

# Vaginal birth after caesarean section (VBAC)

## Maternity

### Patient Information Leaflet

#### Introduction

If you have had a caesarean section with a previous birth and are now expecting another baby, you can still consider aiming for vaginal birth rather than having a planned (elective) caesarean section.

Please discuss your options with your midwife and consultant so that you can make an informed choice. This leaflet aims to provide you with some of the information that you may like to consider before reaching your decision.

## How likely is it that I can have a vaginal birth after caesarean section (VBAC)?

- Approximately 70 per cent of women who have previously had a caesarean section will have a vaginal delivery.
- The chances of having a vaginal birth are influenced by the reason for any previous caesarean births e.g. if the previous caesarean was performed for a breech baby, and this baby is not breech, you are more likely to achieve a vaginal birth.
- If you have had a vaginal birth before as well as a caesarean, you will also be more likely to have a vaginal birth (90 per cent of women who have previously had both a vaginal birth and a caesarean have had a vaginal delivery in future births).
- Women who have had more than one caesarean can still achieve vaginal birth although the rate of success is reduced.

## What are the complications and risks of a caesarean section?

Complications of caesarean sections are rare.

### Risks to you

The main risks to you when having a caesarean section are:

- Infection of the wound or infection of the womb lining, known as endometritis. This can cause fever, womb pain and abnormal vaginal discharge. You will receive antibiotics during the operation which reduces the risk of developing an infection.
- Blood clot (thrombosis) in your legs which can be dangerous if part of the clot breaks off and lodges in the lungs. You will be given advice and treatment to reduce the risk of this happening.
- Excess bleeding which may mean you need a blood transfusion.

- Damage to the structures in your pelvis close to your womb (uterus) such as the bladder, ureters (tubes which carry urine from the kidneys to the bladder) and bowel. This may require further surgery or a hysterectomy (surgical removal of the womb).
- Longer recovery period and longer stay in hospital than with vaginal delivery.
- Higher risk that the placenta will attach to the uterus abnormally in subsequent pregnancies.
- There is a small risk that you may vomit during your operation. If this happens, stomach acid and food particles can pass from your stomach into your lungs and can cause potentially serious inflammation (swelling) of the lungs, known as aspiration pneumonitis.

### **Risks to your baby**

The most common problem affecting babies born by caesarean section is difficulty in breathing, although this is mainly an issue for babies born prematurely (before 37 weeks of pregnancy). For babies born at or after 39 weeks by caesarean section, this breathing risk is a level similar to that of vaginal delivery.

Straight after the birth and in the first few days of your baby's life, they may breathe abnormally fast. This is called transient tachypnea. Most newborns with transient tachypnea recover completely within two or three days.

Please feel free to discuss the risks with your midwife, obstetrician or anaesthetist.

### **What are the risks associated with a VBAC?**

A vaginal birth is considered a safer option for a woman than a caesarean; however, there are some risks associated with a VBAC to consider when making a decision:

- Although it is a rare complication, the risk of the uterus rupturing (tearing) is increased during a vaginal labour. The risks are as follows:
  - For a vaginal delivery following a previous caesarean section, the risk is 35 in 10,000.
  - For a planned repeat caesarean, the risk is 12 in 10,000.
  - For a vaginal delivery when there has been no previous caesarean, the risk is one in 10,000.
- The chances of your baby dying during labour is very small:
  - With a VBAC the risk is 10 in 10,000.
  - With a planned repeat caesarean the risk is one in 10,000.

## How can I minimise these risks?

It is recommended that you have your baby in hospital where facilities are available for a caesarean section to be performed if necessary. It will also be recommended that your baby's heart rate is monitored continuously during labour, to check your baby's wellbeing. This may limit how much you can move during labour slightly but the midwife caring for you will encourage you to stay upright and be mobile while safely monitoring your baby.

If concerns develop about the wellbeing of your baby, or you do not make good progress during labour, the midwife and doctor looking after you will recommend an appropriate delivery and this may be a caesarean birth.

If after opting for a VBAC your baby is delivered by ventouse, forceps or caesarean section, you may think afterwards of questions you would like to have asked the midwife or doctor who looked after you to help you understand exactly what happened and why. If you would like to discuss your baby's birth, even if it is some time later, tell your midwife who will be able to arrange this for you.

## **What happens if I have problems during my pregnancy?**

There are times when a repeat caesarean is recommended before labour begins. This is likely to happen if:

- You develop medical problems in pregnancy that makes caesarean a safer option.
- Your baby is breech (in a position where it will come out bottom first).
- You have placenta praevia (a condition where the placenta is too close to the cervix). The safest way to deliver a baby in this situation is by caesarean section and it may also be recommended that you stay in hospital for some time before the birth. The amount of time you have to stay will depend on your condition at the time.

## **VBAC clinic**

We hold a VBAC clinic for women who are having difficulty making a decision about giving birth or who wish to have a caesarean section where there is no medical need. If you attend this clinic, you will be given more information about why a caesarean section was required for your last birth, and be able to discuss and ask questions about the advantages, disadvantages and risks to you and your baby of planned caesarean section and a VBAC.

## Supervisors of midwives

If you have any queries about the care you are receiving from your midwife, you can talk to a supervisor of midwives. Supervisors of midwives make sure that midwives are up-to-date and are working safely within the Midwives Rules and Standards (NMC, 2012) and The Code (2008). It is their aim to ensure that midwives give high quality care to all mothers and babies.

To speak to a supervisor ask a midwife or maternity support worker, or call 01384 456111 and ask to speak to the on-call supervisor of midwives.

## References

National Institute for Health and Clinical Excellence (2011) *Caesarean section. Understanding NICE guidance – information for people who use NHS services. Information about NICE clinical guideline 132*. Manchester: NICE.

National Institute for Clinical Excellence (2004) *Caesarean Section. Clinical Guideline 13*. London: NICE.

Midwives Information and Resource Service (2005) *Informed choice for women (17) caesarean section and subsequent births*. Bristol: MIDIRS. (Have to pay to access this).

Nursing and Midwifery Council (2012) *Midwives Rules and Standards*. London: NMC.

Nursing and Midwifery Council (2008) *The Code. Standards of conduct, performance and ethics for nurses and midwives*. London: NMC.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Your community midwife on 01384 456111 Ext 3358  
or  
speak to your midwife or doctor at one of your antenatal appointments.

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510**

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**Information Co-ordinator** على التلغون **0800 0730510**

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Originator: Lead Midwife, Obstetric Unit  
Date originated: September 2014  
Date for review: September 2017  
Version: 1  
DGH ref: DGH/PIL/01021