

Vaginal Birth After Caesarean (VBAC)



01935 384 303
yeovilhospital.nhs.uk

Next Birth clinic

At Yeovil Hospital we offer an advice service for women considering their choices following a previous uncomplicated caesarean delivery. Alongside the care offered by your obstetrician, a team of experienced midwives, who have a special interest in vaginal birth after caesarean section, run a clinic to which all women who have had a previous caesarean section are invited to attend.

During this appointment, we will discuss your previous birth experience; give you an opportunity to explore your options and to advise you further. There are Next Birth clinics held in the maternity unit weekly and the team are available for further consultations if required.

Birth after caesarean

For the majority of women pregnancy and birth is a healthy, normal life event. For some women, for a number of reasons, birth is by caesarean section rather than a vaginal birth. Nearly one in five women (20 per cent) in the UK currently give birth by caesarean section.

VBAC stands for Vaginal Birth After Caesarean. It is the term used when a woman gives birth vaginally, having had a caesarean birth in the past. Vaginal birth includes a normal birth or one assisted by forceps or ventouse. A successful vaginal birth after caesarean section has fewer complications than an elective or emergency caesarean section.

What are my choices for birth after a caesarean?

Many women who have previously had a caesarean will be able to give birth vaginally the next time around.

Your obstetrician and midwife will consider with you:

- the reason you had a caesarean section and what happened
- the type of cut that was made on your womb
- if you have had more than one caesarean
- is it less than one year since your last caesarean?
- how you felt about your previous birth. Do you have any concerns?

- whether your current pregnancy is straightforward or there have been any concerns

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

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 births
- you have a high uterine incision (classical caesarean), inverted T or extended J incision
- you develop or have pregnancy complications where a caesarean delivery is deemed safer than a vaginal birth

Why consider VBAC?

- A shorter recovery and a shorter stay in hospital
- Less abdominal pain after birth
- Your baby is at less risk of respiratory problems
- Avoidance of major surgery and associated complications
- Feeding and caring for your baby is easier
- Caring for your other children is easier
- You are usually able to resume normal activities, such as driving, earlier after than if you have a caesarean delivery
- VBAC gives you the opportunity of less unnecessary intervention and a more natural approach to labour and birth
- A greater chance of an uncomplicated normal birth in future pregnancies
- Mothers report a greater satisfaction after a vaginal birth

What are the disadvantages of VBAC?

- There is a chance you will need to have an emergency caesarean delivery during your labour.
- Women choosing VBAC have a slightly higher chance of needing a blood transfusion or having an infection in the uterus
- There is a chance that the scar on your uterus will weaken and open. If the scar opens completely during labour (uterine rupture) this may have serious consequences to you and your baby. This occurs in only one in 200 women (0.5 per cent).

When is VBAC likely to be successful?

Overall, approximately three out of four women (72-75 per cent) with a straightforward pregnancy who go into labour spontaneously and give birth naturally following one caesarean delivery.

Other factors which may increase your chance of successful VBAC:

- A previous vaginal birth, before or after your caesarean (this increases the success rate to 85-90 per cent)
- Previous caesarean being due to breech presentation or prior to labour
- Previous caesarean being performed before your cervix was fully dilated (during the first stage of labour)

Things that lower your chances of having a VBAC:

- Induction of labour
- If you are overweight - a body mass index (BMI) over 30 at booking
- If you did not make progress in a previous labour and needed a Caesarean
- If you have never had a vaginal birth

How will my care in labour be different if I have a VBAC?

It is recommended that women who have had a previous caesarean give birth in hospital. This is because of the small risk of the scar opening and complications this may cause. A hospital birth therefore allows for timely intervention and safety for both mum and baby.

You will be offered continuous electronic fetal monitoring in labour. This is because one of the first signs of uterine rupture (the scar opening) is changes to the baby's heartbeat. However, being attached to a monitor does not mean being completely immobile as some women fear. As long as it is possible to hear the baby's heartbeat, you can still adopt a variety of positions for labour and birth. The use of telemetry equipment will also aid mobility.

In addition it is recommended that you have a cannula (a small plastic tube) placed in the back of your hand once you are in labour. This means that a drip can be attached to you if needed. At the same time, we may take a blood sample to check your blood count.

The midwife can discuss with you the type of pain relief you may require in labour.

What are the advantages of elective repeat caesarean?

- Virtually no risk of uterine rupture
- It avoids the risk of labour and particularly the risk of possible brain damage to the baby or stillbirth from lack of oxygen during labour (one in 1,000 or 0.1 per cent)
- You will be given a date for the birth of your baby, however your caesarean delivery will be in the week before your due date so there is a chance that you will go into labour before the date of your caesarean delivery. One in ten women (ten per cent) go into labour before this date.

What are the disadvantages of elective repeat caesarean?

- A longer and possibly more difficult operation. A repeat caesarean 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 and bladder. There are also rare reports of accidental cutting of the baby during caesarean delivery
- There is an increased chance of a blood clot (thrombosis). A blood clot that occurs in the lung is called a pulmonary embolus. This can be life threatening and occurs in less than one in 1,000 caesarean deliveries
- There is a longer recovery period. You will need extra help at home and will often be unable to drive for six weeks
- It is common for babies born by caesarean to have breathing problems that usually resolve. Occasionally babies born by caesarean need to be cared for in the special care baby unit for a short while but normally make a full recovery
- There is a need for repeat elective caesarean for future births and less chance of achieving a successful vaginal birth in the future
- There is an increased risk of placenta praevia or placenta accrete (low lying placenta)
- Having a caesarean section may affect your future fertility
- There is an increased risk of hysterectomy being necessary at the time of the caesarean section

Overall the rate of maternal complications associated with planned repeat caesarean is higher than successful VBAC.

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

Your obstetrician may offer a membrane sweep when you are 39 weeks which may encourage the natural onset of labour. If labour does not start by 41 weeks, your obstetrician and midwife will discuss the different options with you.

These are:

- Continue to wait for labour
- Induction of labour up to 41+6 days. However, this does increase the risk of scar weakening and lowers the likelihood of successful VBAC
- Elective repeat caesarean. Some women choose to aim for VBAC if they labour spontaneously but opt for a repeat elective caesarean birth rather than induction of labour

Further information can be found on The Royal College of Obstetricians and Gynaecologists website www.rcog.org.uk

For more information about the
Next Birth Clinic, call: **01935 384 303.**

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Yeovil District Hospital
NHS Foundation Trust
Higher Kingston
Yeovil
Somerset
BA21 4AT

Ref: 14-16-125
Review: 10/18