



Vaginal Birth after Caesarean Section

If you have had a caesarean birth, you may be thinking about how to give birth next time.

For many years it was assumed that once a woman had a caesarean section, all future babies would be delivered this way. However this is not always true. Whether you choose to have a vaginal birth after caesarean section (VBAC) or a planned caesarean section in a future pregnancy, either choice is usually safe but has different risks and benefits.

Each individual woman's preferences and risk profiles will be different.

It is very important to discuss your birth options with your maternity care clinicians so that you are making an informed choice. In considering your options, your obstetrician or midwife will ask you about your medical history and your previous pregnancies. They will want to know about:

- the reason you had the caesarean delivery and what happened – was it an emergency?
- the type of cut that was made in your uterus (womb)

- how you felt about your previous birth experience. Do you have any concerns?
- whether your current pregnancy has been straightforward or have there been any problems or complications?

Your obstetrician or midwife will respect your right to be involved in the decision-making regarding mode of birth, and consider your wishes, your perception of the risks and plans for future pregnancies. Your decision should involve your family and be made early in your pregnancy, in consultation with your doctors and midwives, with a view to planning mode and place of birth. An agreed plan should then be documented in your pregnancy record.

If planning a VBAC, this should be conducted in a suitably staffed and equipped maternity unit, with trained staff and the appropriate equipment to monitor the mother and baby's wellbeing continuously throughout the labour. Your hospital should have the available resources to proceed to urgent caesarean section and neonatal resuscitation, if required.

What are the benefits and risks of VBAC?

The benefits 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
- when repeat elective caesarean section is chosen, there are the risks associated with any major surgery, and all future births are likely to be by caesarean section. As the number of previous caesarean section deliveries increases, so does the risk of rare but serious complications
- a shorter recovery and a shorter stay in hospital
- less abdominal pain after birth
- personal satisfaction in achieving a vaginal birth if this is desired
- babies born vaginally have a lower risk of respiratory problems

It can be challenging to explain and understand the risk of complications which occur rarely, but which may have very serious consequences if they occur.



Attempting vaginal birth after a previous caesarean section carries additional risks for mother and baby that include:

- there is a chance you will need an emergency caesarean during labour, which has increased risks of bleeding and infection compared to a planned caesarean section
- uterine scar rupture, an event that occurs approximately five to seven times in every 1000 attempts. Uterine scar rupture can result in serious problems for the baby (death or brain injury) or for you (serious bleeding, including the small risk of hysterectomy)
- the risk of your baby dying or being brain damaged if you choose a VBAC is very small (two in 1000 women). This risk is low, but it is slightly higher than if you had a repeat caesarean section (one in 1000). However, this needs to be balanced against the risks and benefits of planned caesarean section



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Unsuitable conditions for VBAC

There are very few occasions where 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 previously
- you have a high uterine incision (classical caesarean)
- you have had previous surgery to your uterus, such as removal of fibroids
- you have other pregnancy complications that require a caesarean delivery

Factors affecting success of VBAC

A number of factors favouring success include:

- previous vaginal birth
- previous successful VBAC
- spontaneous onset of labour
- uncomplicated pregnancy without other risk factors

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

- have never had a vaginal birth
- need to have your labour induced
- have had more than one previous caesarean section
- are overweight, with a body mass index (BMI) over 30 at booking
- have a complicated pregnancy
- have had slow progress in a past labour, but this should be discussed with your caregiver

What happens if I go into labour when I'm planning a VBAC?

Contact your hospital or maternity provider if you think you have gone into labour or your waters have broken.

What happens if I do not go into labour when I'm planning a VBAC?

If labour does not start by 41 weeks, your doctor or midwife will discuss different options with you. Induction of labour remains an option for women undergoing planned VBAC, however, this reduces the success rate of achieving VBAC and increases the rate of uterine rupture. Induced labour is less likely to result in VBAC than spontaneous labour and an unfavourable cervix at induction decreases the chances of success. Some women who are contemplating future pregnancies may accept these short term additional risks to maximise their chance of vaginal birth, since a successful VBAC will reduce the risks associated with multiple caesarean section in future pregnancies.



How will my care during labour be different if I have a VBAC?

Continuous monitoring of your baby's heartbeat is recommended once you are in established labour. This helps detect any changes in the baby's heart rate, which may be related to problems with the scar on your uterus (womb).

Sometimes it is suggested to have an intravenous cannula inserted so that blood can be taken and cross-matched in case of an emergency. The progress of your labour will be closely monitored, and if you are not making good progress a repeat caesarean will be advised. You will be involved throughout your labour with the planning of your care.

My Birth Plan

Think about all of your options carefully. Your obstetrician or midwife are available to discuss any questions that you may have. Whether your next baby is born vaginally or by caesarean section, we want it to be a safe, rewarding and satisfying experience for you and your family.

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