Birth after Caesarean – Choices for delivery
What are my choices for birth after a Caesarean?

Currently, approximately 1 in 4 women (25%) in England give birth by Caesarean delivery. Some women have more than one Caesarean delivery.

If you have had one or more Caesarean deliveries, you may be thinking about how to give birth this time. You may choose to have a vaginal birth or another Caesarean delivery. Either choice is safe, but each has different risks and benefits.

There is agreement by experts in women’s health that planned vaginal birth after Caesarean section (VBAC) is a safe choice for most women who have had one previous lower segment Caesarean delivery.

When you are thinking about your choices, your midwife or obstetrician will ask you about your medical history and your previous pregnancies. They will want to know:

• why you had your previous Caesarean delivery/deliveries and what happened – was it an emergency?
• what type of cut was made in your uterus (womb)
• how you felt about your previous birth. Do you have any concerns?
• has your current pregnancy been straightforward or have there been any problems or complications?

When making a decision about the type of birth you hope to have, you and your midwife or obstetrician will consider your chance of a successful vaginal birth, your personal wishes and any future fertility plans.
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 a birth that happens naturally and birth assisted by forceps or ventouse.

What are the advantages of a successful VBAC?

• Vaginal birth has the lowest risk of complications.
• You have a greater chance of an uncomplicated vaginal birth in future pregnancies.
• The recovery time is shorter, which means you are likely to have a shorter stay in hospital.
• You will have less abdominal pain after birth.
• You are not having to have surgery, with the risk of complications afterwards.
When is VBAC likely to be successful?

Nationally, about 3 out of 4 women (75%) with a straightforward pregnancy who go into labour naturally give birth vaginally after one previous Caesarean delivery.

More than 9 out of 10 women (90%) who have had a vaginal birth, either before or after their Caesarean delivery, have a vaginal birth again.

Most women with two previous Caesarean deliveries choose to have their next baby by Caesarean delivery. However, should you go into labour, you still have a good chance of a successful vaginal birth (approximately 72%).

When is VBAC not advisable?

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

- if you have had three or more previous Caesarean deliveries
- your uterus has ruptured during a previous labour
- you have a high uterine cut (classical Caesarean incision)
- you have other pregnancy complications that require a Caesarean delivery.
What are the disadvantages of VBAC?

These disadvantages are more likely if you attempt VBAC and are unsuccessful:

• **Emergency Caesarean delivery**
  This is needed for 1 in 4 women (25%). The usual reasons for an emergency Caesarean delivery are the progress of the labour slowing or concern for the wellbeing of your baby.

• **Scar weakening or scar rupture**
  There is a very small 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. For this reason we always recommend that women who have had a previous Caesarean delivery plan to have their baby on a delivery suite. This means we can continuously monitor the baby’s heart rate and have rapid access to theatre and staff trained in resuscitation for babies. However, scar rupture occurs rarely, only in 2 to 8 women in 1,000 (an average of 0.5%).

  If your labour is induced then this would increase the chance of this happening (1% to 1.5%, depending on the method of induction). If there are signs of this complication, your baby would be delivered by Caesarean.

  The risk of the scar weakening and opening is reduced to 0.2% (2 in 1,000) if you have had a previous vaginal birth, even if you have had a Caesarean delivery in between.

• **Risks to your baby**
  The risk of your baby dying or being brain damaged if you have a VBAC is very small (2 in 1,000 women or 0.2%). This is no higher than if you were labouring naturally for the first time, but it is higher than if you have an elective repeat Caesarean section (1 in 1,000 or 0.1%). However, this has to be balanced against the risks to you if you have a Caesarean delivery (see page 8).
What is an elective repeat Caesarean delivery?

An elective Caesarean means that the date on which your baby will be delivered is planned in advance. It is usually arranged within the week before your due date, in your 39th week of pregnancy, unless there is a reason why you or your baby need an earlier delivery.

What are the advantages of elective repeat Caesarean delivery?

- knowing the date of delivery and avoiding post-term pregnancy (going overdue)
- very low risk of uterine scar rupture
- avoiding the risks of labour.

Caesarean delivery is planned within the seven days before your due date, so there is still a chance that you will go into labour before the date of your Caesarean delivery. 1 in 10 women (10%) due to have a planned Caesarean section will go into labour before their due date.
The disadvantages of elective repeat Caesarean delivery include:

- **A longer and possibly more difficult operation**
  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 bladder or bowel.

