



## VAGINAL BIRTH AFTER CESAREAN DELIVERY IS IT SAFE? 15 YEARS OF EXPERIENCE.

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**Context:** Aim of our retrospective study was to define percentage of successful vaginal births after cesarean delivery (VBAC) and compare this to planned and emergency repeat cesarean delivery.

**Material and methods:** We have retrospectively analyzed all deliveries after one cesarean delivery in our department for the last 15 years (2002 - 2016). We have also analyzed possibility of VBAC after two previous cesarean deliveries.

**Results:** During the study period, we have performed 23 660 deliveries, out of those 3 832 were cesarean deliveries (16.2%). 1 679 women were already after one previous cesarean delivery (7.1%). Elective repeat cesarean section was done in 882 women (52.5%). The rest, 797 women, had an attempted vaginal delivery (47.5%). In these, a successful vaginal delivery was in 642 cases (80.5%) and in the remaining 155 women (19.5%) we were forced to perform emergency repeat cesarean section. There were no significant differences in perinatal mortality or morbidity in newborns or in mothers (uterine rupture, emergency hysterectomy, injury of urinary bladder) between the groups. We have performed detailed analysis of VBAC and selected obstetric indicators for the last seven years (2009 - 2016). In this detailed analysis, we observed these success rates of VBAC: 92% in women with history of at least one previous spontaneous vaginal delivery, 72.1% in women without this history, 83.6% in women with spontaneous start of labor, 58.3% in women with induced labor, 80.7% in newborns < 4000 grams, 66.1% in newborns ≥ 4000 grams and 71.8% in women with history of failure in the mechanisms of labor (dystocia). The most common indication for emergency repeat cesarean section was non progressing delivery and fetal hypoxia. Separately, we describe first experience of attempted vaginal delivery in women after two previous cesarean deliveries.

**Conclusion:** We have confirmed high success rates of VBAC, which is associated with low risk of complications in mother and fetus. Comparing our data to literature, where we have witnessed an explosion of VBAC with subsequent rapid decline, our VBAC rates are stable during the study period. In the last years we have attempted, albeit in strictly selected population, VBAC after two previous cesarean deliveries.

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