I S —37　　ELEVEN YEARS' EXPERIENCE ON VBAC

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OBJECTIVE: The purpose of our study was to monitor and analyze our experience on vaginal birth after cesarean delivery (VBAC) based on two step counseling and the impact on cesarean section (CS) rate.
METHODS: We conducted a study of 309 patients with one prior cesarean delivery between January 1985 and April 1996. All of them had first counseling earlier in the second trimesters and those who chose trial of labor at the third trimester to make sure that no contraindication to trial of labor was present.
RESULTS: At first counseling 82 (26.5%) patients insisted on having a repeat CS. The rest of patients (73.5%) chose to have a vaginal trial of delivery. Of the 73.5%, 48 (21.1%) patients were later found to be poor candidates for VBAC at second counseling. Another 36 (15.9%) patients had emergency CS due to various obstetrical reasons. One hundred and forty-three (63.0%) patients resulted in vaginal delivery. Only one patient had uterine rupture. Annual CS rate remained around 10% throughout the same period.
CONCLUSIONS: Our limited experience revealed that (1): CS rate could be maintained at a reasonable figure by actively encouraging patients undergoing trial of labor. (2): the option of VBAC should be given at the first counseling earlier in the second trimester to provide adequate time for them to consider this option. There was a high number (26.5%) of patients choosing CS, suggesting more effort has to be made to lower the incidence of repeat CS. (3): Some obstetrical problems might manifest later that preclude vaginal delivery, hence a second counseling at third trimester was indispensable.

I S —38

Scoring system for predicting intrapartum Caesarean section

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This paper describes a scoring system to predict intrapartum Caesarean section among term cephalic presenting singleton pregnancies based on 11745 deliveries. The cases were randomly assigned into a model-building dataset (n=5824) and a model testing dataset (n=5921). Continous variables in the modelling set were transformed to dichotomous variables by Generalized Additive Logistic Regression before Backward Stepwise Logistic Regression was applied to formulate the final scoring system. Significant predictors are: 1) maternal age beyond 29 years, 2) height below 157.5cm, 3) weight beyond 65kg, 4) nulliparity, 5) history of previous Caesarean section, and 6) augmentation of labour. The scoring system was then applied to the testing dataset and the results evaluated using the Receiver Operation Characteristic (ROC) curve. The area under ROC curve was 0.81 and the optimal Youden index is 0.5 when the sensitivity is 0.8 and specificity is 0.7.