Doncaster and Bassetlaw Hospitals NHS

NHS Foundation Trust

Vaginal birth after caesarean section (VBAC)

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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.

If you have had one pregnancy that led to a caesarean section delivery (C/S), you may be thinking about how to give birth next time. Whether you chose to have a vaginal birth or a caesarean delivery in a future pregnancy, either choice is safe but has different risks and benefits. Women who have had both a C/S and a previous vaginal birth are more likely to give birth vaginally.

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

- 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 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 the decision about your delivery.

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 you baby need an earlier delivery.

What are the benefits of successful VBAC?

It usually takes less time to recover from a vaginal delivery. This can be helpful if you have older children to care for, especially as you are restricted from driving after caesarean section (check with your insurance company). A vaginal delivery further increases your chances of another in the future and decreases the chances of your baby developing breathing and lung problems at birth.

A successful vaginal birth offers several advantages over a caesarean birth:

- avoiding another incision in the womb (uterus)
- a lower risk of infection after childbirth
- a shorter stay in hospital
- greater participation in the birth by you and your birthing partner
- a faster recovery for you with less abdominal pain after birth
- you are more likely to deliver vaginally again in the future
- smaller risk of your baby needing admission to the neonatal unit with breathing difficulties
- you may bond more easily with your baby
- you may feel a considerable sense of achievement.

What are the chances of a successful vaginal delivery?

If you go into labour on your own, the chances of a successful vaginal delivery are around 75%.

If you have had a vaginal birth, either before or after your caesarean delivery, about 90% of women have a vaginal birth.

Most women with two previous caesareans deliveries will have their next baby by caesarean delivery.

What are the factors that make a successful vaginal delivery less likely?

A number of 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. If labour does not start by 41 weeks, your obstetrician will discuss different options with you such as to wait up to 12 days past your due date, induction of labour or elective repeat C/S
- did not make progress in labour and needed a caesarean delivery (usually due to the position of the baby)

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 two or more caesarean deliveries
- the uterus has ruptured during a previous labour
- you have a high uterine incision (classical)
- you have other pregnancy complications that require a caesarean delivery.

Are there any risks to VBAC?

- Emergency caesarean delivery
  If caesarean is necessary during your labour it will be an emergency caesarean. This happens in 25 out of 100 women (25%). This is only slightly higher than if you were labouring for the first time. 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 and infection
  Women who choose VBAC have 1% higher chance of needing blood transfusion or having infection in the uterus compared with women who choose or a planned CS.
- Scar rupture or weakening, and risks to the baby.
  There is a chance that your scar on your uterus (womb) will weaken and may open (uterine rupture). If this happens, you may require urgent delivery by caesarean section. This may have serious consequences for you and your baby. However, the chance of this happening is very small. This occurs only in two to eight women in 1000. Being induced increase the chance of this happening (about 0.5%). The chances of your baby dying or being damaged antenatally or in labour are very small (two in 1000 women or 0.2%) and this is no greater than any mother in her first pregnancy.

  It is important that you also remember that the majority of women end up with a vaginal delivery without any problems.

How can the risk of rupture be minimised?

- by labouring and delivering in a maternity unit where immediate attention can be received
- by waiting for spontaneous labour
- by monitoring you very closely through your labour to watch for early signs of this problem and deliver you if needed
- by avoiding a long labour and a long period of pushing.

What are the advantages of elective repeat caesarean delivery?

The advantages of elective repeat caesarean delivery include virtually no risk of uterine scar ruptures and knowledge of the date of delivery.

However, since caesarean delivery is planned for seven days before the due date, there is a chance that you will go into labour before the date of your caesarean delivery. One in ten women (10%) go into labour before this date.

Are there any risks with having a repeat caesarean section?

- 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. There are rare reports of accidental cutting of the baby at caesarean delivery
- anaesthetic problems
- bleeding
- infection
- deep vein thrombosis (DVT), which is blood clots in the veins in the legs and pulmonary embolism (clots in the lungs)
- longer recovery period
- breathing 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 Neonatal unit. Waiting until seven days before the operation will minimise the risk

- 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 severe life threatening bleeding and may require a hysterectomy. All serious risks increase with every caesarean delivery you have.

What happens in labour?

If you start to contract or think your waters have gone then you should telephone Doncaster Royal Infirmary, tel 01302 647071 or 01302 553165 or Bassetlaw Hospital, tel 01909 502227. Usually you will be asked to come in for review. If you are not in labour, you will be able to go home.

Once in active labour, both you and your baby will be monitored closely. Your pulse, blood pressure and temperature will be checked at regular intervals and the baby's heartbeat will be monitored continuously. You can use birthing balls and be as mobile as possible. Your midwife will assess you vaginally at regular intervals during the labour and a drip will be inserted into your arm to allow fluids to be given. If your progress is slow, a doctor will assess you. We may discuss using a drip to make your contractions stronger. You can have an epidural if you wish. The length of time that you push for will also be watched closely and if progress is slow while you are pushing you will be seen by a doctor. If you require a forceps or ventouse delivery this may be performed in theatre. You will be kept fully informed of how your labour is going.

What can I do to improve my chances of a normal delivery?

- use a birthing ball after 36 weeks
- attend antenatal classes on labour and delivery
- keep as mobile as possible in labour
- await spontaneous labour
- stay positive.

For further information, please discuss with your consultant. To book a place on the VBAC workshop please contact:

Doncaster Royal Infirmary, tel 01302 553245

Bassetlaw Hospital, tel 01909 502235.

Patient Advice & Liaison Service (PALS)

PALS staff are available to offer advice or information on healthcare matters. The office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. PALS staff can also visit inpatients on all Trust sites.

The contact details are:

Telephone: 01302 553140 or 0800 028 8059

Minicom (Text talk): 01302 553140 Email: pals.dbh@dbh.nhs.uk.

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