

Birth after previous caesarean section Information for you

What are my choices for birth after a caesarean delivery?

If you have had one caesarean delivery, you may be thinking about how to give birth this time. Whether you choose to have a vaginal birth or a caesarean delivery in this pregnancy, either choice is safe with different risks and benefits. Overall, both are safe choices with only very small risks.

In considering your choices, we will ask you about your medical history and about your previous pregnancies. We will want to know about:

- the reason you had the caesarean delivery and what happened – was it an emergency?
- the type of cut that was made in your uterus (womb)
- how you felt about your previous birth. Do you have any concerns?
- whether your current pregnancy has been straightforward or have there been any problems or complications?

Together, we will consider your chance of a successful vaginal birth, your personal wishes, when making a decision about vaginal birth or caesarean delivery.

What is VBAC?

VBAC stands for 'vaginal birth after caesarean'. It is the term used when a woman gives birth vaginally, having had a caesarean delivery in the past. Vaginal birth includes birth assisted by forceps or ventouse.

What is an elective repeat caesarean delivery?

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

What are the advantages of a successful VBAC?

The advantages of a successful VBAC include:

- a vaginal birth (which might include an assisted birth)
- 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.

Overall, about three out of four women (75%) with a straightforward pregnancy who go into labour give birth vaginally following one caesarean delivery. The chances are better if you have had a vaginal birth before.

What are my chances of a successful VBAC?

A number of factors (risk factors) make the chance of a successful vaginal birth less likely. These are when you:

- have never had a vaginal birth
- neck of the womb very unripe
- did not make progress in labour and needed a caesarean delivery (usually owing to the position of the baby)
- are overweight – a body mass index (BMI) over 27 at booking.

What are the disadvantages of VBAC?

The disadvantages of VBAC include:

- **Emergency caesarean delivery**

This happens in 25 out of 100 women (25%). The usual reasons for an emergency caesarean delivery are labour slowing or if there is a concern for the wellbeing of the baby.

- **Blood transfusion and infection in the uterus (1%)**
- **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 two to eight

women in 1000 (about 0.5%). If there are signs of these complications, we will deliver your baby by emergency caesarean delivery.

When is VBAC not advisable?

There are very few occasions when VBAC is not advisable and repeat caesarean delivery is a safer choice. These are when:

- you have had two or more previous caesarean deliveries
- the uterus has ruptured during a previous labour
- you have a high uterine incision (classical caesarean)
- you have other pregnancy complications that require a caesarean delivery.

What are the advantages of elective repeat caesarean delivery?

The advantages of elective repeat caesarean delivery include:

- virtually no risk of uterine scar rupture
- it avoids the risks of labour
- knowledge of the date of delivery.

However, since caesarean delivery is planned for seven days before the due date, there is a chance that you will go into labour before the date of your caesarean delivery. One in ten women (10%) go into labour before this date.

What are the disadvantages of elective repeat caesarean delivery?

The disadvantages of elective repeat caesarean delivery include:

- A longer and possibly more difficult operation due to scar tissue and slightly higher risk of damage to the urine bag (bladder) or bowels (intestines).
- Chance of a blood clot (thrombosis)
- There is a longer recovery period
- Breathing problems for your baby
- A need for elective caesarean delivery in future pregnancies

What happens if I go into labour when I'm planning VBAC?

Please see us in Maternity Unit on second floor as soon as you think you have gone into labour or if your waters break.

Once you are in labour, you and your baby's heartbeat should be monitored continuously. You can have an epidural if you choose.

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

If labour does not start by 40 weeks, different options will be discussed with you by our team depending on several factors including your body's readiness to go into labour. These are:

- continue to wait for labour
- induction of labour (this will depend on several factors and will be discussed on individual basis)
- repeat elective caesarean delivery.

What happens if I have an elective caesarean planned and I go into labour?

Please do not eat anything before coming. Please come to the maternity unit in RMH as soon as possible and if possible call on the emergency number. It is likely that an emergency caesarean will be performed once labour is confirmed. If labour is very advanced, or if the labour is early (before 37 weeks), then VBAC may be more suitable.

Our team of doctors takes pride in offering you a trial of vaginal delivery after caesarean section. Our success rates are up to 60-80%.

Wishing you a wonderful pregnancy and motherhood.