BACKGROUND
Women with a previous caesarean birth may, in their second pregnancy, choose either an attempt at vaginal birth after caesarean (VBAC) or an elective repeat caesarean delivery (ERCD). The success rate for trial of labour after one prior lower uterine segment caesarean section (LUSCS) has been quoted to be between 60 to 80%

The aim of this study is to report the maternal outcomes of women attempting VBAC after one previous LUSCS at a tertiary maternity hospital in Queensland.

METHODS
Design: Retrospective audit using data gathered from the Maternity Information System (MATIS) and Electronic Medical Records (EMR)

Population: Between 01/07/2014 to 31/12/2017, 331 women with a previous LUSCS planned to have a VBAC in their second pregnancy at tertiary maternity hospital in Queensland

Exclusion Criteria: Multiple pregnancies, delivery at gestational age ≤ 36 weeks, IUFD prior to delivery

RESULTS
Primary Outcome: Rate of vaginal births and emergency caesarean sections in women attempting VBAC

Secondary Outcomes: Rate of complications including uterine rupture, PPH ≥ 1L, OASIS, maternal death

OUTCOME
Primary Outcome:
• Rate of successful vaginal delivery: 68.6% (227/331)
  - 68.7% (156/227) had a non-instrumental vaginal birth. 12.1% (40/227) had forceps delivery, and 9.4% (31/227) had vacuum.

Secondary Outcomes:
1. Rate of uterine rupture: 0.3% (1/331)
   - The case occurred with forceps delivery
2. Rate of hysterectomy: 0.3% (1/331)
   - Subtotal hysterectomy due to uncontrollable haemorrhage from angle extension during emergency LUSCS
3. Rate of OASIS: 8.8% (20/227)
   - 10 cases with vaginal births, 5 with forceps, and another 5 with vacuum.
4. Overall rate of PPH ≥ 1L: 8.8% (29/331)
5. No maternal deaths

CONCLUSION
• Our VBAC success rate is similar to international statistics. However, almost a third of those with a successful VBAC will require operative vaginal delivery, which can be associated with other morbidities and complications.
• There appears to be a high OASIS rate in women that had a successful VBAC, which will require further investigation, and comparison to nulliparous women after their first delivery to see if VBAC is an independent risk factor for OASIS.
• Women with unsuccessful VBAC tend to have a higher BMI.
• These results will provide clinicians important local data on the rate of success and associated complications, which will enable comprehensive antenatal counseling of women considering VBAC.