

Birth Options After Previous Caesarean Section

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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 section. Many 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 next time. Whether you choose to have a vaginal birth or a caesarean delivery in this pregnancy, both of these options are safe and are associated with different risks and benefits.

In considering your choices, your obstetrician will ask you about your medical history and about your previous pregnancies. They will want to know about:

- The reason you had the caesarean delivery and what happened
- The type of cut that was made in your uterus (womb)
- How you felt about your previous birth and whether you have any concerns
- Whether there has been any problems or complications in your current pregnancy
- Your preferences for the mode of birth
- How many babies you are hoping to have

You and your obstetrician or midwife will consider all of this information as well as your chances of a successful vaginal birth and your preferences when making a decision about the type of delivery.

If you have had 2 caesarean sections and would like to consider a vaginal birth, you will have an appointment with a senior obstetrician to discuss the potential risks, benefits and chances of successful vaginal birth in your individual situation.

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 natural birth as well as birth assisted by forceps or ventouse.

What is an elective repeat caesarean section (ERCS)?

An elective caesarean means a planned caesarean. The date is usually planned in advance at your hospital antenatal visit.

The caesarean delivery usually happens from 39 weeks gestation onwards, unless there is a reason why you or your baby needs an earlier delivery.

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 pregnancy and normal birth in future pregnancies
- A shorter recovery and a shorter stay in hospital. You should be able to get back to everyday activities more quickly and you should be able to drive sooner
- Less abdominal pain after birth
- Not having surgery and avoiding the risks of an operation
- Less chance of your baby having breathing difficulties after birth

What are my chances of a successful VBAC?

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 previous caesarean delivery, about nine out of ten women (90%) have a successful VBAC.

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 (between 70% and 75%).

When is VBAC likely to be successful

A number of factors make the chance of a successful vaginal birth more likely. These are when you:

- Have had a previous vaginal birth, particularly if you have had previous successful VBAC
- Go into labour naturally
- Are not overweight – a body mass index (BMI) less than 30.

What are the disadvantages of VBAC?

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**

Women choosing VBAC have a slightly higher chance of needing a blood transfusion compared with women who choose a planned caesarean delivery.

- **Scar weakening or scar rupture**

The scar on your uterus may separate and/or tear (rupture). This can occur in 1 in 200 women. This risk increases by 2 to 3 times if your labour is induced. If there are warning signs of these complications, your baby will be delivered by emergency caesarean section. Serious consequences for you and your baby are rare.

- **Risks to your baby**

Serious risk to your baby such as brain injury (0.08%) or stillbirth (0.04%) is very low. The risk with VBAC is higher than for a planned caesarean section but is the same as if you were labouring for the first time.

- **Assisted vaginal Birth / Perineal trauma**

You may need an assisted vaginal birth using ventouse or forceps. You may experience a tear involving the muscle that controls the anus or rectum (third or fourth degree tear).

When is VBAC not advisable?

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?

The advantages of elective repeat caesarean delivery include:

- There is a smaller risk of uterine scar rupture (1 in 1000).
- It avoids the risks of labour and the rare serious risks to your baby (2 in 1000).
- You will know the date of planned birth. However, 1 in 10 women go into labour before this date and sometimes this date may be changed for other reasons.

What are the disadvantages of elective repeat caesarean delivery?

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. You can get a wound infection that can take several weeks to heal and you may require a blood transfusion during or after your caesarean section.

- **Chance of a blood clot (thrombosis)**

You have a higher risk of developing a blood clot (thrombosis) in the legs (deep vein thrombosis) or lungs (pulmonary embolism) with caesarean delivery.

- **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).

- **Risks for your baby**

Breathing problems are quite common after caesarean delivery and usually do not last long. Between 4/5 in 100 babies born by planned caesarean section at or after 39 weeks have breathing problems compared with 2/3 in 100 following VBAC. There is a higher risk if you have a planned caesarean section earlier than 39 weeks (6 in 100 babies at 38 weeks).

Your baby's skin may be cut at the time of caesarean section. This happens in 2 out of every 100 babies delivered by caesarean section, but usually heals without any further harm.

- **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.

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 soon as 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. This is to ensure your baby's wellbeing as changes in the heartbeat pattern can be an early sign of problems with your previous caesarean scar. You can have an epidural during labour 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 rupture and lowers the chance of a successful VBAC
- Repeat elective caesarean delivery. Some women choose to aim for VBAC if they labour spontaneously but opt for a repeat elective caesarean delivery after their due date rather than induction of labour.

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


Telephone the Delivery Suite on 0151 430 1502 / 1503 to let them know what is happening. It is likely that an emergency caesarean will be performed once labour is confirmed. If labour is very advanced, or if the labour is early (before 37 weeks), then VBAC may be more suitable. Your obstetrician will discuss this with you.

Key points to consider

- If you are fit and healthy, both VBAC and ERCS are safe choices with very small risks.
- 3 out of 4 women who have had one caesarean section and then have a straightforward pregnancy and go into labour naturally give birth vaginally.
- 9 out of 10 women will have a successful VBAC if they have ever given birth vaginally before. Successful VBAC has the fewest complications.
- Giving birth vaginally carries small risks for you and your baby but, if you have a successful vaginal birth, future labours are less complicated with fewer risks for you and your baby.
- Having a caesarean section makes future births more complicated.
- Most women who have a planned caesarean section recover well and have healthy babies, but it takes longer to get back to normal after your baby is born.

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) patient information leaflet Birth after previous caesarean (published by the RCOG in July 2016).



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