



Response to: vacuum assisted vaginal birth after cesarean: the indication for vacuum assistance matters

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Published online: 19 April 2021

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Dear Prof. Ortmann,

We want to congratulate Tsz-Kin Lo for raising this important point.

Indeed, we found vacuum-assisted vaginal birth after Cesarean (VA-VBAC) was an independent factor for adverse maternal outcome including uterine rupture in 0.4% 3/679 cases [1] as compared with primigravid women.

As in the cases reported by Lo., all cases in our study were diagnosed in the postpartum period.

Uterine rupture is a rare complication on that may be associated with significant maternal and fetal mortality. A previous uterine scar, especially from a previous cesarean section, is the most common predisposing factor and is estimated at 0.5% in these women [2].

In our recent study [3], we reported 29 cases (of overall 143, 20.3%) of intrapartum uterine rupture which were diagnosed following a vaginal delivery, during the early postpartum period while in 15/29 (51.7%) women, the rupture was diagnosed following vacuum-assisted vaginal birth, mostly due to non-reassuring fetal heart rate (14/15, 93%). Therefore, we agree with this author's comment that uterine rupture should be suspected following the delivery of women with a history of cesarean especially in cases where a vacuum extraction was performed due to non-reassuring fetal status.

Funding This study was not funded.

Declarations

Conflict of interest The authors declare that they have nothing to disclose and that they have no financial or non—financial conflict of interest.

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Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

This reply refers to the comment available online at <https://doi.org/10.1007/s00404-020-05443-3>, <https://doi.org/10.1007/s00404-021-06034-6>.

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