The Shrewsbury and Telford Hospital NHS
NHS Trust

Patient Information
Women and Children's Care Group

Vaginal Birth after Caesarean Section (VBAC)

This leaflet is for women who have had a previous caesarean section and would like to have information about their options for a vaginal birth or elective caesarean section.

Introduction

Many women who have had a caesarean section can still safely give birth vaginally. Overall, about three out of four women (75%) with a straightforward pregnancy who go into labour give birth vaginally following one caesarean delivery[1]. Your obstetrician will discuss the reason why you had your previous caesarean, the advantages and disadvantages of a vaginal birth after caesarean section (VBAC; pronounced vee-back) and any personal preferences you may have, to enable you to make a decision about the birth of your baby.

What are the advantages of VBAC?

- Less abdominal pain after birth
- More rapid recovery and a shorter hospital stay
- Reduced risk of the baby having breathing difficulties after the birth – rates are 2–3% with planned VBAC and 3–4 % with planned caesarean section
- Reduced risks associated with surgical operations such as blood clots and anaesthetic complications (see 'Risks of having a caesarean section' in your Pregnancy Information Booklet).
- Reduced risk of serious complications in future pregnancies associated with a planned repeat caesarean section, such as placental problems, heavy blood loss and hysterectomy. These risks increase with each successive caesarean section.

What are the disadvantages of VBAC?

- **Scar weakening or scar rupture**
  A caesarean section leaves a scar on the uterus and very rarely this can weaken and open during labour. If your scar opens completely (scar rupture) this could be dangerous for you and your baby and you may need to have an emergency caesarean section. The risks of rupture are 22–74 per 10,000[1] (0.22–0.74%).

  You would be advised not to have a VBAC if:
  - you have had any previous problems with uterine rupture
  - you have had more than three caesarean sections
  - if the cut made to open the uterus in any previous caesarean section was other than crossways below the bikini line.

There is a lower chance of having a successful VBAC within 2 years of having a previous caesarean section.

- **Haemorrhage and infection**
  Compared with planned repeat caesarean section, there is a small increased risk (additional 1%) that you may need a blood transfusion or have endometritis (infection in the uterus)[1].

- **Risks to your baby**
  If you choose to have a VBAC the risk of the baby dying before birth or afterwards (up to 28 days) is about the same as the risk for women having their first birth (4 in 10,000; 0.04%). However, the risk is slightly higher (2–3 in 10,000 or 0.02–0.03% additional risk) than it would be if you had a planned repeat caesarean section[1].

  Planned VBAC carries an additional risk (8 per 10,000 births; 0.08%) of hypoxia (decrease in the blood supply to the brain) when compared to planned repeat caesarean section.

How do we try and reduce the risks?

Although the possible complications of a VBAC are rare, we try to reduce the risk even more by giving the following advice:

- It is preferable to go into labour yourself rather than being induced, but if you are induced, the process is carefully controlled and monitored.
- You should labour on the Consultant-led labour ward with rapid access to doctors, theatres and the neonatal team just in case they are needed.
- The baby's heartbeat should have continuous electronic monitoring (CTG) in labour as an abnormal trace can be the first sign of any problems with the scar on the uterus.
- If there are any early signs of scar tenderness or tearing, then we would advise an emergency caesarean section.

Induction and augmentation

The majority of women having VBAC go into labour unaided and give birth to their baby without intervention, but induction of labour (starting labour artificially) may be offered if it is felt that it is advisable for you or your baby.

- Your labour can be medically induced (started) by using a vaginal gel called prostaglandin (Prostin). The gel softens the cervix and encourages the contractions to start. The risk of the scar on the uterus from your previous caesarean section opening is 2–3 times higher if your labour is started artificially than if your labour occurs spontaneously, although this is still a low risk. It is not known whether this increased risk is due to the effect of the prostaglandin or due to the cervix not being ready to soften.
- In your VBAC plan, you will usually be prescribed just one small dose of prostaglandin to soften the cervix. If your cervix has not softened after one dose, a Consultant will discuss the options for the birth of your baby with you.
- Oxytocin can be used if you go into labour naturally and your progress in labour is slow. This is called augmentation. Oxytocin is a synthetic hormone which is given via a drip in your arm and encourages the contractions to become stronger. Your risk of the scar on the uterus opening is higher if oxytocin needs to be used in your labour.

