



were also included as we wanted to study their effect on decision making among pregnant women. The Caesarean section rate was 32.4 % and the rate of successful VBAC was 67.6%. Two patients had elective repeat Caesarean section in view of placenta previa and contracted

Caesarean section is there, whereas patients are taken up for Caesarean section at the slightest indication in low resource settings.



blood transfusion and prolonged catheterization were more common with repeat emergency Caesarean section as compared to vaginal delivery both in our study as well as previous studies. Hence, there is increased morbidity associated with repeat Caesarean section (elective or emergency) than vaginal delivery [22,23]. Failed trial of VBAC leading to emergency Caesarean section is associated with even more morbidity than elective repeat Caesarean section.

Neonatal outcomes in vaginal and caesarean deliveries were documented in terms of low birth weight (11.4% vs. 2.5%), admission to NICU (2.1% vs. 2.2%), Apgar score of less than 7 at 5 minutes (none vs. 2.2%), transient tachypnea of newborn (none vs 1.04%), neonatal sepsis (none vs. 2.2%) and still birth (1.04% vs. none). No neonatal death was seen in any of the groups. No statistically significant difference was seen in neonatal outcome in both groups. Bailit et al. [21] reported NICU admission and neonatal death in 19.3% and 0.3% patients respectively with emergency repeat Caesarean which was significantly higher than vaginal delivery. Due to smaller sample size probably, our study could not prove this difference.

The limitation of this study is small sample size. Due to small sample size, the correlation of the factors affecting success of VBAC trial with scar rupture could not be made.

## Conclusion

In our study, the factors which affect success of trial of labour in previous caesarean patients are interdelivery interval, previous successful VBAC and cephalo-pelvic disproportion as an indication of previous Caesarean section. Better maternal outcomes are associated with successful vaginal birth after Caesarean section. Infectious morbidity is more in those having emergency repeat caesarean section than those having vaginal delivery in these patients. Other complications like prolonged catheterization, blood transfusion and hysterectomy were also more common in those who had repeat caesarean section than those having vaginal delivery. Neonatal outcomes were not significantly different. Hence we conclude that successful trial of labour in previous caesarean is associated with better outcomes than emergency caesarean section. Appropriate selection of patients for trial of VBAC, keeping the above-mentioned factors into account is necessary and can decrease the associated morbidity, especially in low resource settings.

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