

# **Your Next Birth After Caesarean Section**

## **Information about your birth options**

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## Options for your next birth after Caesarean Section

If you have had one or more caesarean births, you may be thinking about how to give birth this time. Most women who have had a caesarean section are able to have a vaginal birth after caesarean section (VBAC). Whether you choose to have a vaginal or caesarean birth, both carry different risks and benefits. This leaflet is designed to provide you with information based on current research and evidence to help you in your decision making and support the discussions you have with your doctor and midwife.

### Vaginal Birth after Caesarean Section (VBAC)

Most women who have had a previous lower segment caesarean section can give birth vaginally in their next pregnancy. The risk of serious harm is very small and is the same risk as having your first baby. You may be referred to a midwifery-led clinic where you will be able to discuss your

choices regarding your birth following a caesarean section.

### Benefits of a successful VBAC

- A greater chance of uncomplicated birth in future pregnancies.
- A shorter hospital stay and recovery time.
- Reduced risk of deep vein thrombosis (blood clot).
- No risk of problems caused by surgery (infection, injury to other organs).
- Less risk that the baby will have breathing problems or superficial trauma.
- Quicker to return to normal activities.



## What are my chances of a successful VBAC?

A number of factors will impact on the likelihood of VBAC success and these will be discussed with your midwife/obstetrician. However, national and international studies suggest that the majority of women who attempt VBAC are successful (63 - 94%).

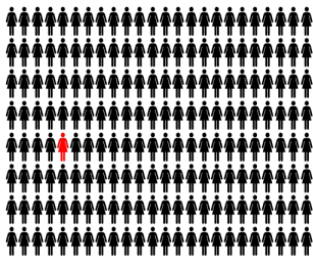
### A VBAC is more likely to be successful if

- You have previously given birth vaginally (this increases the success rate to over 90%).
- The pregnancy has been straightforward.
- You labour spontaneously.
- Your previous caesarean section was for reasons such as breech presentation or your baby became distressed.

### Disadvantages of VBAC include

- An emergency caesarean section if the labour is slow or there are concerns about the wellbeing of your baby.

- A weakening or separation (referred to as rupture) of the previous scar. Although rare, if this occurs it can have serious consequences for you and your baby including blood loss (haemorrhage), damage to the uterus requiring hysterectomy, damage to the bladder, infection, blood clots and very rarely, death.
- The chance of your scar rupturing is small. This occurs in about 1 for every 200 women attempting a VBAC. The risk is increased if you are induced (your labour does not start on its own). If you have your waters broken, then the risk increases to about 8 per 1000 and 24 per 1000 if prostaglandins (hormones) are used.



## If I choose a VBAC what will happen in my labour?

Due to the small risk of the previous scar opening, women having a VBAC are advised to give birth on the Central Birth Suite. Once you think that labour is becoming established, you should ring the Central Birth Suite and explain what is happening. *When you ring, please tell us that you have had a previous baby by caesarean section as we may ask you to come to the hospital sooner.*

When in established labour we would recommend your baby is continuously electronically monitored. Some of the monitors are wireless and this will enable you to move around. It may then be possible for you to use the birthing pool and this can be discussed with your midwife.



Some women may be advised to have a drip (intravenous infusion) placed in the back of their hand during labour. We will also monitor the progress of your labour by palpating contractions and performing vaginal examinations. This will tell us how your labour is progressing.

If your labour does not progress or if your baby shows signs of distress we may advise you to have a caesarean section for the birth of your baby.

Please remember if you have **any** worries you can ring the Central Birth Suite for advice at any time or discuss your options with your midwife or doctor.

Please use this page to make note of any questions you may want to discuss at your next antenatal appointment

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