

Vaginal Birth After Caesarean

VBAC



Information for patients

What are my choices for birth after one caesarean section?

More than one in five women currently give birth by caesarean section in the UK. Half of these are as a planned (“elective”) operation and the other half are as an emergency. Many of these women have more than one caesarean delivery.

If you have had a caesarean section, you may be thinking about how to deliver in your next pregnancy. Planning for a vaginal birth after caesarean (VBAC) or choosing an elective repeat caesarean section (ERCS) have different risks and benefits.

In order to make your decision you and your obstetrician will need to think about your individual risk factors, including your medical and surgical history, and your previous pregnancies. You will discuss with your obstetrician factors such as:

- The reason for your caesarean section
- Any previous vaginal or caesarean deliveries
- Any complications during or after your caesarean delivery
- The type of cut that was made in your uterus (womb)
- How you felt about your previous birth, and your wishes for this delivery
- Any complications in previous pregnancies, and whether your current pregnancy has had any complications
- How many children you wish to have

You will discuss your birth options with your healthcare professionals during the course of your pregnancy and the information will help you decide how to plan to deliver.

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 section

in the past. Vaginal birth includes birth assisted by forceps or ventouse (vacuum cup).

What is an ERCS?

ERCS stands for 'elective (planned) repeat caesarean section'. 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.

What are my chances of a successful VBAC?

Three out of four women who go into labour naturally after one caesarean section, and have had an uncomplicated pregnancy will give birth vaginally.

About nine out of ten women (90%) who have had a vaginal birth, either before or after their caesarean delivery, go on to have a successful vaginal delivery.

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 lesser.

You are more likely to have a successful VBAC if your labour started naturally, and if your BMI (body mass index) at booking was less than 30.

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 normal birth in future pregnancies
- A shorter recovery and a shorter stay in hospital
- Less abdominal pain after birth
- Not having surgery

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 to 1 in 4 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 1 in 5 (20%). The usual reasons for an emergency caesarean delivery are if your labour slows down, or if there are concerns for your baby's wellbeing.

Blood transfusion and infection in the uterus

Women choosing VBAC have a 1 in 100 (1%) 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 1 in 200 women (about 0.5%). Being induced increases the chance of this happening by two to three times. 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. This is comparable to, if you were labouring for the first time. The risk of delivery related brain injury is around 8 per 10,000 women (0.08%) is slightly higher than if you have an elective

repeat caesarean delivery (1 in 10000 or 0.01%). 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?

VBAC is usually an option for most women, but in a few instances you may be advised that a repeat caesarean section is a safer choice. These instances include:

- If you have had three or more previous caesarean deliveries
- If your uterus has ruptured during a previous labour
- If your previous caesarean section incision involved the upper part of the uterus (classical caesarean)
- You have other pregnancy complications that require a caesarean delivery

What are the advantages of ERCS?

The advantages of elective repeat caesarean delivery include:

- A smaller risk of uterine scar rupture (2 in 1000)
- Avoiding the risks associated with labour, including the risk of delivery related brain injury or stillbirth from lack of oxygen during labour (one in 10000 or 0.01%)
- Knowing the date of your delivery. However 1 in 10 women go into labour prior to this date.

What are the disadvantages of ERCS?

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 surrounding organs such as the bowel or bladder.

Chance of a blood clot (thrombosis)

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

There is a longer recovery period

You may have a longer recovery period in hospital. You may also need extra help at home and will be unable to drive for about six weeks after delivery (check with your insurance company).

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 and 5 in 100 babies born by planned caesarean section at or after 39 weeks have breathing problems compared with 2 to 3 in 100 born by VBAC. There is a higher risk if you have a planned caesarean section earlier than 39 weeks (6 in 100 babies at 38 weeks).

There is also a small risk (2 in 100) of a cut to baby's skin at the time of caesarean delivery. This usually heals well.

Long term risks

You are more likely to require a planned caesarean section 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.

Benefits VBAC	Benefits ERCS
Quicker post-delivery recovery	Knowing method of delivery in advance
Less post-delivery pain	Avoiding risk to perineal tears
Greater chance of vaginal birth in next pregnancy	
Risks VBAC	Risks ERCS
1:200 risk of uterine rupture	Serious risk to future pregnancies
If induction is required 1.5 fold increase in CS, and increased risk of uterine rupture 2-3 fold	Bladder, ureter bowel and other organ damage
Impact on baby	
Impact on baby is comparable to that of women having their first birth. VBAC: 8 in 10000 chance of delivery related brain injury	ERCS: respiratory morbidity with 4-5:100

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

You will be advised to deliver in hospital so that an emergency caesarean section can be performed if necessary. You should contact the hospital as soon as you think you have gone into labour or once your waters break.

You will be advised to have your baby's heartbeat continuously monitored once you start having regular contractions. You will still have various options for pain relief, including an epidural.

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

If labour does not start by 41 weeks (seven days after your due date), your obstetrician will discuss different options including:

- Waiting for labour to start naturally
- Induction of labour; this increases the risk of scar rupture and lowers the chance of a successful VBAC
- Repeat elective caesarean section.

What happens if I go into labour if I'm planning an elective caesarean section?

Telephone your maternity team to let them know what is happening. It is likely that an emergency caesarean delivery will be offered once labour is confirmed. If labour is more advanced, or if the labour is early (before 37 weeks) VBAC may be more suitable, however the maternity team will discuss with you at the time.

For more information

Add contact details

Add location details where applicable

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References :

Royal College of Obstetricians and Gynaecologists
Leeds Teaching Hospitals NHS Trust VBAC patient information
leaflet (Local Maternity System information)

If you require this leaflet in other languages or formats please
telephone the Patient Advice and Liaison Service (PALS) on 01535
294019

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Date of publication: July 2020 [Version 1.0]
Date of review: July 2022 [2 year review date]

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