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ORIGINAL ARTICLE

Risk of uterine rupture in vaginal birth after cesarean: Systematic review[☆]

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KEYWORDS
Vaginal birth after cesarean;
Uterine rupture;
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Trial of labour

Abstract
Objective: To assess the risk of uterine rupture (UR) in attempted vaginal birth after cesarean and to identify risk factors.
Methods: Systematic review by consulting the following databases: PubMed (MEDLINE), Cochrane Library Plus, Embase, Nursing@Ovid, Cuidatge and Dialnet. The search was conducted between January and March 2015. MeSH descriptors used were: vaginal birth after cesarean; uterine rupture; labour induced and labour obstetric or trial of labour. There were no restrictions on date or language. The selection of articles was performed by 2 independent reviewers, standardised and unblinded. A critical review of the summary was conducted, and if was necessary, the full text was consulted. Prospective and retrospective documents were included.
Results: A total of 39 documents were included for their relevance and interest. Few clinical trials were found. The UR incidence on the results of the studies analysed ranged from 0.15 to 0.98% in spontaneous labour; 0.3—1.5% in stimulation and induction with oxytocin, and 0.68—2.3% in prostaglandin inductions.
Conclusions: The success of vaginal birth after cesarean is important and improves when conditions are optimal. However it is not without risks, the main one being UR. Induction of labour with oxytocin and/or prostaglandins appears as the main risk factor, while the spontaneous onset of labour and a prior vaginal birth are protective factors.
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PALABRAS CLAVE
Parto vaginal después de cesárea;
Rotura uterina;
Parto inducido;
Trabajo de parto

Riesgo de rotura uterina en el parto vaginal tras cesárea: revisión sistemática

Resumen
Objetivo: Valorar el riesgo de rotura uterina (RU) en el intento de parto vaginal después de cesárea y determinar los factores de riesgo.
Métodos: Revisión sistemática consultando las siguientes bases de datos: PubMed (MEDLINE), Biblioteca Cochrane Plus, Embase, Nursing@Ovid, Cuidatge y Dialnet. La consulta se realizó entre enero y marzo de 2015. Se utilizaron los descriptores MeSH: vaginal birth after cesarean; uterine rupture; labor induced y labor obstetric o trial of labor. No hubo restricción de fecha ni idioma. La selección de artículos se realizó por 2 revisores de forma estandarizada, independiente y no cegada. Se llevó a cabo una revisión crítica del resumen y, cuando fue necesario, se accedió al texto completo. Se incluyeron artículos prospectivos y retrospectivos.
Resultados: Se incluyeron un total de 39 documentos por su interés y relevancia. Se encontraron escasos ensayos clínicos. Los rangos de incidencia de RU en los resultados de los trabajos analizados han oscilado entre 0,15-0,98% en trabajo de parto espontáneo; 0,3-1,5% en estimulación e inducción con oxitocina, y 0,68-2,3% en inducciones con prostaglandinas.
Conclusiones: El éxito del parto vaginal tras cesárea es importante y mejora cuando las condiciones son óptimas. Sin embargo, no está exento de riesgos, siendo el principal la RU. La inducción del parto con oxitocina y/o prostaglandinas figura como el principal factor de riesgo para la RU, mientras que el inicio espontáneo del parto y el antecedente de un parto vaginal son factores protectores.
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What is known

Uterine rupture is a very serious problem that usually occurs to a greater degree when vaginal delivery is attempted after a previous birth by cesarean. It seems that the risk/advantages lean in favour of attempted vaginal birth. However, there is currently insufficient evidence available to compare the safety, complications and maternal and/or foetal morbidity between the attempted vaginal birth and the repeated elective cesarean.

What is provided

Information is provided to the professionals on the risks of vaginal birth after cesarean, as well as on the factors that increase this risk as much at the time of making decisions as in training, so as to be able to rise above adverse situations and be able to offer more effective procedures and healthcare aimed at achieving optimum results for both the mother and the newborn.

Introduction

At present, the cesarean is a highly frequent procedure, exceeding the indexes considered appropriate. The world rate of cesareans reaches 15% of births, and it is noteworthy that the rate in industrialised countries is 21.1%, while the rate is limited to 2% in developing countries.[1]

In Spain, the rate of cesareans was 19.2% in 1996 and it reached 25% in 2011, although the trend has been downward since 2008. We can see an increase in the rate of cesareans that is basically conditioned by variability in medical practice.[1]

Uterine rupture (UR) figures as the main and most serious complication of attempted vaginal birth after a cesarean. This complication occurs in less than 1% of the cases, although it can involve an important increase in both maternal and foetal morbidity.[1] UR consists of a discontinuity in the uterine wall that can be complete, when it involves all the layers of the uterus, or partial, if it only affects some of them. It principally occurs in the lower uterine segment during the trial of labour, and its cause usually lies in maintained excessive uterine dynamics, traumas and prior uterine surgery, mainly from previous cesarean delivery (PC). It is a very serious emergency clinical condition that can end the life of the foetus and/or of the mother; consequently, action should be taken immediately, performing an emergency cesarean and then repairing the uterine dehiscence, if applicable, or removing the uterus.[2]

The best way to assist a delivery in a woman who has had a PC is currently under debate. Before the 1970s, having had a cesarean delivery was considered to be a history that made performing cesareans in successive deliveries obligatory.[3] From the 1980s on, this was reviewed in many countries with the objective of reducing the rate of cesareans.[4] Recent reports on the existence of a greater risk of morbidity, above all due to UR, seem to have contributed to a large reduction in the number of women that wish to attempt vaginal birth after cesarean (VBAC) and thus an increase in the incidence of cesareans.[5] The risk/benefit ratio generally favours attempted vaginal birth; that is why it seems reasonable to state that attempted VBAC, in well selected cases, is accompanied by good results.[6] The

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