caesarean rate (35% and 15% respectively in 2017), outstripping its capacity. In 2016, previous caesarean section (CS) was the indication for 451 (45%) of all elective caesarean sections (ELCS).

Planned vaginal birth after caesarean (VBAC) is a clinically safe choice for the majority of women with a single previous CS. Vaginal birth reduces the overall CS rate, associated morbidity and future high order complex caesareans. According to the RCOG Green Top Guideline, 72-75% of women with a previous CS who labour spontaneously will give birth vaginally.

Methods and Audit standards

We obtained a list of all births at UCLH in 2016 where the mother had 1 previous CS and no other births (n=631). We excluded multiples, non-cephalic presentation, placenta praevia (n=568) and randomly selected 150 births. 118 case notes were retrieved and we examined paper and electronic notes. 5 women were excluded due to clear VBAC contra-indications. Data were analysed using STATA.

We audited against recommendations in the UCLH VBAC guideline, published December 2015 (see Table 1).

We also collected the following information:

- Initial preference for mode of birth expressed before counselling (collected for 52/113 births)
- Content of counselling given (see Table 2 below)
- Elective (ELCS) and emergency CS rate (EMCS)
- Attempted and achieved VBAC rate (target 72-75% success rate)

Table 1: Compliance with audit standards

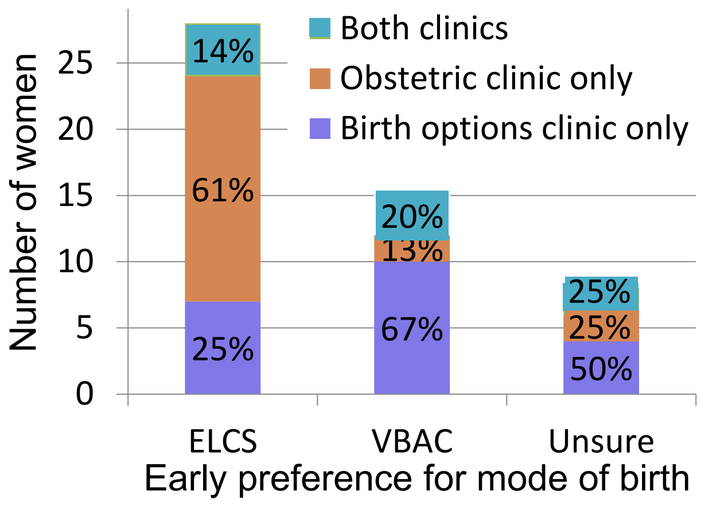
Audit standard	Target	Achieved
Women seen in midwife-led birth options clinic	100%	53%
Patient information leaflet provided	100%	37%
Women's choice of mode of birth documented	100%	95%
VBAC checklist completed	*	12%

*all women considering a VBAC

Findings

Women expressing early preference for CS were more often referred to an obstetric clinic while women wishing VBAC were referred to the midwife-led birth options clinic (p-value for association 0.03). Early preference for mode of birth was associated with intended and actual mode of birth (both p<0.001).

Fig. 1: Women's early preference for mode of birth and clinic attended



VBAC rates were low.

Intended VBAC rate: 43/113 = 38%

VBAC success rate: 20/36 = 56%

Overall VBAC rate: 23/113 = 20%

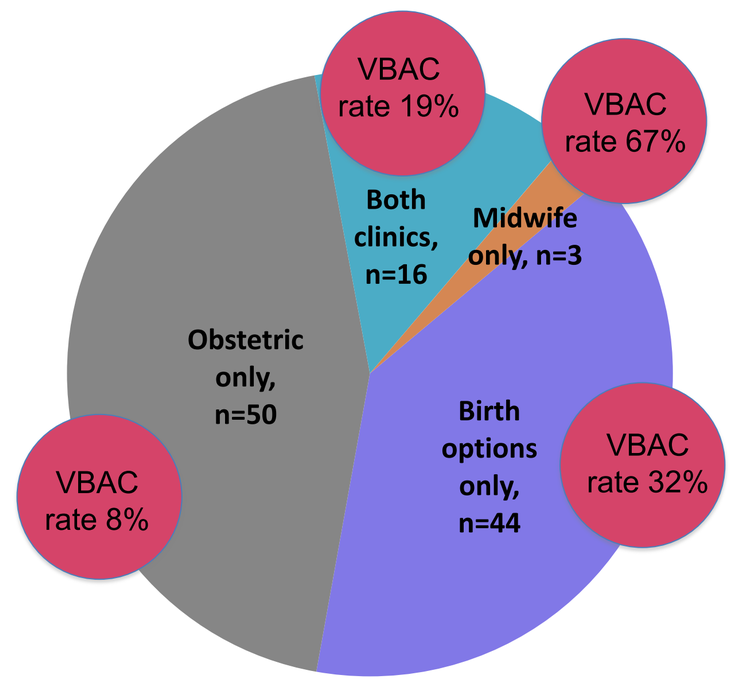
16/36 (44%) of those attempting VBAC gave birth by EMCS, with 9/16 of these due to pathological CTG.

The VBAC success rate of 56% was low compared to the 72-75% RCOG target figure.

The overall ELCS and EMCS rates were 71/113 (63%) and 19/113 (17%) respectively.

Women who attended midwife-led birth options clinic had higher VBAC rate than those attending obstetric clinic (p=0.03).

Fig. 2: Clinic attendance of women and actual VBAC rates



A VBAC checklist was completed for only 23% of women attending midwifery birth options clinic and for none attending obstetric clinics. The checklist was used only if women wanted a VBAC.

Better information was given in birth options clinic than obstetric clinics (see p-values highlighted in red, Table 2). This was due to completion of the VBAC checklist (data not shown).

Items marked ** in Table 2 were included in the VBAC checklist.

Table 2: Information given to women during antenatal appointments by clinic

	All women n/N (%)	Birth options only n/N (%)	Obstetric only n/N (%)	Both clinics n/N (%)	P-value
Leaflet given**	42/113 (37%)	27/44 (61%)	5/50 (10%)	9/16 (53%)	**<0.001**
VBAC checklist	14/113 (12%)	13/44 (30%)	0/50 (0%)	1/16 (6.3%)	**<0.001**
ELCS risks	28/88 (32%)	11/30 (37%)	11/40 (28%)	6/16 (38%)	0.646
75% success**	28/113 (25%)	17/44 (39%)	8/50 (16%)	2/16 (13%)	**0.019**
1:200 rupture**	33/113 (29%)	16/44 (36%)	11/50 (22%)	5/16 (31%)	0.304
IOL ARM only**	28/113 (25%)	16/44 (36%)	5/50 (10%)	6/16 (38%)	**0.005**
On labour wd**	21/113 (19%)	17/44 (39%)	1/50 (2%)	2/16 (13%)	**<0.001**
IV/FBC/G&S**	17/113 (15%)	14/44 (32%)	1/50 (2%)	1/16 (6.3%)	**<0.001**
CTG in labour**	22/113 (19%)	19/44 (43%)	0/50 (0%)	2/16 (13%)	**<0.001**

Conclusions

UCLH has a low VBAC rate.

Women's preferences in early pregnancy determined whether they were seen by midwives or obstetricians antenatally.

Information provision was poor overall and worse in obstetric than midwife-led birth options clinic. This was due to the use of the VBAC checklist which was given only to women who want a VBAC.

Recommendations

- Implement consistent counselling for all women with one previous CS by referral to group seminar in early pregnancy and education of midwives and obstetricians on information to be given
- Update checklist and use it for all women with previous CS
- Consider a counselling strategy after first CS
- Re-audit

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