

Vaginal Birth after Caesarean Section (VBAC)

What are my options



What are my options for birth after a caesarean section?

This leaflet tells you about your choices for giving birth after a caesarean section. Together with discussions with your obstetrician, midwife and GP, we hope this information will help you to make an informed decision about how you would like to give birth.

Most women, who have had a caesarean section previously, can give birth vaginally next time. At Brighton and Sussex University Hospital Trust (BSUH) we aim to support you to achieve a vaginal birth.

For the majority of women pregnancy and birth is a healthy normal life event. For some women, for a number of reasons, birth is by caesarean section rather than a vaginal birth. More than one in five women (20%) in the UK currently give birth by caesarean section.

If you have had one or more caesarean deliveries, you may be thinking of how to give birth next time. Whether you choose to have a vaginal birth or a caesarean section you will need to consider the different risks, potential problems and benefits of each.

In considering your options, your obstetrician and midwife will ask you about your medical history and about your previous pregnancies.

They will want to know about:

- the reason your had the caesarean section and what happened e.g. was it an emergency or planned section?
- how you felt about your previous birth. Do you have any concerns?
- whether your current pregnancy has been straightforward or whether 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 pregnancy plans when making a decision about a vaginal birth or a caesarean birth.

You will be offered a Birth Options appointment at the Birth Options clinic with a senior Midwife at approximately 22 weeks pregnant. At this appointment you can discuss your previous birth and options for this birth. After discussion with the senior Midwife you maybe referred on to see the Birth Options Consultant at 34 weeks to discuss your care further.

What is a VBAC?

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

What is a repeat elective caesarean birth?

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

What are the benefits of a VBAC?

The advantages of a successful VBAC include:

- a greater chance of an uncomplicated normal birth in future pregnancies
- avoidance of complications of surgery such as DVT and surgical damage to other internal organs
- a shorter and easier recovery meaning less time spent in hospital and more time at home caring for your new baby and a return to other children and family members

- less abdominal pain after birth, regain full mobility faster and no restrictions to driving your car
- If you have a vaginal birth, your baby is less likely to have breathing problems at birth
- breastfeeding your baby is generally easier as you will have fewer mobility and pain related problems.

Is a VBAC likely to be successful?

Overall approximately three out of four women (75%) who have had one previous caesarean birth, who have a straightforward pregnancy and go into labour, successfully give birth vaginally.

If you have had a vaginal birth, either before or after your caesarean birth, you have a 90% chance of having another vaginal birth. Most women with two previous caesarean births will have their next baby by caesarean. However if both caesareans were uncomplicated a VBAC may be possible after careful discussion with a senior Midwife and Obstetrician in the Birth Options clinic.

What are the potential problems of a VBAC?

The potential problems include:

- the possibility of an emergency caesarean birth - there is a chance you will need to have an emergency caesarean birth during your labour. This happens to 25 out of 100 women (25%). This is slightly higher than if you were labouring for the first time, when the chance of an emergency caesarean birth is 15 in 100 women (15%). The usual reasons for an emergency caesarean include labour slowing down or if there are concerns for the wellbeing of the baby.
- the risk of scar weakening or scar rupture - there is a chance that the scar on your uterus (from your previous caesarean) will

weaken and open, however this is very rare. If the scar opens completely (scar rupture) this may have serious consequences for you and your baby.

It occurs in approximately 5 women in 1000 (about 0.5% or 1 in 200 women). Having your labour induced increases the chance of this happening. If there are signs of these complications, it is recommended that your baby be delivered by emergency caesarean section.

- risk of your baby dying or being brain damaged if you undergo VBAC is very small (10 in 10,000 women or 0.1%). This is no higher than the risk for a woman having a normal birth of her first child. The risk related to an elective repeat caesarean section is (1 in 10,000 or 0.01%). However, this figure does not take into account the other risks associated with having a caesarean section.

When is a VBAC not recommended?

There are very few occasions when VBAC is not advisable and repeat caesarean birth is a safer choice. The reasons are:

- you have had three 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 birth.

