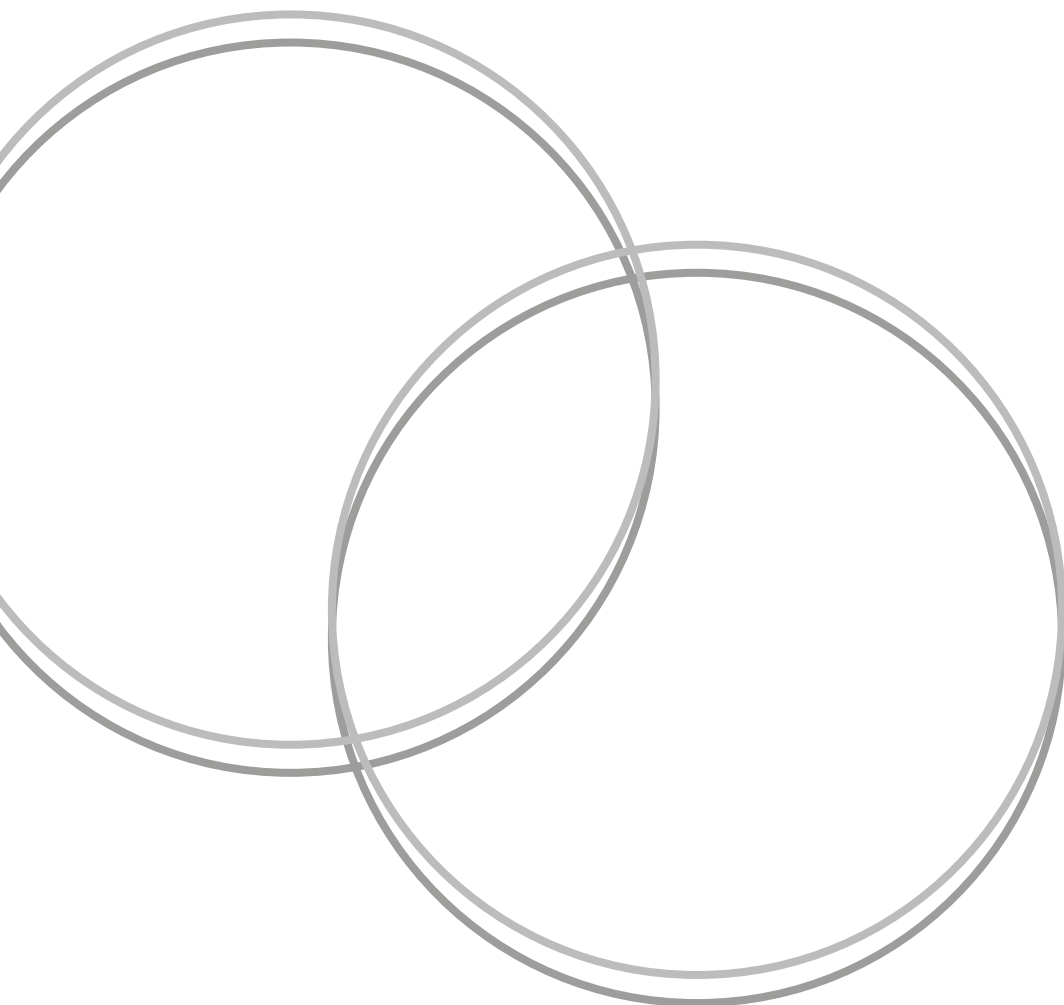


Birth after caesarean – choices for birth

Information leaflet



What are my choices for birth after a caesarean?

Currently, approximately 1 in 4 women/people in England give birth by caesarean. Some women/people have more than one caesarean section.

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

There is agreement by experts in women's/people's health that planned vaginal birth after caesarean section (called VBAC) is a safe choice for most women/people who have had a previous lower segment caesarean section.

A lower segment caesarean section is when the caesarean cut is horizontal (side to side) and in the lower part of the uterus (womb).

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

- why you had your previous caesarean?
- what type of cut was made in your uterus (womb)?
- how you felt about your previous birth?
- if you have had any previous complications of pregnancy.

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 whether you plan to have more children in the future.

What is VBAC?

Vaginal birth after caesarean (VBAC) is the term used when a woman/person gives birth vaginally, having had a caesarean in the past. Vaginal birth includes a birth that progresses naturally and those that are assisted by forceps or ventouse.

What are the advantages of a successful VBAC?

- Vaginal birth has the lowest chance 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 avoid having surgery, and the chance of associated complications afterwards.

When is VBAC likely to be successful?

In the UK, about 3 out of 4 women/people with a low risk pregnancy who go into labour naturally, give birth vaginally after one previous caesarean.

More than 9 out of 10 women/people who have had a vaginal birth, either before or after their caesarean, have a vaginal birth again.

About 71 out of 100 women/people have a successful vaginal birth following two or more previous caesarean sections.