When is VBAC likely to be successful?

VBAC is more likely if:

- You are not overweight (Body Mass Index less than 30)
- Your baby's weight is within normal range
- You have a straightforward pregnancy
- You go into labour spontaneously
- You are under 35 years of age

Overall, about three out of four women (75%) with a straightforward pregnancy who go into labour give birth vaginally following one caesarean delivery.

If you have had two previous caesarean sections your chance of having a successful vaginal birth is slightly less (between 70 and 75%)[2].

If you have had a vaginal birth before or after your previous caesarean delivery, about nine out of ten women (90%) have a vaginal birth[3].

What are the advantages of elective repeat caesarean delivery?

- You minimise the risk of uterine scar rupture
- You avoid the slightly increased risks to your baby in labour (see above)
- You avoid the possibility of having an emergency caesarean section

Please note that, because planned caesarean delivery is usually scheduled for 7 days before your due date, some women (1 in 10 or 10%) go into labour before this date. How the delivery is managed if this happens will depend on circumstances, and the plan you have made with your obstetrician.

What are the disadvantages of elective repeat caesarean delivery?

- The possibility of a longer and more difficult operation than the first caesarean section because of scar tissue. This increases the risk of damage to the bowel or bladder. There is also a small risk of an accidental small cut to the baby.
- Increased risk of a blood clot (thrombosis). A clot in the lung (pulmonary embolus) can be life threatening. After the operation you will be offered injections to prevent blood clots.
- There is a longer recovery period. You may need extra help at home and will be unable to drive for about six weeks after delivery.
- Breathing problems in the baby are quite common after caesarean delivery, but usually are not serious and do not last long. Occasionally, the baby will need to go to the special care baby unit. Between three to four in 100 babies (3–4%) born by planned caesarean delivery have breathing problems compared with two to three in 100 (2–3%) following VBAC.
- More scar tissue occurs with each caesarean delivery. This increases the possibility of the placenta growing into the scar tissue, making it difficult to

separate at caesarean section. This can result in bleeding and rarely may require a hysterectomy. All serious risks increase with each caesarean birth you have.

Other information

Your obstetrician will discuss the risks and benefits of a planned VBAC compared those of a planned repeat caesarean section with you, and you can make a plan together depending on your circumstances and preferences. This discussion will take place at your Antenatal Clinic appointment, but please ask your midwives and doctors questions at any time in your pregnancy.

If you prefer not to follow our advice, please discuss this with your obstetrician and midwife. You will be offered an appointment with a Supervisor of Midwives so that we can plan for a birth against medical advice.

References

1. RCOG (2007) Birth after previous caesarean section guideline. Royal College of Obstetricians and Gynaecologists, London, UK. www.rcog.org.uk
2. RCOG (2008) Birth after previous caesarean: information for you. www.rcog.org.uk
3. Landon MB, Leindecker S, Spong CY, Hauth JC, Bloom S, Varner MW et al. (2005) The MFMU Cesarean Registry: factors affecting the success of trial of labor after previous cesarean delivery. American Journal of Obstetrics & Gynecology; 193(3 Pt 2):1016-1023.
4. RCOG (2010) Understanding how risk is assessed in healthcare. Royal College of Obstetricians and Gynaecologists, London, UK. www.rcog.org.uk

Other sources of information

NHS Choices

The UKs biggest health website, certified as a reliable source of health information: www.nhs.uk

Patient UK

Evidence based information on a wide range of medical and health topics. www.patient.co.uk

Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service.

Princess Royal Hospital, Tel: 01952 282888

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Website: www.sath.nhs.uk

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