What are the advantages of elective repeat caesarean birth?

The advantages of elective repeat caesarean birth include:

- virtually no risk of uterine scar rupture
- it reduces the risks of your baby dying or being brain damaged (10 in 10,000 or 0.1%)
- knowing the date of birth - however since the caesarean birth 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 birth. 1 in 10 women (10%) go into labour before this date.

What are the potential problems of elective repeat caesarean birth?

The potential problems of an elective caesarean include:

- a longer and possibly more difficult operation than your first caesarean due to scar tissue. Scar tissue may also make the operation more difficult and can result in damage to the bowel or bladder.
- there are rare reports of accidental cuttings to the baby at caesarean birth.
- risk of infection – 64 in 1000 women are at risk of an infection in the uterus and also to the caesarean scar following delivery
- chance of a blood clot (thrombosis). A blood clot that occurs in the lung is called a pulmonary embolus. A pulmonary embolus can be life threatening (death occurs in less than 1 in 1000 caesarean deliveries).

- you may need a blood transfusion following a caesarean birth, this is a possibility with all modes of birth and would be discussed with you should a problem occur
- Breathing problems for your baby are quite common after caesarean birth and usually do not last long. Occasionally the baby will need to go to the Special Care Baby Unit. Around 3 to 4 in 100 babies (3 - 4%) born by planned caesarean birth have breathing problems compared with 2 to 3 in 100 (2 - 3%) following VBAC. Waiting until seven days before the due date minimises this problem.
- the need for elective caesarean birth in future pregnancies. 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. This can result in bleeding and may require a hysterectomy. All serious risks increase with every caesarean birth you have. Overall the rate of maternal complications associated with planned caesarean section is higher than a successful VBAC.
- admission to ITU. 9 in 1000 women will need to be admitted to the ITU for specialist intensive care following complications of surgery.

Is there anything I can do to increase my chances of a vaginal birth?

Good support in labour is one of the most important factors in helping women have a normal birth. Having lots of encouragement to get through labour and feeling well cared for is known to help women cope with the pain of labour. It may also affect the length of labour and what sort of birth you have (although there are other factors that influence your labour too). You may find it helpful to have another birth supporter, as well as your partner, with you.

Keep mobile! Being able to move and adopt different positions

is also likely to help keep your labour normal. Women often find movement a helpful way of coping with pain and being upright will help get your baby's head into a good position and encourage it to descend into your pelvis.

For further information and advice with regards to achieving a successful VBAC, you will be invited to attend a parent education session aimed specifically for women and their birth partners who have undergone a previous caesarean birth. This will be offered to you when you attend the Birth Options Clinic.

When do I come into hospital?

Many women come into hospital very early in labour. This is not necessary and may increase the likelihood of your labour being considered slow. For most women we recommend waiting until the contractions are in a regular pattern coming every five minutes and lasting for a whole minute.

Of course there are some situations when you would be advised to come into hospital before this point, if you have bleeding or your waters break, if you have severe abdominal pain that is not related to your contractions or have worries about your baby.

What happens if I go into labour when I'm planning an elective repeat caesarean section?

Contact the hospital as soon as you think you have gone into labour or your waters break, and you will be advised to come into the hospital. Please do not arrive unannounced as preparations will need to be made by hospital staff for your arrival.

Are there any differences in how I am cared for in labour if I am having a VBAC?

There are some differences in how we would care for you in labour when you are having a VBAC compared to a lady who has never

had a caesarean. This is because of the scar on your uterus from your previous caesarean. The things we would do differently include:

Electronic fetal monitoring

We recommend that once you are in established labour (with strong frequent contractions) that your baby's heart rate is monitored continuously with an electronic monitor (see leaflet 'Fetal heart monitoring during labour'). This will help us to detect any changes in your baby's heart rate that could be related to problems with your scar.

We have a cordless monitor that allows you to be free from wires attaching you to the machine, enabling you to be upright and active at all times and can be used in water.

