

Investigating the Success Rate of Vaginal Delivery After Cesarean Section and Its Associated Factors in Afghan Women: Insights from a Maternity Hospital in Kabul [Response to Letter]

Parvin Golzareh¹, Halima Baha², Fahima Aram³, Muhammad Haroon Stanikzai⁴, Razia Rabizada⁵, Massoma Jafari⁶

¹Department of Advanced Midwifery Skills, School of Midwifery, Kabul University of Medical Sciences "Abu Ali Ibn Sina", Kabul, Afghanistan;

²Department of Normal Midwifery, School of Midwifery, Kabul University of Medical Sciences "Abu Ali Ibn Sina", Kabul, Afghanistan; ³Department of Gynecology, School of Midwifery, Kabul University of Medical Sciences "Abu Ali Ibn Sina", Kabul, Afghanistan; ⁴Department of Public Health, Faculty of Medicine, Kandahar University, Kandahar, Afghanistan; ⁵Department of Oral Health, School of Stomatology, Kabul University of Medical Sciences "Abu Ali Ibn Sina", Kabul, Afghanistan; ⁶Department of Health Professions Education Research, University of Toronto, Toronto, ON, Canada

Correspondence: Muhammad Haroon Stanikzai, Department of Public Health, Faculty of Medicine, Kandahar University, District # 10, 3801, Kandahar, Afghanistan, Tel +93704775578, Email haroonstanikzai@gmail.com

Dear editor

We thank Ehsanullah Alokozay et al for their interest in our article.^{1,2} The success rate of Trial of Labor after Caesarean section (TOLAC) examined in the study was similar to that of previous studies conducted in several low- and middle-income countries (LMICs).^{3,4} The protocol guided the healthcare staff at Malalai Obstetrics and Gynecology Hospital to exclude only pregnant women who were at heightened risk of surgical complications. We agree that the exclusion of high-risk pregnant women must be considered when interpreting the results across healthcare settings in Afghanistan.

We recruited our sample from a single healthcare setting, which may limit the generalizability of the study findings to a broader population. As described in our publication,¹ health facility readiness, healthcare professionals' capacity, workload, and inconsistencies in documentation vary across healthcare settings in Afghanistan,⁵⁻⁷ which may contribute to less favorable outcomes, particularly in lower-tier facilities. We agree that it is essential to exercise caution when concluding the generalizability of the findings. Nonetheless, these limitations were explicitly emphasized in the discussion and limitations sections of our study.¹

We also agree with the authors that a study with a longer duration would have provided different results. However, it was impossible to achieve a diverse and larger sample considering the resource constraints of our study.¹ This could be considered another potential limitation of the study.

Research has identified several factors that influence the success rate of Vaginal Birth after Cesarean delivery (VBAC), including body mass index (BMI), Bishop Score, and labor induction.^{3,4} The utilization of secondary data restricted our evaluation of assessing the influence of these factors on the outcome variable. We look forward to further studies that assess a wide range of factors influencing VBAC success rate in the context of Afghanistan.

We reaffirm our conclusion that the success rate of VBAC at this particular setting was high. We agree that our study had limitations, particularly in terms of generalizability and comprehensiveness. However, these limitations were detailed in the discussion and limitations sections of our study.¹

We hope that the authors and readers find our responses satisfactory. We believe that our study provides initial insights into the VBAC success rate in Afghanistan that will be important for future education and research.

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The authors report no conflicts of interest in this communication.

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