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Birth After Previous Caesarian Section.



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1. 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 delivery (a surgical operation where a cut is made in your abdomen and your baby is delivered through that cut). Many women have more than one caesarean delivery.

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 – was it an emergency?
- the type of cut that was made in your uterus (womb)
- how you felt about your previous birth. Do you have any concerns?
- whether your current pregnancy has been straightforward or have there been any problems or complications?

You and your obstetrician or midwife will consider your chance of a successful vaginal birth, your personal wishes and future fertility plans when making a decision about vaginal birth or caesarean delivery.

2. 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 birth assisted by forceps or ventouse

3. What is an elective repeat caesarean delivery?

An elective caesarean means a planned caesarean. The date is usually planned in advance at your hospital antenatal visit. The caesarean delivery usually happens in the seven days before your due date, unless there is a reason why you or your baby needs an earlier delivery.

4. What are the advantages of a successful VBAC?

- 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.

5. When is VBAC likely to be successful?

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.

6. What are my chances of a successful VBAC?

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) over 30 at booking.

7. 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%).

- **Blood transfusion and infection in the uterus**
- **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%).

- **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%). However, this has to be balanced against the risks to you if you have a caesarean delivery

These disadvantages are more likely in women who attempt VBAC and are unsuccessful.

8. 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.

9. What are the advantages of elective repeat caesarean delivery?

The advantages of elective repeat caesarean delivery include:

- virtually no risk of uterine scar rupture
- it avoids the risks of labour and particularly the risk of possible brain damage or stillbirth from lack of oxygen during labour (one in 1000 or 0.1%)
- knowledge of the date of delivery.

10. What are the disadvantages of elective repeat caesarean delivery?

The disadvantages of elective repeat caesarean delivery include:

- A longer and possibly more difficult operation
- Chance of a blood clot (thrombosis)
- There is a longer recovery period
- Breathing problems for your baby
- 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.

11. 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.

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

Telephone the hospital 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.