Factors affecting the success of trial of labour after previous one cesarean section

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As cesarean rates are markedly increased specially in the last 20 years allover the world due to the development of safer surgical techniques and ancillary services (e.g., blood typing and transfusion, antibiotic therapy), the national interest arose in reducing the rate of repeat cesarean, the leading indication for CD by allowing more and more trial for vaginal birth after cesarean.• The VBAC rate, defined as the proportion of women who delivered vaginally after prior CD. It is steadily increased from 1989 to 1996, but it has been decreasing each year thereafter.• Discussions about vaginal delivery after prior CD first appeared in the literature in 1916. Cragin, who is attributed with coining the phrase “once a cesarean, always a cesarean,” described cases of women surviving vaginal birth after cesarean (VBAC). The National Institute of Child Health and Human Development (NICHD) convened a Consensus Development Conference in 1980 to assess why cesarean rates were rising and to determine whether CD resulted in improved fetal outcomes. It was determined that TOL after prior low transverse cesarean posed low risk to fetus and mother, but more data with larger numbers were needed. After 1980, VBAC rates rose. A series of highly publicized articles suggested that VBAC was associated with higher risks of uterine rupture and maternal and perinatal morbidity. As Most recent reports support the safety of VBAC in women with one cesarean as well as its cost effectiveness for the patients, her family and for heath care system, this make VBAC rates in a steady increase specially in women who had cesarean section due to breech presentation, fetal distress, pregnancy induced hypertension, ante -partum hemorrhage and multiple gestation, these indications are often non recurring and many of those women when become pregnant again there is no contraindications for attempting vaginal delivery.• The determinants of success rate of TOL depends mainly on the location and healing of previous cesarean scar which is much better in lower uterine segment. This is determined by proper antenatal care (history taking, clinical examination of scar by inspection of shape and palpation for tenderness), by special investigations for integrity of the scar specially ultrasound then on adequacy of maternal pelvis and fetal head size. In addition to the other predictors of success of the TOL from previous trials such as prior vaginal -birth especially if the vaginal birth occurred after the caesarean section, Non recurrent indication for the previous caesarean (for example, breech presentation or placenta previa), maternal cervical dilatation at time of admission specially if greater than 4cm,fetal weight less than 4000gm,fetal gestational age less than

42weeks upon assessment of labour, Maternal age