Planned elective repeat caesarean section versus planned vaginal birth for women with a previous caesarean birth

29 September 2014

RHL Summary

Findings of the review: This review aimed to assess planned elective repeat caesarean section versus planned vaginal birth for women with a previous caesarean birth. Two high-quality randomized trials undertaken in well-resourced settings involving 320 women and their infants were analysed. Based on available data from only one trial involving 22 women, no difference was found in maternal and infant deaths or serious morbidity. The larger of included trial assessed maternal psychometric measures and did not contribute any data on any primary outcomes. No difference was found in psychological well-being between the groups studied.

Implementation: Both planned repeat elective caesarean section and planned vaginal birth are associated with harms and benefits. The current evidence does not support one mode of birth over the other in women with previous caesarean section. Further trials are needed to explore this issue.

Cochrane review

Citation: Dodd JM, Crowther CA, Huertas E, Guise JM, Horey D. Planned elective repeat caesarean section versus planned vaginal birth for women with a previous caesarean birth Cochrane Database of Systematic Review 2013, Issue 12. Art. No.: CD004224. DOI: 10.1002/14651858.CD004224.pub3.

Abstract

When a woman has had a previous caesarean birth, there are two options for her care in a subsequent pregnancy: planned elective repeat caesarean or planned vaginal birth. While there are risks and benefits for both planned elective repeat caesarean birth and planned vaginal birth after caesarean (VBAC), current sources of information are limited to non-randomised cohort studies. Studies designed in this way have significant potential for bias and consequently conclusions based on these results are limited in their reliability and should be interpreted with caution.

To assess, using the best available evidence, the benefits and harms of a policy of planned elective repeat caesarean section with a policy of planned VBAC for women with a previous caesarean birth.
We searched the Cochrane Pregnancy and Childbirth Group’s Trials Register (30 September 2013) and reference lists of retrieved studies.

Randomised controlled trials with reported data that compared outcomes in mothers and babies who planned a repeat elective caesarean section with outcomes in women who planned a vaginal birth, where a previous birth had been by caesarean.

Two review authors independently assessed trial quality and extracted data.

Two randomised trials involving 320 women and their infants were included. However, data for maternal and infant clinical outcomes were available from one trial with very low event rates, involving 22 women only.

For the primary outcomes maternal death or serious morbidity (one study; 22 women; risk ratio (RR) not estimable), and infant death or serious morbidity (one study; 22 women; RR not estimable), there were no statistically significant differences between planned caesarean birth and planned vaginal birth identified.

Planned elective repeat caesarean section and planned VBAC for women with a prior caesarean birth are both associated with benefits and harms. Evidence for these care practices is largely drawn from non-randomised studies, associated with potential bias. Any results and conclusions must therefore be interpreted with caution. Randomised controlled trials are required to provide the most reliable evidence regarding the benefits and harms of both planned elective repeat caesarean section and planned vaginal birth for women with a previous caesarean birth.


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