



Birth Planning



One previous caesarean, over 37 weeks, baby's head down, spontaneous (or induced labour) (Robson Group 5)
(Total 160 women)

BIRTH OUTCOMES FOR MTW

51% Vaginal Birth







13% Forceps / Ventouse

36% Caesarean



A further 497 women with a previous caesarean were recommended / opted to have an elective caesarean birth in 2023-2024

Birth choices: improving birth experience and achieving best outcomes

-  Using a birth pool
-  Position and mobility in labour
-  Monitoring in labour
-  Hypnobirthing
-  Complementary therapies (aromatherapy, massage, acupuncture)
-  Pain relief

Minimising perineal trauma

- Antenatal perineal massage
- Warm perineal compress for 'pushing stage' of labour.

Skin to skin contact at birth

Please discuss your options with your midwife or doctor

Further information available on our website:
<https://www.mtw.nhs.uk/service/maternity>

Created by MTW Maternity Services 2024 for Kent and Medway Local Maternity Neonatal System





Vaginal birth after one caesarean (Robson Group 5)



- The MTW Trust Information leaflet 'Birth following Caesarean' should be given to all women with a previous caesarean birth.
- Discuss how the baby's condition will be monitored in labour, including use of telemetry if woman is interested in using the birth pool in labour.
- NICE Guidelines do not recommend routine IV access for women giving birth after a previous caesarean. Discuss if there are special circumstances where IV access may be advised (e.g previous major haemorrhage).
- It is especially important to include information regarding ways of enhancing birth experience (See Section 2 for evidence based information).
- There are limited options for inducing labour for women with a previous caesarean or scar on the uterus. Carefully selected women will be offered artificial rupture of membranes (ARM) and Syntocinon infusion for induction or augmentation of labour. Propess and prostin are not generally used unless agreed by a senior obstetrician.

