

# Birth after a caesarean delivery

## Maternity Department



Patient information leaflet

## **What is VBAC?**

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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 birth assisted by forceps or ventouse.

## **What is an elective repeat caesarean delivery?**

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An elective caesarean means a planned caesarean.

## **What are the advantages of a successful VBAC?**

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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 abdominal pain after birth
- not having surgery.

## **When is VBAC likely to be successful?**

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Overall, about three out of four women (75%) 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 your chance of a successful vaginal birth is slightly less than this (between 70% and 75%).

## **What are my chances of a successful VBAC?**

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A number of factors (risk factors) make the chance of a successful vaginal birth less likely.

These are when you:

- have never had a vaginal birth
- need to be induced
- did not make progress in labour and needed a caesarean delivery (usually owing to the position of the baby)
- are overweight – a body mass index (BMI) greater than or equal to 30 at booking.

## **What are the disadvantages of VBAC?**

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The disadvantages of VBAC include:

### **Emergency caesarean delivery**

There is a chance you will need to have an emergency caesarean delivery during your labour. This happens in 25 out of 100 women (25%). This is only slightly higher than if you were labouring for the first time, when the chance of an emergency caesarean delivery is 20 in 100 women (20%). The usual reasons for an emergency caesarean delivery are labour slowing or if there is a concern for the wellbeing of the baby.

### **Blood transfusion and infection in the uterus**

Women choosing VBAC have a slightly higher chance of needing a blood transfusion or having an infection in the uterus compared with women who choose a planned caesarean delivery.

## Scar weakening or scar rupture

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.

## Risks to your baby

The risk of your baby dying or being brain damaged if you undergo VBAC is very small (two in 1000 women or 0.2%). This is no higher than if you were labouring for the first time, but it is higher than if you have an elective repeat caesarean delivery (one in 1000 or 0.1%). However, this has to be balanced against the risks to you if you have a caesarean delivery (see below). These disadvantages are more likely in women who attempt VBAC and are unsuccessful.

## When is VBAC not advisable?

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

- 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 delivery.

## What are the advantages of elective repeat caesarean delivery?

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The advantages of elective repeat caesarean delivery include:

- smaller risk of uterine scar rupture (1 in 1000)
- it avoids the risks of labour and particularly the risk of possible brain damage or stillbirth from lack of oxygen during labour (2 in 1000 or 0.2%)
- knowledge of the date of 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%) go into labour before this date.

## What are the disadvantages of elective repeat caesarean delivery?

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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 bowel or bladder. There are rare reports of accidental cutting of the baby at caesarean 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 one in 1000 caesarean deliveries). See RCOG Patient Information Venous thrombosis in pregnancy and after birth: information for you.

### **There is a longer recovery period**

You may need extra help at home and will be unable to drive for about six weeks after delivery (check with your insurance company).

## **Breathing problems for your baby**

Breathing problems are quite common after caesarean delivery and usually do not last long.

Occasionally, the baby will need to go to the special care baby unit. Between 4 to 5 in 100 babies (4–5%) born by planned caesarean delivery 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.

## **A need for elective caesarean delivery in future pregnancies**

More scar tissue occurs with each caesarean delivery. This increases the 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. All serious risks increase with every caesarean delivery you have.

## **Key reference source**

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[www.rcog.org.uk/womens-health/clinical-guidance/birth-after-previous-caesarean-birth-green-top-45](http://www.rcog.org.uk/womens-health/clinical-guidance/birth-after-previous-caesarean-birth-green-top-45)



## Contact details

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### Maternity Department

**Telephone:** 01483 464147

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### PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** [rsc-tr.pals@nhs.net](mailto:rsc-tr.pals@nhs.net)

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

Past review date: December 2017

Future review date: December 2020

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**PIN171214–1453**

