Congratulations on your pregnancy!

If you have had one or more Caesarean sections you may be thinking about how to give birth next time. You and your obstetrician and midwife will consider your chance of a successful vaginal birth, your personal wishes and future fertility plans when making a decision about a vaginal birth or caesarian section.

What is VBAC?

Vaginal birth after Caesarean (VBAC – ‘vee back’) means going into labour after having had a previous Caesarean Section. It is often called a ‘trial of labour’.

Can I have a vaginal birth after a Caesarean section?

For most women, the answer is yes. First of all, you need to find out from your midwife or obstetrician the reason that you had a Caesarean section last time.

75 to 80% of women who decide to have a VBAC are successful. This is a similar success rate to that achieved by women having their first baby. Up to 90% will be successful if they have already experienced a vaginal birth and a caesarean section.

When is VBAC not recommended?

VBAC may not be recommended for you if:

- you had a classical Caesarean section last time. This is a vertical cut made into the uterus (womb). You will have an ‘up and down’ scar on your tummy.
- you have had previous complicated surgery of the uterus (discuss this with your obstetrician).
- you have had a previous rupture (tear) of the uterus.
- you have major placenta previa in this pregnancy (the placenta is lying below the baby’s head and covers the cervix completely).
- your baby is lying in the transverse position at the time of delivery.
- you have breech presentation or other abnormal presentation of the baby.
- you have had two or more previous Caesarean sections.
- you have a multiple pregnancy (are carrying twins/triplets).
What are the advantages of a vaginal birth this time?

Overall, vaginal birth following a previous Caesarean section (CS) is associated with a lower risk of complications for the mother than having another routine CS.

- Recovery time after a vaginal birth is quicker than a Caesarean section so you will be able to return home and care for your other child/children sooner.
- You are less likely to develop problems such as infection, severe bleeding and thrombosis (blood clot).
- You are less likely to need further surgery or intensive care.
- Injuries to the bladder are rare following any delivery, but they are ten times less common after a VBAC.
- A vaginal delivery lowers your risk of developing complications in future pregnancies, such as placenta previa (where the placenta covers the cervix).
- If further pregnancies are planned, a successful vaginal delivery this time increases the chance of a future vaginal delivery.
- Labour and a vaginal delivery enhances your oxytocin levels which are vital for breastfeeding.
- Less need for strong pain relief after the birth.
- For the baby there is less risk of respiratory problems (breathing difficulties) following VBAC than elective CS.

What are the disadvantages and risks with VBAC?

When a woman has had a Caesarean section her uterus has a scar on it. This scar may not be as tough as the surrounding muscle, so the stretching of the muscle during pregnancy or the strong contractions of labour could cause it to become thin or begin to pull apart. In practice, it is rare that this happens. Rarely, the scar opens causing bleeding and other complications, or it goes into other parts of the uterus. This is called “uterine rupture” or tear and it is a serious risk to both mother and baby.

Nationally, the risk of thinning or separation of the uterine scar is approximately 1 in 200 (50/10,000).

There is a possibility that a caesarean section will still be required for some women.

Approximately 20 out of 100 women will require a repeat CS.

What are the advantages of choosing to have another Caesarean Section?

- The scar on the uterus is less likely to thin or separate.
- An emergency CS in labour is avoided.
- The risks associated with induction of labour, should it be required, are avoided.
Vaginal Birth after Caesarean Section (VBAC) (3 of 4)

What are the disadvantages and risks of elective caesarean section

- It is major surgery and as such there are health risks such as infection of the uterus and increased risk of thromboembolism (blood clot).
- Possibility of breathing difficulties for the baby, if the CS is done before 39 weeks.
- Longer recovery time.
- Increased pain due to a surgical wound in your tummy.
- Problems with the placenta in a future pregnancy.

What happens during a trial of labour?

- As with everyone we look after, it is important that we are able to care for you and your birth partner according to your wishes.
- When labour starts we advise that you come into the hospital in the early stages so that we can make an assessment of you and your baby’s well being.
- We would encourage you, during the early stages to remain upright and mobile for as much as possible.

Once labour is established we would recommend the following for the safety of you and your baby.

- a small tube (cannula) is placed into a vein on your arm (so that a drip can be commenced rapidly if required).
- A blood sample taken and sent to the laboratory in order to have blood on standby in case you require a blood transfusion.
- We recommend that a CTG (cardiotocograph) is attached to your tummy allowing the baby’s heartbeat and your contractions to be continuously monitored. This is the common way a scar rupture is detected. A wireless and waterproof CTG monitor (telemetry) would enable you to remain mobile and upright or to use the pool if you so wish.
- We recommend that you only have fluids and a light diet in labour. We would offer you an antacid tablet every 6 hours in case an emergency Caesarean (under general anaesthesia) is needed. When you are unconsciousness, “aspiration” could occur, meaning that some stomach contents could come up and then go into the lungs. If this happens it could cause pneumonia or a more serious condition known as Mendelson’s Syndrome. Antacids reduce this risk.
- You will be offered the normal choice of pain relief for labour, including an epidural.
- We would expect normal progress of your labour which will be carefully monitored and a senior obstetrician informed if there are concerns. We would not want you to have a long labour.
What happens if I go overdue?

If you go overdue, you will be offered a membrane sweep from 40 weeks. This can be done by your community midwife or at the antenatal clinic whichever is most suitable. If you have not gone into labour by 41 weeks, an appointment will be made for antenatal clinic to discuss your care.

Further information

If you have any further questions, please discuss them with your midwife and the obstetrician when you attend your antenatal appointment. You may find it useful to write them down and bring the leaflet and your questions with you.

Additional sources of information

Vaginal Birth after Caesarean Section  www.vbac.org.uk
Caesarean Support Network  www.caesarean.org.uk  01624 661269 (Mon to Fri after 6pm and weekends)
National Childbirth Trust enquiry line 0870  444 8707
Or  www.nctpregnancyandbabycare.com
Association for Improvements in Maternity Care www.aims.org.uk