International Journal of Reproduction, Contraception, Obstetrics and Gynecology
Wakode SR et al. Int J Reprod Contracept Obstet Gynecol. 2023 May;12(5):1513-1515
www.ijrcog.org
pISSN 2320-1770 | eISSN 2320-1789

DOI: https://dx.doi.org/10.18203/2320-1770.ijrcog20231255

Case Report

Vaginal birth after multiple caesarean section: a case report from India

Shamrao Ramji Wakode, Sakshi Pramod Sharma*

Department of Obstetrics and Gynecology, Dr. Shankarrao Chavan Government Medical College and Hospital, Vishnupuri, Nanded, Maharashtra, India

Received: 14 January 2023
Revised: 07 April 2023
Accepted: 10 April 2023

***Correspondence:**
Dr. Sakshi Pramod Sharma,
E-mail: sharmasakshi979900@gmail.com

ABSTRACT

Lower segment caesarean sections increase the possibility of maternal morbidity. Hence, since last few decades, initiative for trial of labor after caesarean delivery is being encouraged in selected cases. Accordingly, a 23-year-old fifth gravida, who had a history of previous three lower segment caesarean sections and one vaginal birth approached for delivery service and plan for her vaginal delivery was made after thorough examination and evaluation. A live female child of 3100 grams was delivered following episiotomy. In post-partum period, it was observed that uterus was involuted on abdominal examination and uterine contours were regular in ultrasonography. As the evidences for practice of vaginal delivery in women who underwent 2 or more previous LSCS are still fewer, this report intends to highlight the possibility of successful vaginal birth after multiple caesarean sections.

Keywords: Multiple caesarean section, VBAC, Trial of labor, India

INTRODUCTION

In 1916 Cragin pronounced the dictum "once a caesarean, always a caesarean".[1] Subsequently many health centers followed the same for several years. In the later pregnancies, deliveries with previous caesarean section were taken into account as an indication for caesarean section by showing a concern of rupturing uterine scar during labor. However, after realization of risks behind repeated CS, some experts took initiative of 'Trial of Labor After caesarean, to put forward an alternative to reduce caesarean section rates.[2-9] Some of the high risks posed by caesarean are: anesthesia risks, excess bleeding, blood transfusion, adjoining organ injury, neonatal respiratory distress syndrome, infections, repeated caesareans and related risks (placenta previa, rupturing of uterus, intra-abdominal adhesion), etc.[10-11] Avoiding all this, vaginal birth after caesarean delivery (VBAC) is considered as a better option for women who fulfill the criteria of giving trial of labor after caesarean sections.[12]

CASE REPORT

A female patient with 23 years' age, who had undergone caesarean section three times (gravida 5, parity 4) with 3 live births and one death approached for delivery service. Amongst her previous gestations she had an history of vaginal delivery after first lower segment caesarean sections (LSCS); following which she had two more LSCS for non-recurrent indications.

On examination, it was seen that there was 5-6 cm dilatation and 60-70% effacement of cervix, with vertex position of the fetus. Station of fetal head was -1 and the pelvis was adequate. Following are details of obstetrics examinations and clinical investigations of patient prior to delivery.

Table 1: Details of obstetrics examination and clinical investigations.

Obstetrics examination	
Per abdominal examination	
Uterine size	Full term
LIE	Longitudinal
Presentation	Cephalic
FHS	150-160 bpm
Contractions	3 contractions/ 40 sec/ 10 min
Previous LSCS scars	Present
Scar tenderness	Absent
Per vaginal examination	
CX dialation	5-6 cm
Effacement	60-70 %
Membranes	Absent, liquor clear
Station	|-1|
Pelvis	Adequate
Clinical investigations	
Blood and Rh type	ORh (+)
Hb	12 gm/dl
Platelet count	2.08 lac/mcl

After complete assessment and review of the case, a deliberate plan for VBAC was made and the case was observed for vaginal delivery with continuous monitoring. A live female child of 3100 grams and Apgar score of 9-10 (at first and fifth minutes) was delivered following episiotomy. Post-delivery USG showed no signs of any scar dehiscence or rupture. In postpartum period, it was observed that the uterus was involuted on abdominal examination. There was no peculiarity on vaginal examination. Uterus contours were regular in ultrasonography and there was no free fluid in abdomen.

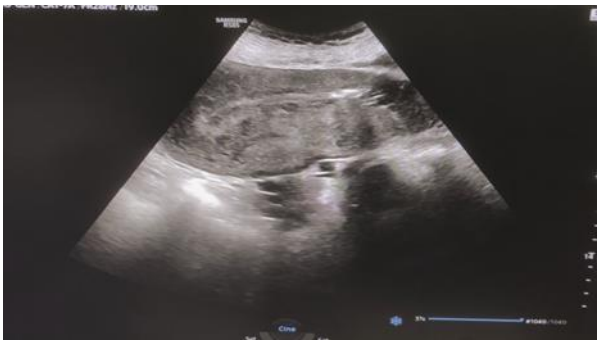

Figure 1: Post-delivery USG.

On the postpartum day 5, having normal vital findings, the patient was discharged from the hospital.

