Vaginal Birth after Caesarean Section (VBAC)

Patient Information
What is VBAC?
Vaginal ("normal") delivery after caesarean section, also called VBAC, is a vaginal birth following a caesarean section delivery in a previous pregnancy.

- Having a vaginal delivery after caesarean section is common.
- Whether you deliver vaginally or by caesarean section you are unlikely to have serious complications however there are benefits and risks that you need to know before undertaking a VBAC.
- Over 70% (or 7 out of 10 women) who try for VBAC have a vaginal delivery.
- If you have already had one vaginal delivery the chance of you delivering vaginally increases to 90%.
- This leaflet aims to tell you about your care during your pregnancy and delivery.

What are the benefits of VBAC?
A successful vaginal birth offers several advantages over a caesarean birth, including:

- Avoiding another incision in the womb (uterus).
- Less blood loss.
- A lower risk of infection after childbirth.
- A lower risk of blood clots in the legs (deep vein thrombosis) and in the lungs (pulmonary embolism).
- A shorter stay in hospital, after a normal vaginal delivery you may be able to go home after 6 hours.
- Greater participation in the birth by you and your birthing partner.
- A faster recovery for you.
- You are less likely to have problems conceiving again in the future.
- You are less likely to major complications, such as needing a hysterectomy (removal of the womb) in either this pregnancy or future pregnancies.
- Less risk of damage to your bladder or bowel in this pregnancy or future pregnancies.
- More likely to deliver vaginally again in the future.
- Smaller risk of your baby needing admission to the neonatal unit with breathing difficulties, after an elective caesarean performed at 39 weeks 1:100 babies have difficulty breathing and have to be admitted to the neonatal unit, following VBAC the risk is less than 1:200.
- You may bond more easily with your baby.
- You may feel a considerable sense of achievement.

Can I have a VBAC?
- The majority of women are able to have a VBAC.
- There are certain types of caesarean, which are not suitable for VBAC. You may have been told you had a classical, T shaped or De Lee’s incision. These types of section are uncommon.
- Sometimes there are other reasons why you cannot have a VBAC for example if your placenta (after birth) is low down in the uterus (womb).

Will my antenatal care be different?
- You will be seen at around 12 weeks in the hospital by a midwife and sometimes by a consultant.
- So long as there are no other problems with your pregnancy you will be able to see your community midwife for your normal antenatal care.
• If you have not delivered by 41 weeks you will be seen in the hospital by a consultant to discuss induction of labour or elective caesarean delivery just before 42 weeks.

**What will happen when I come to the hospital for my antenatal appointment?**

- You will be seen by a midwife at the hospital who may refer you to see a consultant either during the visit or at your 20 week scan appointment.
- Your previous caesarean delivery will be reviewed with you.
- VBAC will be discussed with you and any of your questions or worries will be answered.
- A plan for your delivery will be made with you and documented in your notes.
- If you are unsure about how you want to deliver the final decision can be made later in your pregnancy, but is best decided by 20 weeks so you can plan and prepare for delivery.

**What happens in labour?**

- If you start to contract or think your waters have gone then you should ring the advice line:
  JCUH: 01642 854876   Friarage: 01609 763083
- Usually you will be asked to come in for review.
- If you are not in labour you will be able to go home.
- If your waters have broken you will be asked to stay in, if labour doesn’t start after 24 hours we will discuss starting a drip to bring on your contractions.
- 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. The baby's heart beat will be monitored continuously.
- You can still use birthing balls and be as mobile as possible.
- You will be assessed vaginally at regular intervals during the labour by your midwife.
- If your progress is slow a doctor will assess you; this may well include a vaginal examination (VE). We may discuss using a drip to make your contractions stronger.
- You can have an epidural if you wish.
- When you are fully dilated you may be asked not to push for up to 2 hours, to increase the chances of you having a normal delivery.
- The length of time that you push for will also be watched closely.
- 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. A midwife and a doctor will be available to talk over how your labour is going.

**Are there any risks to VBAC?**

- The success rate for VBAC is nearly 80%, meaning that there is only a 1 in 5 chance of needing a caesarean section.
- If you need an emergency caesarean you will have twice times the chance of getting an infection than after an elective caesarean section (12% compared to 6%). You will be given antibiotics to try and prevent this.
- If you end up having a caesarean section you have a small chance of needing a blood transfusion (3 per 200 cases).
Uterine rupture or dehiscence
• The main worry during VBAC is that your scar on your womb will become weak and may open slightly. This is called a uterine dehiscence or rupture.
• If you start in labour by yourself the chance of a dehiscence happening is less than 0.2% or 1 case for every 500 women who labour.
• You may require urgent delivery by caesarean section.
• We can deliver you within 15 minutes, but this may mean having a general anaesthetic.
• Very very rarely we will not be able to save the baby. The chances of your baby dying antenatally or in labour are no greater than any mother in her first pregnancy.

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

How can the risk of rupture be minimised?
• 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.

Induction of labour
• Induction should only be performed for medical reasons.
• You will be offered a vaginal examination and sweep at 40 weeks by your midwife.
• The easier it is to induce labour the more likely VBAC is to be successful.
• If you need induction the advantages and disadvantages will be discussed with you by a doctor.

• You and the doctor should decide between you whether to induce labour (and how) or whether to proceed with a caesarean section.
• If all is well we can wait until you are 13 days over your due date to allow you the best chance of labouring by yourself.

Other questions
Can I labour after two previous caesarean sections?
• Yes so long as this pregnancy is normal and there are no other reasons why you should have a caesarean section.
• This will be discussed with your by your consultant.
• The chance of the scar pulling apart increases to 1:150.
• The risk of you needing a transfusion increase to 3%.

What happens if I have decided on an elective caesarean and I labour before my planned date?
• About 10% of all women who have been booked for an elective caesarean at 39 weeks will labour before this date.
• Allowing labour to progress will be discussed with you.
• If labour is already at an advanced stage, the chances of delivering vaginally are very high and it is often best to let the natural process continue.

What can I do to improve my chances of a normal delivery?
• Use a birthing ball if you have one after 36 weeks.
• Discuss other ways of optimising the position of your baby before labour starts with your midwife.
• Attend antenatal classes on labour and delivery.
• Keep as mobile as possible in labour.
• Await spontaneous labour.
• Stay positive.
Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available at The James Cook University Hospital and the Friarage Hospital Northallerton, please ask a member of staff for further information.

References:

4. RCOG guideline on Vaginal Birth after Caesarean Section 2007

Maternity Assessment Unit

The James Cook University Hospital
Marton Road, Middlesbrough
TS4 3BW. Tel: (01642) 850850

Friarage Hospital
Northallerton, North Yorkshire
DL6 1JG. Tel: (01609) 779911

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