Correspondence-1

Vaginal birth after caesarean section

I read the article by Ghafarzadeh M et al on "Vaginal birth after cesarean section: A retrospective study" in Pak J Med Sci 2010;26(4) with great interest. But here I would like to comment that only percentage of VBAC (10%) is mentioned in this article and it signifies nothing as far as scientific publication is concerned. These are the figures of one city of Iran and percentage of VBAC can be easily calculated from birth register. It has no relevance to international readership and appropriateness in relation to criteria of good scientific publication.

It would have been more appropriate and purposeful if factors for such low percentage of VBAC should have been identified and discussed. Unless these issues are identified and discussed; the figure of 10% signifies nothing. The authors mentioned the causes of cesarean section in table 1; but again question arises that "is there any relation of previous cause of cesarean section to low VBAC percentage in their study"?

In the last paragraph in which authors says "The policy of once a caesarean always a caesarean section must be abandoned and replaced by once a caesarean always a hospital delivery. In developing countries like Iran it is better to give trial of labour in patients who do not have absolute contra-indications for vaginal delivery. Departmental policy regarding the criteria for selection of case, for trial of labor should be analyzed in depth and reviewed in order to increase the percentage of cases, which could be enrolled for trial of labour" is a comment or a suggestion and concludes nothing because not even a single cause or possible factors were identified in the study.

I believe that for a good quality scientific paper which attracts international readership it is fundamental to publish well conducted studies which provide either new or relevant information to medical literature.

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