

# Vaginal Birth after Caesarean

## Information for consumers

---

If you have had a caesarean birth in the past, you may be given the choice between a vaginal birth or a repeat caesarean. How you decide to give birth is a personal choice. In some cases, a repeat Caesarean will be recommended for certain medical or obstetric reasons. It is important to be well informed about the benefits and risks of each before making your decision. The Obstetrician will discuss with you the best options for your birth, looking at your previous birth and individual preference to decide on the type of birth advised

### Vaginal Birth After Caesarean (VBAC)

Most women who have had a previous Lower Uterine Segment Caesarean Section (LUSCS) are eligible for a Vaginal Birth after Caesarean (commonly referred to as VBAC). It is important that you have an opportunity to discuss all your options with your health care team. At Grampians Health, 50% of women trying for VBAC have an emergency caesarean in labour.

### Benefits of successful VBAC

- Less blood loss.
- No complications associated with major abdominal surgery.
- Less infection.
- A quicker recovery after birth.
- A shorter stay in hospital.
- A sense of achievement at having gone through labour and birth.
- Reduces the risk of the baby experiencing breathing difficulties after birth that require admission to the special care nursery.
- Fewer complications in future pregnancies.

### What Improves your chances of successful VBAC

- Wait at least 12 months after the caesarean before getting pregnant again.
- Have no complicated medical problems.
- Have a healthy weight (BMI less than 30).
- Go into labour before 41 completed weeks of pregnancy.
- Baby weighs less than 4000g.
- Baby in an anterior position for birth i.e., back is facing mother's bellybutton.
- Go into labour naturally.
- The reason for your last caesarean was for something that is unlikely to reoccur or effect this pregnancy and labour i.e., Breech, placenta near or close to cervix, or unusual position of the baby



### Some tips for trying to start labour naturally:

- Deep squatting when you know the baby is in a good position for birth (ask your midwife to show you how the baby is lying). The pressure of the baby's head on the cervix helps to release prostaglandins which are good hormones for labour.
- Stretch and sweep – you can ask the midwife to do a vaginal examination and gently stretch the cervix open and sweep around the cervix with her finger. This helps to release prostaglandins to prepare the cervix for opening. A stretch and sweep can be done from 38 completed weeks of pregnancy.
- Reflexology and/or acupuncture.
- Nipple stimulation – gently rolling the nipples between your fingers can cause the release of oxytocin which is the hormone responsible for contractions.

Discuss these further with your midwife and/or doctor, who may have some other suggestions for getting into labour naturally.

### Considerations of VBAC

- The scar is potentially a weakened area on the uterus that can come apart. If this happens it can be potentially life threatening to the mother and the unborn baby. This is also known as Uterine Rupture. (It is important to understand that this could also happen even if a repeat Caesarean is planned).
- When the CS scar is on the lower part of the uterus, the non-contracting part, the risk of it coming apart during labour is less than 1% (0.5-0.7%).
- The risk of uterine rupture is less than all the other risks for women in labour i.e., Baby not coping with contractions during labour (fetal distress), shoulder dystocia (where the shoulders get stuck after the head is born), postpartum haemorrhage (excessive bleeding after the baby is born) or cord prolapse (where the umbilical cord comes before the head of the baby).
- If the staff suspect that there are any issues or concerns with the old scar weakening or opening, they will organise an emergency caesarean.
- Uterine rupture 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 having a planned caesarean section.
- Induction for VBAC increases the risk of uterine rupture to 1 in 100 chance. This needs to be carefully considered by the woman and her treating team before proceeding

### What reduces your chances of successful VBAC

- Induction of labour.
- Being overweight (BMI over 30).
- No previous vaginal birth.

- Previous CS for 'no progress' especially if you reached 10 cm dilation and the baby was in a good position i.e., head well flexed with chin tucked in and back facing towards belly button (anterior).
- Baby weighs over 4000g.

