



## **Vaginal Birth after Caesarean Section (VBAC)**

**A patient's guide**



## What are the choices for birth after a caesarean delivery?

This leaflet is to inform you about your choices for giving birth after a caesarean section. Together with discussions with your midwife and obstetrician we hope this information will help you make an informed decision about how you would like to give birth this time.

For the majority of women, pregnancy and birth is a healthy normal life event. For a number of reasons, some women's birth will be by a caesarean section rather than a vaginal birth. One in three to four (25-30%) of women in the UK currently give birth by caesarean section.

If you have had one or more caesarean deliveries, you may be thinking about how to give birth next time. Whether you choose to have a vaginal birth or a caesarean birth you will need to consider the different risks and benefits. These will be described later in this leaflet.

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

- The reasons why you had the caesarean birth and what happened.
- How you felt about your previous birth. Do you have any concerns?

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

## 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 birth in the past. Vaginal birth includes a normal birth or one assisted by forceps or ventouse.

If you choose VBAC we recommend that you plan to give birth in a hospital where you would have immediate access to a caesarean birth or blood transfusion if needed.

## The advantages of a successful VBAC include:

- a greater chance of an uncomplicated normal birth in future pregnancies
- a shorter recovery and a shorter stay in hospital
- less abdominal pain after birth
- not having surgery
- better breastfeeding opportunity

## When is VBAC likely to be successful?

- If you have had a vaginal birth, either before or after your caesarean birth, you have a 90% chance of having another vaginal birth.
- After one Caesarean birth about three in four women (75%) with a straightforward pregnancy who go into labour can expect to give birth vaginally.
- After two previous Caesarean births 70%-75% of women with a straightforward pregnancy who go into labour can expect to give birth vaginally.

## When is VBAC not advisable?

There are very few occasions when VBAC is not advisable and repeat caesarean birth is a safer choice. These are when:

- You have had two or more previous caesarean deliveries.
- The uterus has ruptured during a previous labour.
- You have a high uterine incision (classical caesarean)
- You have other pregnancy complications that require a Caesarean birth.

## What are the disadvantages of VBAC?

### Emergency caesarean birth

There is a chance you will need to have an emergency caesarean birth during your labour. This happens in 25 out of 100 women (25%). This is slightly higher than if you were labouring for the first time, when the chances of needing an emergency Caesarean birth is 15 in 100 women (15%). The main reasons for needing an emergency Caesarean birth are labour slowing or if there is a concern for the wellbeing of the baby.

### Blood transfusion and infection in the uterus

Women choosing VBAC have a one in 100 (1%) higher chance of needing a blood transfusion or having an infection in the uterus compared with women who choose a planned caesarean birth.

### Scar weakening or scar rupture

There is a chance that the scar on your uterus will weaken and open. If the scar opens completely (scar rupture) this may have serious consequences for you and your baby. This occurs only in two to eight women in 1000 (about 0.5%). Being induced increases the chance of this happening. If there are signs of these complications, your baby will be delivered by emergency caesarean birth.

### Risks to your baby

The risk of any damage to your baby if you undergo VBAC is very small (two in 1000 women or 0.2%). This is no higher than if you were labouring for the first time.

These disadvantages are more likely in women who attempt VBAC and are unsuccessful.

## What is an elective repeat caesarean birth?

An elective caesarean means a planned caesarean. The date is usually planned in advance at your hospital antenatal visit. The caesarean birth usually happens in the seven days before your due date, unless there is a reason why you or your baby need an earlier birth.

## What are the advantages of elective repeat caesarean birth?

- It avoids the risk of labour for you (uterine scar rupture and emergency caesarean birth)
- You have knowledge of the planned date of birth

However, since caesarean birth 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 birth. One in ten women (10%) go into labour before this date.

## The disadvantages of elective repeat caesarean birth include:

- **A longer and possibly more difficult operation**

A repeat caesarean birth 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 birth.

- **Chance of a blood clot (thrombosis)**

A blood clot that occurs in the lung is called a pulmonary embolus. A pulmonary embolus can be life threatening.

- **There is a longer recovery period**

You may need extra help at home and will be unable to drive for about six weeks after birth.

- **Breathing problems for your baby**

Breathing problems are quite common after caesarean birth and usually do not last long. Occasionally, the baby will need to go to the special care baby unit. Between three to four in 100 babies (3-4%) born by planned caesarean birth, have breathing problems compared with two to three in 100 (2-3%) following VBAC. Waiting until seven days before the due date minimises this problem.

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

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

Please contact triage on **0207 288 5880** and speak to a midwife who will advise you on what to do or call labour ward on **0207 288 5502**

## What happens if I have an elective caesarean planned and I go into labour?

Please contact triage as above and speak with a midwife. It is likely that an emergency caesarean will be performed once labour is confirmed.

## 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 by your obstetrician. Do speak with your midwife about a cervical sweep

## More Information

This leaflet has been designed to give you some basic information about VBAC. We would like to offer you the opportunity to discuss your options for birth further. This can be done with your midwife or obstetrician.

### VBAC workshops

We hold VBAC workshops on the last Monday of every month. Partners or a companion are welcome to attend with you. Please speak to your midwife about booking for the workshop or ring 0207 288 5586 to book yourself into a workshop.

## Sources and acknowledgements

This information is based from the:

Royal College of Obstetricians and Gynaecologists guideline Birth After Previous Caesarean Birth (2007) RCOG

NICE Clinical Guideline Caesarean Section (2004) National Institute for Clinical Excellence

Focus on normal birth and reducing Caesarean section rates: pathways to success: a self-improvement toolkit (2007) Institute for Innovation and Improvement.

## Patient advice and liaison service (PALS)

If you have a question, compliment, comment or concern please contact our PALS team on 020 7288 5551 or [whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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