- **Chance of a blood clot (thrombosis)**
  There is a five times greater risk for women who give birth by Caesarean of developing a blood clot (about 1%, compared to 0.2% following a vaginal birth).
  
  A blood clot that occurs in the leg is called a deep vein thrombosis (DVT).
  
  A blood clot that occurs in the lung is called a pulmonary embolism (PE). This can be life threatening (maternal death occurs in less than 1 in 1,000 (0.1%) of Caesarean deliveries).

- **There is a longer recovery period**
  You will be in hospital for longer than if your baby is born vaginally. When you leave hospital you may need extra help at home, as there are certain household chores that you should avoid for the first few weeks. You will also be unable to drive for about six weeks (you will need to check with your insurance company). This is due to the wound on your abdomen, which will affect the strength of your tummy muscles, which in turn can affect how well you can lift your legs to be able to brake or control your car.

- **Breathing problems for your baby**
  Breathing problems for babies are quite common after Caesarean delivery and usually do not last long. There is a small chance that your baby may need to go to the special care baby unit. 4 in 100 (4%) of babies born by planned Caesarean delivery have breathing problems, compared to 1 in 100 (1%) following VBAC.
• **A need for elective Caesarean delivery in future pregnancies**

More scar tissue occurs with each Caesarean delivery, which can increase the risk of complications during future abdominal surgery. There is also an increased possibility, during your next pregnancy, of the placenta being low lying (placenta praevia). This increases the risk of bleeding during and after pregnancy. It also increases the chance of your baby being in the breech position (feet down) when you go into labour and may require you to deliver early. These and other risks, which your obstetrician can discuss with you, mean you are more likely to have complications which require an emergency Caesarean delivery.

Having more than one Caesarean delivery also increases the risk of the placenta growing into the scar tissue in your womb, making it difficult to remove during future Caesarean deliveries (placenta accreta or percreta). This can result in bleeding and you may require a hysterectomy.

• **Longer term health risks for your baby**

Babies born by Caesarean have an increased risk of developing allergic diseases such as asthma and other health problems, such as obesity and diabetes. The risk of these conditions can be reduced if you are able to fully breast feed your baby.

All serious risks increase with every Caesarean delivery you have, although these complications are rare.
What do I do when I go into labour if I’m planning a VBAC?

You will be advised to give birth in hospital, so that an emergency Caesarean delivery can be carried out if necessary. When you think your labour is starting, contact the Maternity Assessment Unit (John Radcliffe Hospital) or Delivery Suite (Horton General Hospital) for advice they will be able to tell you the most suitable time to come in.

Once you are in labour, you will have a midwife looking after you. We recommend that your baby’s heartbeat is monitored continuously using a cardiotocograph (CTG), to monitor for any signs that they are distressed. Wireless monitors are available to help you to be less restricted in labour (they can also be used in the birthing pool).

What happens if I do not go into labour when I’ve planned a VBAC?

If your labour does not start by 41 weeks, you will be given an appointment to discuss your options with an obstetrician. These options are:

- continue to wait for labour, with the offer of a ‘stretch and sweep’ from 40 weeks (to try to encourage labour to begin)
- induction of labour – this can lower the chance of a successful VBAC and increase the chance of your previous Caesarean scar weakening. Your obstetrician will discuss this with you in more detail.
- repeat Caesarean delivery as a planned operation.
What happens if I have a date for a planned Caesarean and I go into labour?

This occurs in approximately 1 in 10 women who are booked for planned Caesarean delivery.

Please telephone the hospital to let them know what is happening as soon as you think you’re in labour.

**Maternity Assessment Unit – John Radcliffe Hospital**
Tel: 01865 220 221
(24 hours)

**Delivery Suite – Horton General Hospital**
Tel: 01295 229 459
(24 hours)

It is likely that you will have an emergency Caesarean delivery when your labour is confirmed at the hospital. However if your labour is very advanced or you go into labour before 37 completed weeks of your pregnancy, then giving birth vaginally may be more suitable. The obstetrician will discuss this with you.

**More information**

This leaflet has been designed to give you some basic information about vaginal birth after Caesarean (VBAC). You can discuss your options for birth further with your obstetrician, GP or midwife.
If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call 01865 221 473 or email PALSJR@ouh.nhs.uk