

**CIRCULAR 6/2023**

**TO: NATIONAL DEPARTMENT OF HEALTH  
PROVINCIAL DEPARTMENTS OF HEALTH  
PRIVATE HEALTH CARE PROVIDERS  
NURSING EDUCATION INSTITUTIONS (NEIs)  
ALL STAKEHOLDERS**

**SUBJECT: DIRECTIVE ON THE MANAGEMENT OF A VAGINAL BIRTH AFTER PREVIOUS CAESAREAN SECTION (VBAC)**

**1. PURPOSE**

- 1.1. To sensitize Midwives and Midwife Specialists on the importance of managing women with a history of previous caesarean section in line with approved guidelines, policies and protocols, during labour.

**2. BACKGROUND**

- 2.1. The South African Nursing Council is the statutory body that is empowered by the Nursing Act 2005, (Act No.33 of 2005). Its object is to serve and protect the public in matters involving health services generally and Nursing services in particular.
- 2.2. Council has noted with concern the increasing non-compliance to approved policies, protocols and Guidelines for Maternity Care by Midwives and Midwife Specialists in managing VBAC.
- 2.3. Based on the cases reported to Council it is evident that:
- Women with previous caesarean section deliveries are frequently treated as low-risk clients.
  - Maternal and foetal monitoring inconsistently done.
  - Inconsistent use of the Partogram.



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### 3. VBAC MANAGEMENT PROCEDURES

3.1 In line with Guidelines for Maternity Care in South Africa (2016:89), women with a history of previous caesarean section presenting with labour pains **MUST** be managed as follows:

- Conduct labour in a hospital that can perform caesarean section on a 24-hour basis.
- Run an intravenous drip with Ringer's lactate solution at 80-120 mL/hour and pass a urinary catheter to monitor excretion.
- Monitor with continuous Cardiotocography (CTG).
- Always use the Partogram and intervene timeously.
- Do not augment labour with oxytocin.
- Observe carefully for imminent uterine rupture signs and prepare for an emergency caesarean section immediately if rupture is suspected based on any of the following signs:
  - Foetal tachycardia or foetal heart rate decelerations.
  - Significant vaginal bleeding.
  - Macroscopic haematuria.
  - Strong abdominal pain between contractions.
  - Sudden cessation of contractions.

3.2 Indications for emergency caesarean section at attempted VBAC:

- The latent phase of labour exceeds 8 hours.
- Progress in the active phase of labour crosses to the right of the alert line (progress <1 cm/hour).
- There are signs of imminent uterine rupture.

### 4. DIRECTIVE

4.1 Midwives and Midwives Specialists are hereby instructed to adhere to approved guidelines, policies and protocols on VBAC management.

CIRCULAR: MANAGEMENT OF A VAGINAL BIRTH AFTER A CAESAREAN SECTION (VBAC)

The contents of this Circular must be brought to the attention of all Practitioners and Nurse Managers in health establishments.

Enquiries in this regard can be directed to Dr J Muswede, Senior Manager: Professional Practice at [jmuswede@sanc.co.za](mailto:jmuswede@sanc.co.za) or Tel: 012 420 1008.



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