

Care of Previous Cesarean Section patient

PREVIOUS CESAREAN SECTION, SUSPECTED LABOR

- A. Evaluate for labor by history, palpation of uterus, vaginal exam, and use of electronic fetal monitor.
- B. Obtain a 20-30 minute electronic fetal monitor strip to evaluate fetal well-being and contractions.
- C. Notify provider. Admit patient per orders if active labor probable.
- D. Prolonged observation if repeat C-section has been planned, has history of vertical scar on the uterus, or has not yet been evaluated by an obstetrician at our facility. Notify obstetrician. If documentation of the previous uterine scar is not available, obtain release of information from patient, fax release to facility where patient had previous cesarean, and request they fax operative report. Ensure availability of operative report prior to releasing patient.
- E. After admission get CBC, T&S, start IV with Lactated Ringers, titrate per MD order, leave electronic fetal monitor in place, and keep NPO.
- F. Patients planning VBAC: ensure provider and patient have completed the informed consent and follow labor guidelines.

References: ACOG Practice Bulletin #5: Vaginal Birth after previous cesarean delivery 1999

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