Antenatal management of previous caesarean section

Antenatal schedule

Gestation	Management
First trimester	Dating scan
18-20 weeks	1) Placental localization. If low lying placenta, repeat scan at 28 weeks 2) Review previous antenatal record/card. (**use LSCS feedback form**) a) If inadequate information – contact previous hospital for review of notes and attach together in the antenatal card
32-34 weeks	Review & confirm placental localization. If praevia or unsure, refer for specialist input
36 weeks	Document the counselling and decide on the mode of delivery *(book LSCS date if required)*
38-39 weeks	Elective repeat caesarean section if not keen for vaginal delivery
40 weeks	1) Offer membrane sweeping. 2) Counsel on the need for induction at 41 weeks and associated risk of uterine rupture 3) Refer to a specialist centre for further management
41 weeks	Admit for IOL if not delivered

1) Placental localization

All patients with a previous caesarean section should have an ultrasound scan for placental localization.

4% of pregnant mothers will have a low lying placenta at 20 weeks. 10 % of them will have a praevia. Thus, if the placenta was noted to be low at 20 weeks, a repeat scan should be arranged at 28 weeks for placental localization.

Those with placenta preavia with a previous caesarean section (particularly anterior praevia) should have a colour flow Doppler to look for features of a morbidly adherent placenta. (Refer to fetal medicine specialist if facilities are available)

2) Review of previous caesarean delivery

This essential measure is never done in most clinics. It is important to look for

a) Indication for caesarean section
b) Uterine incision
c) Peri-operative complications

3) Look for contraindication for a vaginal delivery following a caesarean section

a) Previous uterine rupture
b) Previous myomectomy where the intrauterine cavity has been breached
c) Previous inverted T or J uterine incisions
d) Previous extended uterine tears
e) Breech
f) Multiple pregnancy

Antenatal counselling

	VBAC	Repeat caesarean section
Maternal benefits	1) Success rate 72-76% 2) Shorter hospital stay & recovery 3) Higher chance of vaginal delivery in future	1) Planned delivery & date 2) Low risk of rupture
Maternal risk	1) Uterine rupture – 0.5% 2) Low risk of transfusion & endometritis 3) 25% risk of emergency caesarean section	1) Surgical complications 2) Longer hospital stay & recovery 3) Limited family size 4) Risk of placental preavia & acrreta in future pregnancy
Infant benefits	1) Less respiratory morbidity	1) Reduce risk of HIE
Infant risk	1) Rare risk of stillbirths & HIE beyond 39 weeks	1) Higher risk or TTN (prevented with steroids)

This counselling should be documented in the notes.

1) If the patient opts for an elective repeat caesarean section and presents in spontaneous labour prior to her operation date, her willingness for a trial of vaginal delivery should be discussed. (Emergency LSCS – higher risk)
2) Women with a previous caesarean section requiring an induction of labour should be referred to a specialist centre for counselling and management of induction. (eg DM, PIH)
3) Short inter-delivery intervals (12 months) have a higher risk or uterine rupture. These patients should be referred to a specialist centre for counselling and management of delivery.