



Vaginal Birth after Caesarian Section:

What I need to know
to make a decision



ST. MARY'S HOSPITAL CENTER

Introduction

If you have had a previous baby delivered by Caesarian Section, a decision will have to be made as to how to deliver the baby you are carrying now. Most women can safely undergo a Trial of Labour and Vaginal Birth After Caesarian (VBAC), while some may require a repeat Caesarian for delivery.

This pamphlet will explain some of the benefits and risks of each method to help you, in consultation with your doctor, decide which type of delivery may be best for you.

Trial of Labour and Vaginal Birth

When a trial of labour is successful, risks to mother and baby are minimal and recovery is generally faster. Approximately 75% of those who elect to have a Trial of Labour succeed.

Success rate increases for those who:

- have had a vaginal delivery or VBAC in the past (90% success rate)
- have had only one prior cesarean delivery
- present in spontaneous labour

Benefits and Risks

If a woman chooses to have a planned Repeat Caesarian Section the overall risks to the baby are slightly lower. However, compared to a Planned Repeat Caesarian Section a vaginal delivery decreases the risks of:

- excessive bleeding that may require a blood transfusion
- fever and infection (wound, uterus or bladder)
- blood clot and phlebitis (inflammation of a vein)
- injury to other organs
- temporarily decreased bowel function
- placenta abnormalities in future pregnancies (requiring cesarean section)
- newborn breathing problems (3-4% of babies born via cesarean will experience breathing problems)



VBAC also carries risks such as:

- failed trial of labour
When a trial of labour is unsuccessful and a repeat cesarean becomes necessary, this may slightly increase the risks mentioned above when compared to a planned repeat cesarean section
- low risk of uterine rupture (separation of the previous uterine scar) 0.5%

Uterine rupture is serious and has consequences for both the mother and the baby and requires immediate delivery by cesarean section. If uterine rupture occurs, the mother may sometime require a blood transfusion or a hysterectomy. In some cases the baby may lack oxygen and this can result in a serious handicap (0.04%) and very rarely in death (0.02%).

The risk of uterine rupture may increase due to:

- more than one previous cesarean
- induction of labour
- successive cesareans (less than 18 months apart)
- the type of prior uterine incision and how it was repaired

Certain conditions such as placenta praevia (partial or complete obstruction of the cervix by the placenta), malpresentation, and previous uterine rupture as well a certain types of prior uterine incisions may make a planned repeat cesarean section necessary. Your doctor will advise you if this is the case.

The overall benefits of a VBAC outweigh the risks of a repeat caesarian section.

After you have read and understood the content of this pamphlet and discussed it with your doctor, you will be asked to sign a consent form in accordance with your choice.