In most of the countries throughout the world, trial of VBAC is recommended by experts and implemented after consent from appropriate patient. Studies have shown that the rate of success in VBAC could reach up to 60%-90% by choosing the suitable candidates.[13] Many health centers and experts have taken lead for practicing VBAC after previous one caesarean throughout the world; however, there are very few examples of patients who have undergone VBAC after multiple caesarean sections.[14-20] Cahill et al in their study, found no difference in the rates of success or of VBAC-associated morbidities in women who attempted VBAC having had three or more prior caesareans compared with those having had one or two prior caesareans.[15]

It has also been identified that women who have had a prior vaginal birth in addition to one prior caesarean delivery are more likely to have a successful VBAC attempt compared with women without a prior vaginal birth. Moreover, If the woman goes through successful VBAC after previous CS, she has the advantage of less hospital stay and reduced morbidity.[20]

However, difficulties may occur in patients who are undergoing VBAC depending on issues such as age, weight of mother and the baby, the week of the pregnancy and the position of the fetus. Hence, vaginal delivery can be encouraged after ruling out high risk factors, proper examination and patient's consent.

The above-mentioned case chosen after thorough evaluation successfully delivered vaginally, opening new possibilities for us to explore the option of vaginal birth for such patients; therefore creating a platform for further studies on the subject.

CONCLUSION

Lower segment caesarean sections often increase maternal morbidity. Hence, in properly selected cases, health centers with optimum facilities can explore the possibility of vaginal delivery for women with multiple previous caesarean sections.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

REFERENCES

1. Craigin EB. Conservatism in obstetrics. N Y Med J. 1916;104:1-3.
2. Miller AD, Diaz FG, Paul RH. Vaginal birth after caesarean: a 10 year experience. Obstet Gynecol. 1994;84:255-8.
3. Rageth JC, Juzi C, Grossenbacher H. Delivery after previous caesarean: a risk evaluation. Swiss Working Group of Obstetric and Gynecologic Institutions. Obstet Gynecol. 1999;93:332-7.
4. Rosen MG, Dickinson JC, Westhoff CL. Vaginal birth after caesarean: a meta-analysis of morbidity and mortality. Obstet Gynecol. 1991;77:465-70.
5. Prabha S, Naralkar M, Prema. Outcome of post caesarean pregnancy in a tertiary care centre in south

India. The New Indian Journal of OBGYN. 2020;7(1):31-5.
6. Chhabra S, Arora G. Delivery in women with one previous caesarean section. J Obstet Gynecol India. 2006;56(4):304-7.
7. Vardhan S, Behera RC, Sandhu GS, Singh A, Bandhu HC. Vaginal birth after caesarean delivery. J Obstet Gynecol India. 2006;56(4):320-3.
8. Dhall K, Mittal SC, Grover V, Dhall SI. Childbirth following primary caesarean section-evaluation of a scoring system. Int J Gynecol Obstet. 1987;25:199-201.
9. Poddar S. A study of the outcome of subsequent pregnancy following previous caesarean section. Journal of Evolution of Medical and Dental Sciences. 2014;3(6).
10. Landon MB, Hauth JC, Leveno KJ. Maternal and perinatal outcomes associated with a trial of labor after prior caesarean delivery. N Engl J Med. 2004;351:2581-9.
11. Zwergel C, von Kaisenberg CS. Maternal and Fetal Risks in Higher Multple Caesarean Deliveries. EBook published in 2019.
12. Dhillon BS, Chandhiok N, Bharti S, Bhatia P, Coyaji KJ, Das MC, et al. Vaginal birth after caesarean section (VBAC) versus emergency repeat caesarean section at teaching hospitals in India: an ICMR task force study. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 2014;3(3):592-7.
13. Rosen MG, Dickinson JC, Westhoff CL. Vaginal birth after caesarean: a meta-analysis of morbidity and mortality. Obstet Gynecol. 1991;77:465-70.
14. McMahon MJ, Luther ER, Bowes WA, Olshen AF. Comparison of a trail of labor with an elective second caesarean section. N Engl J Med. 1996;335:689-95.
15. Cahill AG, Tuuli M, Odibo AO, Stamilio DM, Macones GA. Vaginal birth after caesarean for women with three or more prior caesareans: assessing safety and success. BJOG: International Journal of Obstetrics and Gynacology; 2010.
16. Modzelewski J, Jakubiak M, Materny A, Sotniczuk M, Kajdy A, Rabijewski M. Safety and success rate of vaginal birth after two caesarean sections: retrospective cohort study. Ginekologia Polska. 2019;90(8):444–51.
17. Macones GA, Cahill A, Pare E, Stamilio DM, Ratcliffe S, Stevens E, et al. Obstetric outcomes in women with two prior caesarean deliveries: is vaginal birth after caesarean delivery a viable option? Am J Obstet Gynecol. 2005;192(4):1223–8.
18. Tahseen S, Griffiths M. Vaginal birth after two caesarean sections (VBAC-2)-a systematic review with meta-analysis of success rate and adverse outcomes of VBAC-2 versus VBAC-1 and repeat (third) caesarean sections. BJOG. 2010;117(1):5–19.
19. Spaans WA, Laura ME, Vliet VD, Elisabeth AM, Röell-Schorer, Bleker OP, et al. Trial of labour after two or three previous caesarean sections. European Journal of Obstetrics & Gynecology and Reproductive Biology. 2003;110(1):16–9.
20. Tahseen S, Griffiths M. Vaginal birth after two caesarean sections (VBAC-2)—a systematic review with meta-analysis of success rate and adverse outcomes of VBAC-2 versus VBAC-1 and repeat (third) caesarean sections. BJOG. 2010;117:5–19.

Cite this article as: Wakode SR, Sharma SP. Vaginal birth after multiple cesarean section: a case report from India. Int J Reprod Contracept Obstet Gynecol 2023;12:1513-5.