Progress in labour

In order to minimise the likelihood of problems with your scar in labour we would expect you to make good progress once in established labour.

Excessively slow progress may indicate that a problem is developing. In some circumstances we can give you a drug called syntocinon to help speed up your labour. This will be discussed by the medical staff before it is started.

Pain relief options

Your choice of pain relief in labour can also affect your labour. Whilst epidurals provide very effective pain relief, they can slow your labour down and may increase the likelihood of having another caesarean (especially if you have had one before). You may wish to consider your own resources to cope with the labour as much as possible and either delay or avoid having an epidural, if at all possible. Other options for pain relief are use of breathing, relaxation and massage, entonox (gas and air) or and injection of pethidine. Pethidine acts as a sedative and makes you feel drowsy. This will contribute to you making you less likely to move around and more likely to lie on the bed.

Can I have a water birth and or a home birth if I am planning a VBAC?

There is no evidence on the safety of a home birth or water birth for women who have had a caesarean before, although it is widely known that both are safe for women with straightforward pregnancies.

Some women may choose a home birth because they feel strongly that this will mean they have a better chance of having a normal birth, or that their birth partner will be able to support them more easily at home.

Women may choose to labour in water because they feel that it may help them cope with the pain in labour more easily. At home or in water the monitoring of the baby's heart rate is done intermittently with a hand held device, as it is not possible to monitor the baby's heart rate continuously. While there is not evidence to suggest that this is less effective at detecting problems with the baby's heart rate, it may not be possible to pick up the problems as quickly as with continuous electronic monitoring. If possible we would recommend the use of the cordless monitor whilst in the pool as this would allow for continuous fetal monitoring in this situation.

Home birth could potentially mean a delay should the need for a caesarean arise due to problems with your scar, although the likelihood of this is very small. It is recommended that women who have had a caesarean before have a hospital birth where there are facilities for an immediate caesarean birth should it be necessary, but of course we would support you if you do decide to have a home birth or labour in water.

If you have any questions or concerns about either of these options you can contact a Supervisor of Midwives (SOM) via the labour ward (see the front of your notes for contact telephone numbers). The Supervisors are experienced midwives who have completed additional training to act as advocates for women and midwives to ensure high standards of midwifery care are provided at all times.

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

If labour does not start by itself by 41 weeks:

- you will be seen in the Birth Options Clinic by a midwife and offered a cervical 'sweep' (by vaginal examination) to determine if your cervix is favourable for an Induction of Labour by artificial rupture of membranes.
- continue to wait for labour following cervical assessment
- induction of labour – is offered to all women who have not started to labour spontaneously by 10 days following expected due date.
- repeat elective caesarean birth. Some women choose to aim for VBAC if they labour spontaneously but opt for a repeat elective caesarean birth rather than induction of labour.

Where can I get more information?

This leaflet has been designed to give you some basic information about VBAC however more detailed and individual information is available for all women by attending the Birth Options Clinic. You should receive a Birth Options clinic appointment at approximately 22 weeks pregnant with a senior midwife. You may also be referred to an obstetrician within the Birth Options clinic at approximately 34 weeks.

Our main objective is for you to have healthy baby and satisfied with your birth experience. We aim to support you with whatever choice you make.

References and sources

BSUH Maternity Protocols: Vaginal birth after caesarean section (2011)

Royal College of Obstetricians and Gynaecologists guideline Birth After Previous Caesarean Birth (2007) RCOG

Nice Clinical Guideline Caesarean Section (2004) National Institute for Clinical Excellence

www.aims.org.uk

Association for Improvements in Maternity Services (AIMS) actively supports women and health professionals who recognise that, for the majority of women, birth is a normal rather than a medical event.

www.vbac.com

A guide to Effective Care in Pregnancy and Childbirth

Enkin, Keirse, Neilson, Crowther, Duley, Hodnett and Hofmeyr. OUP 2000

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

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如你不明白本單張的內容，我們可安排口譯員服務。

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اگر مندرجات این جزوه را نمی‌فهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.

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The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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