Management of Scarred Uterus inclusive of Caesarean Scar

**Identification**
- Identification of previous scarred uterus to be done by District medical officer (DMO) /medical officer (MO)
- Refer as early as possible irrespective of the POA

**Referral**
- At booking visit-
  - Plan of management documented by the VOG
  - Decide on shared care according to the overall clinical situation

**Routine antenatal care**
- Visit to specialist clinic
- Review delivery plan
- Reconsider contraindications for a trial
- Carefully counsel mothers and husbands who disagree with the delivery plan
- Document regarding the above

**Delivery**
- **VBAC**
- **Elective caesarean section**

**Prerequisites for conducting a trial**
- Informed consent
- Onset of labour – preferably spontaneous
- Cervical ripening with PG is known to increase the risk of scar rupture
- Augmentation with oxytocin (Only to be decided by the specialist)
- Management during labour
  - Fasting (clear fluids allowed)
  - Cross match blood
  - First assessment – by SHO or above
  - Review the birth plan
  - Partogram
  - Reassessment – by SHO or above every 4 hours or early.
  - Look out for evidence scar dehiscence
  - Look out for indications for abandoning the trial
  - Conducting the delivery

**Elective caesarean section**
- Timing, place and performance of elective CS – will be decided by the specialist team
- Acid prophylaxis
- Antibiotic prophylaxis
- Cross-match blood
- Specialist to decide who is to perform the caesarean section

**Documentation Mandatory**
- No
- Yes

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**Delivery of a patient with a Caesarean scar complicated by placenta praevia carries a very high risk and should be performed by a consultant or a senior registrar in the presence of a consultant with adequate amounts of blood ready. When necessary assistance from surgical colleagues should be sought early.**

**Early ultrasound for dating advised.**
- If facilities available anomaly scan & localization of placenta- 18-20 weeks
- If placenta is low lying
- Late ultrasound is a must at 28-32 weeks

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**Sri Lanka College of Obstetrics and Gynaecology**
**Health sector development Project**
**Guidelines- Management of previous scarred uterus**