Vaginal Birth after Caesarean (VBAC): Information for you

What are my choices for birth after a caesarean delivery?

More than one in five women (20%) in the UK currently give birth by caesarean delivery (a surgical operation where a cut is made in your abdomen and your baby is delivered through that cut). Some women have more than one caesarean delivery.

If you have had one or more caesarean delivery, you may be thinking about how to give birth next time. You will be encouraged to opt for a vaginal birth unless risks from previous pregnancies or in this pregnancy have been identified. In considering your choices, your maternity team will ask you about your medical history and about your previous pregnancies.

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

You will be given an appointment at 28 weeks with a midwife working within the VBAC clinic to discuss options. Care will then be continued with your community midwife unless further complications arise.

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 also includes an assisted delivery (Forceps or Ventouse).

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 pain and discomfort following birth
- Not having surgery / complications relating to surgery.
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- Reduced risk of general infection
- Improving health and well-being in the future

When is VBAC likely to be successful?

- Overall, about three out of four women (72-76%) with a straightforward pregnancy who go into labour give birth vaginally following one caesarean delivery.
- 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 caesarean deliveries will have their next baby by caesarean delivery. However, should you go into labour prior to your caesarean section date, the likelihood of a successful vaginal birth is between 70% and 75%.

What are the disadvantages of VBAC?

- Women labouring for the first time have a 20% (1 in 5 women) chance of having emergency caesarean delivery. That chance is only slightly higher 25% (1 in 4 women) if you have had a previous caesarean section. The usual reasons for an emergency caesarean delivery are labour slowing or if there is a concern for the well-being of the baby.

- 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 delivery.

- 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%). Being induced increases the chance of this happening. If there are signs of these complications, your baby will be delivered by emergency caesarean delivery.

- In rare circumstances there is a risk of your baby dying at birth (2 in 10,000) if you undergo VBAC. This is no higher than for women having their first birth.

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 needs an earlier 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%) may labour before this date.
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**Your obstetric team would recommend a caesarean section:**
- If 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 disadvantages of elective repeat caesarean delivery?**
- A repeat caesarean delivery usually takes longer than the first operation because of scar tissue. Scar tissue may also make the operation more difficult and can result in damage to the bowel or bladder.
- A blood clot, called a pulmonary embolus, can occur in the lungs. This can be life threatening (death occurs in less than one in 1000 caesarean deliveries).
- You may need a longer recovery time and extra support at home following your surgery
- Breathing problems for your baby can occur after caesarean delivery but usually 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. The process of labour and delivery provides the baby with essential preparation for the transition of life in the womb to life in the air.
- More scar tissue occurs with each caesarean delivery, with a possibility of the placenta growing into the scar making it difficult to remove at caesarean (placenta accreta or percreta). This can result in bleeding and may require a hysterectomy. These risks will increase with every caesarean delivery you have.

**What happens if I go into labour when I’m planning VBAC?**
You will be advised to deliver in hospital so that an emergency caesarean delivery can be carried out if necessary.
Contact the hospital as advised by your community midwife when 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 41 weeks, different options will be discussed with you by your obstetrician. These are:
- Continue to wait for labour
- Induction of labour. This increases the risk of scar weakening and lowers the chance of a successful VBAC
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- Repeat elective caesarean delivery. Some women choose to aim for VBAC if they labour spontaneously but opt for a repeat elective caesarean delivery rather than induction of labour.

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

Telephone the hospital to let them know what is happening. Once labour is confirmed you may be advised that VBAC would be more suitable than an emergency caesarean. If the labour is well advanced it may not be possible to continue with a caesarean section safely.

If you require any further information or clarification please contact your Midwife, GP or Antenatal clinic or telephone 024 7696 7350/7351

**Sources and acknowledgements**

This information is based on the Royal college of Obstetricians and Gynaecologists (RCOG) guideline Birth after Previous Caesarean Section(February 2007). This information will also be reviewed, and updated if necessary, once the guideline has been reviewed. The guideline contains a full list of the sources of evidence we have used. You can find it online at:

http://www.rcog.org.uk/resources/Public/pdf/green_top45_birthafter.pdf

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7350/7351 and we will do our best to meet your needs.

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**Document History**

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