

Patient information

Birth options after previous caesarean section

This leaflet contains information and evidence that you may find helpful in making decisions about giving birth having had a previous caesarean (either planned or emergency).

If you do not understand any of the words or phrases in this leaflet please ask your midwife or doctor to explain them to you clearly. You can bring someone with you to your appointments if you think you might need some support in understanding what is said or in making your decisions.

What are my choices for birth after caesarean delivery?

If you have had one or more caesarean deliveries, you may be thinking about how to give birth this time. Whether you choose to have a vaginal birth or caesarean delivery, either choice is safe with different risks and benefits.

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

- Whether you have had a previous vaginal birth.
- The reason you had the caesarean delivery and what happened – was it an emergency?
- Whether there were any complications at the time or during your recovery.
- The type of cut that was made in your uterus (womb).
- How you felt about your previous birth.

- Whether your current pregnancy has been straightforward or whether there have been any complications or problems.
- How many more babies you are hoping to have in the future: the risks increase with each caesarean section, so if you plan to have more babies it may be better to try and avoid another caesarean section if possible.

To help you decide, your healthcare professionals will discuss your birth options with you at your antenatal visit, ideally before 28 weeks.

What is VBAC?

This means vaginal birth after caesarean section. Most women who have had a previous caesarean section can safely have a vaginal birth in a subsequent pregnancy.

Overall, about three out of four women (72-75%) with a straightforward pregnancy who go into labour will give birth vaginally following one previous caesarean delivery.

If you have had a vaginal birth, either before or after your caesarean delivery, about nine out of ten (87-90%) women have a vaginal birth.

You do not have to make a decision regarding method of delivery until later in the pregnancy and the majority of your antenatal care can take place in the community with your midwife.

What are the benefits of a successful VBAC?

The advantages of a successful VBAC include:

- A greater chance of an uncomplicated pregnancy in the future.
- A greater chance of an uncomplicated normal birth in future pregnancies.
- A shorter recovery period and a shortened stay in hospital.
- Less abdominal pain after birth.
- Not having surgery and the risks associated with this e.g. infection, thrombosis (blood clots in the legs and lungs), bleeding and blood transfusion.

- Your baby will have less chance of initial breathing problems.

Are there any risk factors associated with having a VBAC?

These include:

- Scar weakening or scar rupture – there is a very small chance that the scar on your uterus will come apart. This occurs only in one woman in 200 (0.5%).
- As with any birth, there is a small chance that you will need to have an emergency caesarean delivery during your labour. The usual reasons for this is labour slowing or if there is a concern for the well-being of the baby.
- The risk to your baby if you undergo a VBAC is very small and is the same as if you were labouring for the first time.

When is VBAC not advisable?

VBAC is normally an option for most women but is not advisable when:

- You have had three or more previous caesarean deliveries.
- Your uterus has ruptured during a previous labour.
- Your previous caesarean section was 'classical' i.e. where the incision involved the upper part of the uterus.
- You have other pregnancy complications that require a planned caesarean section e.g. placenta praevia (very low lying placenta).

What are the disadvantages of Caesarean section?

- A repeat caesarean section usually takes longer than the first operation because of the scar tissue. Scar tissue may also make the operation more difficult and can result in damage to your bowel or bladder.
- You can get a wound infection that can take several weeks to heal.
- You may need a blood transfusion.

- You have a higher risk of developing a blood clot (thrombosis) in the legs (deep vein thrombosis) or lungs (pulmonary thrombosis).
- You may have a longer recovery period and may need extra help at home. You will be unable to drive for about 6 weeks after surgery (check with your insurance company). All your physical activities will be restricted e.g. lifting anything (including your baby), walking etc.
- You are more likely to need planned caesarean section in future pregnancies. More scar tissue occurs with each caesarean section. This increases the possibility of the placenta growing into the scar, making it difficult to remove during any future deliveries (placenta accreta or percreta). This can result in bleeding and may require a hysterectomy. All serious risks increase with every caesarean section you have.
- Your baby's skin may be cut at the time of the caesarean section. This happens in 2 out of every 100 babies delivered by caesarean section, but usually heals without any further harm.
- Breathing problems for your baby are quite common after caesarean section but usually do not last long. Between 4 and 5 in 100 babies born by planned caesarean section at or after 39 weeks have breathing problems compared with 2 or 3 in 100 following VBAC. There is a higher risk if you have a planned caesarean section earlier than 39 weeks.

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

You will be advised to give birth in hospital. Contact the hospital as soon as you think that you are in active labour (contractions are regular and getting closer together) or if your waters break.

Once you are in hospital you will be advised to have your baby's heartbeat monitored continuously during labour. This is to ensure your baby's well-being, since changes in the heartbeat pattern can be an early sign of problems with your previous caesarean scar. You can choose various options for pain relief, including an epidural.

Of course, there are some situations when you would be advised to come to hospital before you think you may be in labour. For example: -

- If you have any vaginal blood loss.
- If you have abdominal pain that is not related to contractions.

- If you are worried about your baby's movements.

Is there anything I can do to increase my chances of a vaginal birth?

Good support in labour is one of the most important factors in helping women cope with the pain of labour and have a normal birth. It may also affect the length of labour and what sort of birth you have. Keep mobile!! Being able to move and adopt different positions is also likely to keep your labour normal. Being upright will help get your baby's head into a good position and encourage it to enter your pelvis. Please try and attend an Active Birth class – ask your Community Midwife about this.

Can I have a water birth?

You may choose to labour in water because you feel it may help you cope with the pain of labour more easily. In the hospital we are still able to monitor your baby continuously as we have underwater monitoring equipment for use by all women. Discuss this with the midwife looking after you when you are admitted in labour.

Can I have a home birth?

This is not recommended, but we would still like to provide midwifery care if you do decide to have a home birth. The potential risks will be discussed with your consultant and midwifery team.

What happens if I don't go into labour when planning a VBAC?

If labour does not start by 41 weeks, an appointment will be made for you in the Birth Options after Caesarean clinic. Induction of labour can be attempted by different methods with advantages and disadvantages. These will be discussed with you, in full, if you become overdue.

Further information

NICE guidance on caesarean section: www.nice.org.uk/guidance/cg132

This leaflet is based on the RCOG Green-top Clinical Guideline *Birth after Previous Caesarean Birth* which you find online at: www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg45

A glossary of all medical terms is available on the RCOG website at:
www.rcog.org.uk/en/patients/medical-terms

You may also find the following websites useful:

www.nhs.uk

www.vbac.org.uk

www.nctpregnanyandbabycare.com

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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