When is VBAC not advisable?

There are very few situations when VBAC is not advisable and caesarean is a safer choice. These include:

- If your uterus has ruptured during a previous labour
- If you have had a previous classical caesarean incision (a vertical caesarean cut from the belly button down to the pubic hairline)
- If you have other pregnancy complications that require a caesarean birth.

What are the disadvantages of VBAC?

Emergency caesarean section

The usual reasons for an emergency caesarean section is either labour slowing down or concern for the wellbeing of your baby. This happens for around 1 in 4 women/people.

Scar weakening or scar rupture

During a VBAC, a very small chance that the scar on your uterus will weaken and open. If the scar opens completely (called a scar rupture) this may be more serious for you and your baby. For this reason we always recommend that women/people who have had a previous caesarean plan to have their baby on a delivery suite. This means we can continuously record the baby's heart rate and have fast access to theatre. However, scar rupture is rare and only happens in around 1 in 200 women/people.

If your labour is induced (started artificially) this increases the chance of scar rupture to about 1 to 2 in 100 women/people. If there are signs of scar rupture, your baby would be born by caesarean.

The chance of the scar weakening and opening is reduced to 2 in 1000 if you have had a previous vaginal birth, even if you have had a caesarean section in between.

Risks to your baby

The chance of your baby dying or being brain damaged if you have a VBAC is very small (2 in 1000 babies). 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 1000 babies). However, this has to be balanced against the risks of having a caesarean section (see page 8).

What is an elective repeat caesarean section?

An elective repeat caesarean section means that the date on which your baby is born 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 medical reason for your baby to be born earlier.

What are the advantages of having an elective repeat caesarean section?

- knowing the date of the birth.
- very low chance of uterine scar rupture.

An elective repeat caesarean section is planned within the seven days before your due date, so there is still a chance that labour may start naturally. 1 in 10 women/people due to have a planned caesarean section will go into labour before their due date.

The disadvantages of elective repeat caesarean section include:

A longer and possibly more difficult operation

A repeat caesarean section 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 chance for women who give birth by caesarean of developing a blood clot (about 1 in 100, compared to 2 in 1000 women/people 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 is very rare but can be life threatening.

There is a longer recovery period

You will be in hospital for longer following a caesarean than if your baby is born vaginally. When you leave hospital you may need extra help at home, as there are some types of housework particularly that which involves lifting 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 this with your insurance company). This is due to the wound on your abdomen (tummy), 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 a caesarean birth and usually do not last long. There is a small chance that your baby may need to go to the neonatal (newborn) baby unit. Around 4 in 100 babies born by planned caesarean section have breathing problems, compared to 1 in 100 following VBAC.

A need for planned caesarean section in future pregnancies

More scar tissue grows with each caesarean section, which can increase the chance of complications during future abdominal surgery. There is also an increased chance, during your next pregnancy of the placenta being low lying. This is called placenta praevia. This increases the chance of bleeding during and after pregnancy. It also increases the chance of your baby being breech (in a feet down position). Placenta praevia may also mean you need to have your baby early. These and other risks, which your obstetrician can discuss with you, mean you are more likely to have complications which can lead to an emergency caesarean section.

Having more than one caesarean also increases the chance of the placenta growing into the scar tissue in your womb (called placenta accreta or percreta), making it difficult to remove during future caesarean sections. This can result in bleeding and may mean that you will need a hysterectomy (removal of the womb).

Longer term health risks for your baby

Babies born by caesarean have an increased chance of allergies, asthma, diabetes and obesity. The chance of these conditions can be reduced if you are able to fully breast feed your baby.

All serious risks increase with every caesarean section 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 section can be carried out if necessary. When you think your labour is starting, contact the Maternity Assessment Unit at the John Radcliffe 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 (also known as a CTG), that may help to show signs of distress. Wireless monitors are available to help you move around more easily in labour (they can also be used in the birthing pool).

What happens if I go past my due date when I've planned a VBAC?

If your labour does not start by 40 weeks, you will be given an appointment to discuss your options with an obstetrician (hospital doctor). These options are:

- continue to wait for labour, with the offer of a vaginal examination called a stretch and sweep. The aim of the stretch and sweep is to stimulate the cervix (neck of the womb) to try and encourage labour to begin.
- Dilapan – this is a mechanical method of induction of labour that is a safe option for people choosing to have a VBAC. Please see 'The Induction of Labour Journey: Your Options' patient information leaflet on the Oxford University Hospitals website for more information.
- induction of labour (starting labour artificially) – 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 section as a planned operation.

What happens if I have a date for a planned caesarean and I go into labour?

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

Telephone: **01865 220 221**

(your call will be answered 24 hours a day).

It is possible that you may have an emergency caesarean section 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 recommended. The obstetrician will discuss this with you at the time.

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 or midwife.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

We would like to thank the Oxfordshire Maternity and Neonatal Voices Partnership for their contribution in the development of this leaflet.

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