

VBAC Vaginal Birth after Cesarean Section

Patient Information Sheet

Congratulations on the new addition to your family.

Your healthcare team at Peterborough Regional Health Centre is here to provide you and your baby with the best care and experience during this special time. You have had one previous cesarean section and you may be thinking about having a trial of labour, VBAC (vaginal birth after cesarean section). For many women this can be a safe alternative to an elective repeat cesarean section.

Cesarean section deliveries account for 15 to 30 percent of all births in North America. They are performed for a variety of reasons:

- A slow or non-progressive labour (referred to as Dystocia)
- Mother has already had a cesarean section for a previous birth
- Baby is in a breech position
- Mother or baby's condition – requiring a more urgent delivery of baby

Because a cesarean section leaves a scar on the wall of the uterus, doctors will sometimes recommend a repeat cesarean section for pregnant women instead of trying a VBAC delivery. However, a vaginal birth is still a safe option for the majority of women who have had a previous cesarean section.

Information your health care provider will need to know for VBAC eligibility:

- The kind of cut that was made to the uterus in the first cesarean section
- The way the uterus was sewn up in the first cesarean section
- How long ago the first cesarean section was
- Any previous surgery to your uterus.

The success rate of vaginal birth for women undergoing labor following cesarean section ranges from 50% to 85% (More OB, 2012)

Items that INCREASE your chances of having a successful VBAC:

- You had a previous vaginal delivery
- You are younger than 40 years old
- Your labour begins spontaneously and progresses normally
- The reason of your previous cesarean isn't a factor this time (i.e. Breech)

Benefits of a VBAC

There are several benefits to having a vaginal birth (successful VBAC) instead of a repeat cesarean: reduced blood loss, reduced injury and risk of infection; eliminates complications associated with surgery; shorter hospital stay; a quicker recovery period and less pain.

Items that DECREASE your chances of having a successful VBAC

- You had a previous cesarean section due to your baby not fitting through your pelvis

- Your labour doesn't start spontaneously
- You need induction/augmentation of labour
- You are significantly overweight
- Your baby's expected weight is over 4000grams

Risks of VBAC

The most serious risk of attempting a VBAC is referred to as a "uterine rupture". When you have a cesarean section, it leaves a scar on the uterus. This may be a weak area and can tear during labour. If this occurs you would require an emergency cesarean section, which may lead to excessive bleeding, blood transfusion, hysterectomy, and rare but serious medical problems for your baby.

The chance of a uterine rupture during a trial of labour after a previous cesarean section is low, ranging from 2 in 1000 births to 3 in 200 births (0.2-1.5%)(SOGC, 2005). The risk of disastrous outcomes is 1 in 800 births which could result in permanent injury and/ or death for mother or baby.

Elective repeat Cesarean section

The benefit of undergoing a planned repeat cesarean section is that you significantly decrease the chance of having a uterine rupture. A cesarean section is a major operation and has risks of infection (skin, blood or in the uterus), excessive bleeding, or injuries to the mother's bowel, bladder, or ureters (tubes connecting kidney to bladder). Although extremely rare, death occurs more frequently in women who have a cesarean section compared to vaginal delivery, including VBAC. Also, babies that do not go through labour have a higher chance of breathing problems at the time of birth and may need to be admitted to the NICU.

Your future pregnancies may be more complicated if you go through another cesarean section because with every cesarean section there is an increased chance of problems with the placenta like previa (when a placenta is low and covers the cervix) or accreta (an abnormally sticky or invasive placenta which can be difficult to remove), which can lead to excessive bleeding in future pregnancies.

Your decision to proceed with a VBAC or a planned repeat cesarean section will be based on an ongoing informed discussion you have with your care provider about your individual risks and benefits.

Terminology

Trial of labor (TOL): The plan to attempt labor when a woman has had a previous cesarean birth, with the goal of achieving a successful vaginal birth.

Dystocia: Abnormally slow progress of labour

References:

Society of Obstetrics and Gynaecologists of Canada (SOGC). (2005). Clinical Practice Guidelines. Guidelines for Vaginal Birth After Previous Caesarean Birth: February.

MORE OB (2012). Vaginal Birth After Cesarean Section – Clinical Content- <https://www.moreob.com>. Retrieved July 23, 2012.

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