

Birmingham Women's Foundation Trust is committed to involving women in the development of our services and has involved women in the production of this information. If you have any comments regarding this information leaflet or any other produced by the Birmingham Women's Foundation Trust contact us either by

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Access our website for more information
regarding your pregnancy and birth.
www.bwhct.nhs.uk

Birth after previous Caesarean Section

*Commonly known as VBAC -
Vaginal Birth After Caesarean Section*

More than one in five women (20%) in the UK currently give birth by Caesarean (a surgical operation where a cut is made in your abdomen and your baby is born through that cut).

What are my choices for birth after a Caesarean birth?

Attempt at vaginal birth

Ideally you will have a normal vaginal birth. Some women need some help and you might need to have an assisted birth with forceps or ventouse (instrumental vaginal delivery). There is no certainty about how your labour will progress. Most women do well but a few will need an emergency caesarean section during labour.

OR

Elective Caesarean section

Therefore, when considering VBAC, you should consider all 3 of these possible outcomes.

Birth	Our recent trust audit showed overall	Probability Nationally
Spontaneous vaginal birth (VBAC)	Vaginal birth (includes normal birth as well as instrumental) 7 out of 10 attempts	7 out of 10 attempts
Instrumental vaginal birth (forceps or Ventouse) (VBAC)		1 out of 10 attempts
Emergency Caesarean section in labour	1 out of 5 attempts	3 out of 10 attempts

VBAC (Vaginal Birth After Caesarean section)

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

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

Most women with two previous caesareans will very likely have their next baby by caesarean. However, should you go into labour your chance of a successful vaginal birth is only slightly less than having had only one previous caesarean (between 70% and 75%).

Additional information

Royal College of Obstetricians and Gynaecologists (RCOG) Information for you: www.rcog.org.uk

Assisted birth: operative vaginal delivery

Venous thrombosis in pregnancy and after birth

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline: Birth After Previous Caesarean Birth (published by the RCOG in February 2007).

- **A need for elective Caesarean in future pregnancies**

More scar tissue occurs with each Caesarean. This increases the possibility of the placenta growing into the scar making it difficult to remove during the operation. This can result in bleeding and may require a hysterectomy. All serious risks increase with the more Caesareans you have. This risk rises significantly with the 3rd or more Caesarean.

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

Telephone the hospital to let them know what is happening. It is likely that an emergency Caesarean will be offered once labour is confirmed. If labour is very advanced, or if the labour is early (before 37 weeks), then VBAC may be more suitable. Your obstetrician will discuss this with you.

Many women have more than one Caesarean

If you have had one or more caesarean, you may be thinking about how to give birth next time. Whether you choose to have a vaginal birth or a Caesarean in a future pregnancy, either choice carries risks and benefits. Overall, both are safe choices and the vast majority of women encounter no serious complications.

In considering your choices, your obstetrician will want to know about:

- The reason you had the Caesarean 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 if there have been any problems.

You and your obstetrician or midwife will consider your chance of a successful vaginal birth, your personal wishes and future fertility plans when you are making a decision about vaginal birth or caesarean.

What factors affect my chances of a successful VBAC?

The following make the chance of a successful vaginal birth less likely:

- Have never had a vaginal birth.
- Needing to have labour induced. *NB: A membrane sweep will help labour to start normally. Please discuss with your midwife.*
- Previous caesarean because of poor progress in labour.
- Obesity - a body mass index (BMI) over 30 at booking.

What are the advantages of a successful VBAC?

The advantages of a successful VBAC include:

- A normal vaginal birth
- A shorter recovery and a shorter stay in hospital (which affects childcare)
- Less abdominal pain after birth.
- Avoiding the risks of major surgery.
- A greater chance of an uncomplicated normal birth in future pregnancies.

What are the disadvantages of VBAC?

- **Emergency Caesarean section**

There is a chance you will need to have an emergency Caesarean section during your labour. This happens in 25 out of 100 women (25%). The usual reasons for an emergency Caesarean, are slow progress in labour, concern over the strength of the scar and concern for the wellbeing of your baby.

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

Women choosing VBAC have a one in 100 (1%) higher chance of needing a blood transfusion or having an infection in the uterus compared with women who choose a planned caesarean.

- **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 in less than 1 in 100 women (less than 1%). Having labour induced increases the chance of this happening. If there are signs of these complications, your baby will almost certainly need to be born by emergency Caesarean section.

- **Risks to your baby**

The risk to your baby dying or being brain damaged if you undergo VBAC is very small (two in 1000 women or 0.2%). To put this into perspective, this is no higher than if you were labouring for the first time, but it is higher than if you have an elective repeat caesarean (one in 1000 or 0.1%). However, this has to be balanced against the risks to you if you have a Caesarean section (see below).

These disadvantages are more likely in women who attempt VBAC and are unsuccessful.

When is VBAC not advisable?

There are very few occasions when VBAC is not advisable.

These are when:

- You have had three or more previous Caesareans.
- The uterus has ruptured during a previous labour.
- You have a high uterine incision (classical Caesarean) - your doctor will advise you.
- You have other pregnancy complications that require a Caesarean.

What happens when I go into labour if I opt for VBAC?

You will be advised to labour and give birth in hospital so that an emergency Caesarean can be offered and carried out if necessary. Contact the hospital when labour starts or if your waters break.

Once you are in established labour, it is recommended that we monitor your baby's heartbeat 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 41 weeks, the following options will be discussed with you by your obstetrician:

- Continue to wait for labour to start normally.
- Induction of labour with Propress (see our Induction of Labour leaflet for further details).
- Repeat elective Caesarean. Some women choose to aim for VBAC if they labour spontaneously, but opt for a repeat elective Caesarean rather than induction of labour.

Elective repeat caesarean section

What is an elective repeat Caesarean?

An elective Caesarean means a planned Caesarean. The date is usually arranged in advance during an antenatal visit. The Caesarean usually happens in the seven days before your due date, unless there is a reason why you or your baby needs to be born earlier.

What are the advantages of a repeat Caesarean?

- Virtually no risk of uterine scar rupture
- Predictability - knowledge of the date of the birth.

What are the disadvantages of elective repeat Caesarean?

- **A longer and possibly more difficult operation**

A repeat Caesarean is often more difficult than the first operation because of scar tissue. Scar tissue can result in damage to the bowel or bladder. Surgeons are aware of this and minimise the risks but the operation may take longer.

- **Chance of a blood clot (thrombosis)**

Thrombosis in the veins is more likely with Caesarean. If the clot moves to the lung it is called a pulmonary embolus and this can be life threatening. The risk is recognised and reduced by giving injections to prevent blood clots (death occurs in less than one in 1000 Caesareans).

- **There is a longer recovery period**

You may need extra help at home and will be unable to drive for about six weeks after your Caesarean (it is advised that you check with your insurance company).

- **Breathing problems for your baby**

Breathing problems are rare after a Caesarean and usually do not last long. Occasionally, babies need to go to the special care baby unit. This is because labour and vaginal birth help to prepare baby's lungs for breathing. Between three and four in 100 babies (3-4%) born by planned Caesarean have breathing problems compared with two to three in 100 (2-3%) following a vaginal birth. Waiting until seven days or less before your due date minimises this problem.