Overview: Caesarean section rates have increased globally over the last 30 years. The caesarean section rate (CSR) in England is currently 21.3%, a substantial proportion of this is the result of repeat elective caesarean sections (CS). Vaginal birth after caesarean section (VBAC) has been advocated as a way of decreasing the number of repeat CSs and consequently the overall CSR. The safety and efficacy of VBAC has however, been called in to question.

Objectives: To assess the current standard of antenatal counselling for VBAC and the intrapartum care received by women who attempt a trial of labour, in relation to national guidelines. To recommend changes to clinical practice that will improve standards of care.

Methods: Retrospective identification of women with a history of CS and subsequent delivery within the January 2004 and May 2009 period. The notes of 56 of these women who subsequent delivered by repeat CS and 63 who subsequently delivered per vagina were then audited against standards based on RCOG guidelines.

Results: Most women had the opportunity to discuss options for mode of delivery but few were counselled about specific risks. It was found that Pakistani/Bangladeshi/Indian women had a higher VBAC rate than Caucasian women.

Conclusion: Overall antenatal counselling of risks and benefits associated with VBAC was poor but intrapartum monitoring was appropriate. Attention should be paid to these findings and appropriate action should be taken to resolve these inconsistencies. Future re-audit should be prospective in order to calculate the VBAC at Blackburn/Burnley.