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# Vaginal Birth After Caesarean (VBAC)

## Introduction

This leaflet provides information about having a vaginal birth after previously having had a caesarean section (Csection). This is also known as VBAC.

## Can I have VBAC?

Many women who have had a caesarean section go on to safely have a vaginal birth in a future pregnancy. Your obstetrician will meet with you during your pregnancy to discuss your individual circumstances and advise you on whether VBAC is suitable for you.

Your obstetrician will take into account:

- the reason you previously had the caesarean delivery
- how you felt about your previous birth and whether you have any concerns
- if your current pregnancy has been straightforward or if there has been any problems or complications.

## When is VBAC not advisable?

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

- you have had 3 or more previous caesarean deliveries
- the uterus has ruptured during a previous labour
- you have previously had a high uterine incision (classical caesarean)
- you have other pregnancy complications that require a caesarean delivery such as you are expecting twins, or you have a low-lying placenta.

Your personal wishes and future fertility plans will be taken into account when making a decision about vaginal birth or caesarean delivery. If suitable you will be offered and encouraged to try for a vaginal delivery.

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## Advantages of a VBAC

- Not having major surgery with the associated risks and complications
- A shorter hospital stay
- A shorter recovery period
- Less abdominal pain after birth
- A greater chance of an uncomplicated normal birth in future pregnancies.

## Will VBAC be successful?

Overall about 3 out of 4 women with a straightforward pregnancy who go into labour will give birth vaginally after 1 caesarean section. For women who have had a vaginal birth either before or after 1 caesarean delivery, approximately 9 out of 10 of these women will have a vaginal birth.

Your chances of successful VBAC may be less if you:

- need to be induced
- required your previous caesarean section due to poor cervical dilatation/progress in labour
- are overweight – a body mass index (BMI) over 30.

## Why might I not have a VBAC?

You and your baby will be closely monitored when you are in labour. If there are concerns that your baby is distressed during the labour or that your labour is not progressing well you may be advised to have a caesarean section.

## Risks of VBAC

A mother who has had a previous caesarean section has a small risk of the previous uterine scar rupturing during the process of labour. If this happens it can have serious consequences for you and your baby. This is very rare and occurs in approximately 2 to 8 in 1000 women. Being induced increases the chance of this happening. If there are signs of these complications, your baby will be delivered by emergency caesarean section.

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It is because of this small risk of scar rupture that you are advised to have your baby in an Obstetric Unit, where your baby's heart rate can be monitored and there are facilities to perform an immediate caesarean section if needed. You will also be able to have an epidural during labour, if you wish. If a scar rupture occurs whilst in labour, the outcomes for you and your baby are improved as you are in the Obstetric Unit.

## **Disadvantages of planned repeat caesarean delivery**

Birth data shows that complications are more common after a subsequent caesarean section than following a vaginal birth. These can include increased blood loss, the need for a blood transfusion and infection of the uterus. The more caesarean section operations you have, the more difficult they become.

Recovery time following a caesarean section is significantly longer than after a vaginal birth and you will not be able to drive for about 6 weeks after the operation.

Both caesarean sections and vaginal births have their advantages and disadvantages. These will be discussed with you and a birth plan will be made which is appropriate for your individual needs. Please feel free to seek further advice and discuss any concerns with your midwife or obstetrician.

## **Where can I have my baby?**

The Delivery Suite team in the Obstetric Unit at Gloucestershire Royal Hospital will care for you in labour. You and your baby will need to be monitored throughout labour. There is a 'home-from-home' room on the Delivery Suite called the Jasmine Room which you may be able to use. The Jasmine Room has a birthing pool and aims to provide a birth unit setting, while enabling higher levels of monitoring for you and your baby.

If you would like to consider using the Jasmine Room then please discuss this with your midwife or obstetrician.

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## Contact information

If you have any questions or concerns regarding VBAC or caesarean section, there is a midwife available in the Antenatal Clinic on the numbers below or contact your community midwife.

### **Antenatal Clinic**

Gloucestershire Royal Hospital

Tel: 03004 116103

Monday to Friday, 8:30am to 4:00pm

Cheltenham General Hospital

Tel: 03004 222 2346

Monday to Friday, 8:30am to 4:00pm

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