

Vaginal Birth after Previous Caesarean Section (VBAC)

**Obstetrics & Gynaecology
Women & Children Services**

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries you may have.

Information for patients and visitors

Introduction

This leaflet tells you about delivery after a previous Caesarean section. It aims to help you understand vaginal birth after Caesarean (VBAC), answer any questions you may have and alleviate concerns. It gives details of risks and benefits of a vaginal delivery and you should discuss these options with your midwife or Consultant looking after you.

What are the options for birth after a Caesarean delivery?

If you have had a previous Caesarean section; we recommend you aim for a vaginal birth.

There are only a few uncommon conditions that could make vaginal birth unsafe and so a Caesarean section may be necessary. Your individual circumstances should be discussed with your Consultant.

When is VBAC not advisable?

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

These include:

- three or more previous Caesarean deliveries
- the uterus has ruptured during a previous labour
- a high uterine incision (classical Caesarean)
- other pregnancy complications that require a Caesarean delivery

What happens in a VBAC?

Labour after a previous Caesarean section is managed like any other labour. Most of the care will be exactly the same. We do however advise continuous monitoring of your baby during labour.

How likely is the VBAC to be successful?

Two out of three women (60-70%) who attempt to deliver vaginally do so successfully, irrespective of the reason for their Caesarean section.

For those with a straightforward pregnancy who go into labour success increases to three out of four women (75%).

For women who have had a vaginal birth, either before or after their Caesarean delivery, success is as high as nine out of ten women (90%) for a vaginal birth.

What else will affect my chances of VBAC?

Certain factors can reduce the chance of achieving a successful VBAC. These include:

- If you need to be induced (labour does not start naturally)
- Are overweight, have a BMI (body mass index) over 30 at booking
- Do not progress in labour e.g. labour is slow to progress we may suggest a Caesarean section

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What are the advantages of a successful VBAC?

Advantages and benefits of vaginal birth include:

- Many women achieve satisfaction from giving birth themselves
- Quicker recovery:
 - Usually home within 24 hours
 - Able to move around more easily
 - Able to drive within a few days
- Caring for your baby is easier after a vaginal birth as you are not recovering from an operation
- Less abdominal pain after birth
- Avoids the complications of surgery and anaesthesia
- Greater chance of an uncomplicated normal vaginal delivery next time
- Less risk of blood clots forming in your legs
- Lower chance that baby will need admission to neonatal unit

What are the disadvantages of VBAC?

Emergency Caesarean section:

- One in four women (25%) will require an urgent/emergency Caesarean section during labour. This is usually because the labour does not progress normally such as slow labour, or there are concerns about the baby
- It is not possible to tell in advance who will require an unplanned Caesarean section. The risk is however only slightly higher than women who are labouring for

the first time with one in five (20%) requiring an emergency Caesarean

Scar weakening or rupture:

- There is a chance that the scar on your uterus from your previous Caesarean section will weaken and open (rupture). This is rare but slightly increased in VBAC. The risk is approximately 0.5% (50 per 10,000 vaginal births)
- The observations and monitoring that are undertaken as part of your care in labour aim to identify this problem in the unlikely event that it happens. You are advised to call the hospital as soon as you think you are in labour so you can be closely monitored
- Rupture of the scar is rare but can have serious consequences. Rarely can it cause life threatening bleeding and removal of the womb (hysterectomy) is necessary to stop the bleeding. This occurs in 3 in 10,000 women who attempt VBAC, 0.03%

Risks to your baby:

- The risk of your baby dying or being brain damaged if you undergo VBAC is very small. The risk of your baby dying is 10 per 10,000 or 0.1%. This is however no higher than if you were labouring for the first time, but it is higher than if you have an elective repeat Caesarean delivery (1 in 10,000 or 0.01%). However, this has to be balanced against the risks to you if you have a Caesarean delivery

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Advantages of Elective Caesarean Section

- Planned procedure with the set date for delivery
- Virtually no risk of uterine rupture
- It avoids the risks of labour and particularly reduces the risk of possible brain damage or stillbirth from lack of oxygen during labour (0.1 in 1000 or 0.01%)

However, there is a chance that you will go into labour before the date of your Caesarean section. This happens to 1 in 10 women, 10%.

Disadvantages of Elective Caesarean Section

A longer and more difficult operation

Second operations may be longer than the first due to scar tissue forming. This can also make the surgery more difficult and increase the risk of damage to bladder and bowel

Higher risk of a blood clot forming (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).

Longer recovery than a vaginal delivery

Involves hospital admission for several days. You will be unable to drive for six weeks, you will need to avoid heavy lifting and you will need extra help when you return home.

Increased likelihood of Neonatal Unit admission

9.3% of babies born by elective repeat Caesarean delivery require admission to a

Neonatal Unit compared with only 4.9% of babies born by VBAC.

Risk to future pregnancies

Likely to need delivery by Caesarean section in future pregnancies as we do not recommend a vaginal birth in women who have had 2 or more Caesarean sections previously.

More scar tissue also develops 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 life threatening bleeding and may require a hysterectomy. All serious risks increase with every Caesarean delivery you have.

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. These may include:

- Continue to wait for labour
- Induction of labour, though the chance of a scar problem developing in labour is higher if labour is induced
- Caesarean section

Can I have a Home Delivery?

The recommendation is that all women who have had a previous Caesarean section should give birth in hospital with the necessary facilities if an emergency occurs. Please discuss your individual case with your midwife/obstetrician.

Information for patients and visitors

References

Royal College of Obstetricians and Gynaecologists (2008) Birth after previous Caesarean section: information for you. London: RCOG.

National Institute for Clinical Excellence (2004) Caesarean Section. London: NICE.

Tracy SK, Tracy MB, Sullivan E. Admission of term infants to neonatal intensive care: a population-based study. Birth 2007, 34:301-7.

NCT (2016) VBAC: Vaginal birth after Caesarean

<https://www.nct.org.uk/birth/vaginal-birth-after-Caesarean-vbac>

Further information

If you have any questions or concerns about your pregnancy or you need further information, please ring your GP, Community Midwife or NHS Direct on 0845 4647.

The **Patient Advice and Liaison Service** would be pleased to offer non-clinical confidential advice and support if you have any concerns. PALS can be contacted on 01782 552317 / 553022 or e-mail patient.advice@uhns.nhs.uk

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital – you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital – you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which situated on C Floor.

Alternatively you can email:

nlg-tr.PALS@nhs.net

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