## Care in labour

### If you choose to try for a VBAC, you will receive close care in labour

- Call the labour ward when in established labour (regular painful contractions that are coming about every 5 minutes and lasting 40 – 60sec) or when there is rupture of membranes (waters break), bleeding or constant pain or if you are concerned.
- On admission an IV cannula will be inserted in your arm and some blood taken for cross matching (to ensure your blood type is in the hospital in case you need it).
- You should be able to eat and drink as you wish until in active labour (i.e., 4cm dilated with regular painful contractions).
- Once in active labour it is recommended that you do not eat, but you can drink fluids such as isotonic energy drinks. Milk based drinks are not recommended.
- Continuous fetal monitoring (CFM) is recommended once in established labour.
- To be able to remain active during your labour, if its available you may be able to use the telemetry CTG, which enables you to walk around unattached to a machine.

## Repeat Caesarean

Although most women who have had a previous LUSCS are eligible for a VBAC, some will need to have another Caesarean for reasons related to the health and wellbeing of the mother or baby. Some women choose to have a repeat Caesarean for personal reasons.

## Benefits of Caesarean

For women and babies whose medical condition means vaginal birth would be dangerous or not possible, a Caesarean provides a safer alternative in comparison. For women who are so highly fearful of childbirth that their mental health is affected by it, planning to give birth by Caesarean may reduce their anxiety.

## Risks of Caesarean

We now know that Caesareans are not as trouble-free as was once thought. For some women and babies however, the risks of a Caesarean are far less than the risk of vaginal birth.

- Increased likelihood of blood loss. Depending on the degree of bleeding, some women may require a blood transfusion and/or hysterectomy (although this is very rare).
- Risk of developing complications associated with having surgery, such as blood clots, scalpel cuts to the bladder or bowel.
- Chance of wound infection.
- Slower recovery time.

- Increased likelihood of complications for future pregnancies, for example the placenta growing into the scar on the uterus which can lead to severe bleeding.
- Risk of the baby having breathing problems and requiring admission to the Neonatal Intensive Care Unit.
- Increased likelihood of the baby having feeding problems.
- Risk of scalpel cuts to the baby.

## Planning a positive Caesarean

- It is a good idea to have some idea of what you would like to happen during a Caesarean if you should require one. Perhaps you have some negative memories from the last Caesarean, and you want to make sure those things do not happen again, or there were some really pleasant memories that you would like to experience again if you should need to have another Caesarean.
- Many women report that when they feel supported in their choices the experience is enhanced. Take time to write down the things you feel are important to you as you prepare for the birth of your baby. This is a great opportunity to talk through your wishes with your partner and share the experience.

### Some ideas to think about are:

- Who you would like to be there when the baby is born.
- Whether you would like to see the baby lifted from your abdomen i.e., request the sterile curtain to be lowered as the baby is lifted up for you to see.
- If you would like to feel the baby all wet and warm. You could ask that the baby be passed to you directly after birth (as long as there are no medical issues with the baby) and hold the baby skin to skin.
- You may like to discover the sex of the baby yourself, instead of being told by staff.
- If you are planning to breastfeed the baby and if you would like to do skin to skin with the baby even if you are formula feeding. All attempts are made by midwives to have the baby remain with you after birth, while stitching is taking place and while in recovery room, until the first breastfeed has been completed.

Discuss these with your midwife and/or doctor before your labour begins so that your requests are clearly stated in the medical notes. You may like to write your preferences down on a sheet of paper (birth plan), sign them and have them placed at the front of your chart.

## For more information:

### Vaginal Birth after Caesarean Section:

<https://ranzcof.edu.au/womens-health/patient-information-resources/vaginal-birth-after-caesarean-section>

### RCOG Birth after caesarean section patient resource:

<https://www.rcog.org.uk/for-the-public/browse-all-patient-information-leaflets/birth-after-previous-caesarean-patient-information-leaflet/>

### Cochrane:

[https://www.cochrane.org/CD004224/PREG\\_planned-elective-repeat-caesarean-section-versus-planned-vaginal-birth-for-women-with-a-previous-caesarean-birth](https://www.cochrane.org/CD004224/PREG_planned-elective-repeat-caesarean-section-versus-planned-vaginal-birth-for-women-with-a-previous-caesarean-birth)