



South Eastern Health
and Social Care Trust

Woman and Acute Child Health Directorate

Birth Options



— Giving birth after a previous caesarean

Information for You

This booklet contains information that you may find helpful in making decisions about how you give birth following a previous caesarean section.

If you do not understand any of the words or phrases used in this booklet ask your midwife or doctor to explain them to you clearly. You can bring someone with you to your appointments to support you in making decisions.

Vaginal Birth After Caesarean (VBAC)

VBAC is the term used when a woman gives birth through the vagina rather than through a cut in her abdomen. Vaginal birth includes birth assisted by forceps or vacuum.

What are my choices for birth after a caesarean birth?

Both a vaginal birth or a caesarean birth are safe choices with only a few risks. When you consider your choices, you will be asked about your medical history and about your previous pregnancies.

We will want to know:-

- If you have had a vaginal birth previously
- The reason you had the caesarean birth and what happened - was it an emergency?
- The type of cut that was made in your uterus (womb)
- Whether your current pregnancy has been straightforward or whether there have been any problems or complications?
- What would be best for you and your baby
- Your hopes for your next birth.

When making a decision about this birth, the doctor or midwife will discuss with you the chance of a successful vaginal birth, your personal wishes and your plans around future pregnancies.

If you have a high BMI, this can cause difficulties with both a caesarean and a VBAC.

Information for VBAC

The advantages of VBAC include:-

- A greater chance of an uncomplicated normal birth in future pregnancies
- A shorter recovery and a shorter stay in hospital
- Less abdominal pain after birth
- Not having surgery
- Many women experience greater satisfaction and fulfilment with a vaginal birth
- Less risk of blood clot
- Less risk of injury to the bladder
- Less risk of hysterectomy or further surgery
- Bonding with baby may be easier
- Breastfeeding more likely to be successful
- It has been shown to be safer than either a planned or an emergency caesarean. Women are twice as likely to die after an elective caesarean compared with a VBAC and the risk is 12 times higher after an emergency caesarean.

How likely am I to have a vaginal birth?

Most women (between 75% and 90%) who have had one caesarean go on to have a vaginal birth. This depends on the reason for the caesarean and whether or not the woman has had previous vaginal births.

What will increase my chances of having a VBAC?

- Going into labour naturally
- Having someone who supports you in your decision to try for a VBAC and who will encourage you during labour
- Keeping mobile and adopting different positions in labour.

Do any factors make my chance of VBAC less likely?

- If you have never had a vaginal birth
- If you need to be induced
- If you did not make sufficient progress during your previous labour and needed a caesarean (usually owing to the position of the baby)
- High BMI.

The disadvantages of VBAC include:-

- ***Emergency caesarean birth***

There is a chance that you will need to have an emergency caesarean birth during your labour. This happens in up to 25% of women. This is only slightly higher than if you were in labour for the first time, when the chance of an emergency caesarean birth is less than 20. The usual reasons for an emergency caesarean birth are poor progress in labour or if there is a concern for the wellbeing of the baby.

- ***Blood transfusion and infection in the uterus***

Women choosing VBAC have a 1 in 100 increased risk of needing a blood transfusion or having an infection in the uterus compared with women who choose a planned caesarean birth.

- **Scar weakening or scar rupture**

There is a chance that the scar on your uterus will weaken and open. If the scar opens completely (scar rupture) this may have serious consequences for you and your baby. This occurs only in 1 in 400 women. Being induced increases the chance of this happening. However, your labour and your baby will be monitored closely to spot the first signs of this happening and should it become necessary, a caesarean will be performed.

If the scar ruptures, there is a very small risk of your baby dying - about 1 in 2500 - which is the same as in your first pregnancy.

What happens if I do not go into labour when planning a VBAC?

If labour does not start naturally, different options will be discussed with you. These are:-

Continue to wait for labour

Induction of labour

Repeat elective caesarean birth.

Information for Caesarean section

What is an elective repeat caesarean birth?

An elective caesarean means a planned caesarean. The date is usually planned in advance at your hospital antenatal visit. The caesarean birth usually happens in the seven days before your due date unless there is a reason why you or your baby need an earlier delivery.

The advantages of elective repeat caesarean birth include:-

- Low risk of uterine scar rupture
- Avoids the risks of labour and particularly the risk of possible brain damage or stillbirth from lack of oxygen during labour (1 in 1000)
- Knowledge of the date of birth. However, since caesarean birth is usually planned for the week before your due date, there is a chance that you will go into labour before this date. 1 in 10 women go into labour before this date.

The disadvantages of elective repeat caesarean birth include:-

A longer and possibly more difficult operation

A repeat caesarean birth usually takes longer than the first operation because of scar tissue which may make the operation more difficult.

There is an increased risk of damage to the bladder or bowel

There are rare reports of accidental cutting of the baby at caesarean birth.

A chance of a blood clot (thrombosis)

A blood clot that occurs in the lung is called a pulmonary embolus (PE). A blood clot in the leg is called a deep vein thrombosis (DVT). Both conditions can be life threatening.

A longer recovery period

You may need extra help at home and will be unable to drive for about six weeks after birth (check with your insurance company).

Breathing problems for your baby

The process of birth helps to prepare babies to breathe without difficulty. Occasionally, the baby will develop breathing problems and may need to go to the special care baby unit. Between 3 and 4 in 100 babies born by planned caesarean birth have breathing problems compared with 2 to 3 in 100 following VBAC. Waiting until seven days before the due date minimises this problem.

Risk of serious problems with the placenta

More scar tissue occurs with each caesarean birth. This increases the possibility of the placenta growing into the scar making it difficult to remove at caesarean (placenta accreta or percreta). This can result in heavy bleeding and may require a hysterectomy. All serious risks increase with every caesarean birth that you have.

What happens if I go into labour when I'm planning to have a caesarean?

You can have an unplanned caesarean or you may wish to reconsider your decision and try for a vaginal birth instead. Women who go into labour spontaneously do stand a better chance of having a vaginal birth. In any case, we recommend that you telephone or attend the hospital.

Do think about the options carefully and discuss them with your midwife or doctor who are there to support you through the pregnancy and birth. Whether your baby is born vaginally or by caesarean section we want it to be a safe, rewarding and satisfying experience.

Sources and acknowledgements

Royal College of Obstetricians and Gynaecologists (RCOG) guideline 'Birth After Previous Caesarean Birth' (published by the RCOG in February 2007).

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