

# Birth after Caesarean Section

## Maternity

### Patient Information Leaflet



## What are my choices for birth?

If you are pregnant and you have previously had a caesarean section, you have the choice whether to opt for an elective (planned) caesarean, or you may prefer to aim for a vaginal birth after caesarean section (VBAC).

Each of these birth methods have different benefits and risks. This leaflet aims to provide you with some information that may help you reach the right decision for you and your family.

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

- Approximately 72 to 75 per cent of women who have previously had a caesarean section will have a vaginal birth.
- 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 previous vaginal birth as well as a caesarean section, the chance of a successful VBAC is 85 to 90 per cent.
- You are more likely to have a successful vaginal birth if your body mass index (BMI) is below 30 at the start of your pregnancy.
- If you are considering a vaginal birth and you have had more than one caesarean section, you should have a detailed discussion with a senior obstetrician about the potential risks, benefits and success rate in your individual situation.
- You are more likely to have a successful vaginal birth if you start labour naturally.

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

- Wound infections that can take several weeks to heal.
- A higher risk of blood clots in the legs (deep vein thrombosis) or lungs (pulmonary embolism).
- Excess bleeding which may mean you need a blood transfusion.
- Damage to the structures in your pelvis close to your womb, such as the bladder and bowel.
- A longer recovery period and extra help may be needed at home.
- A higher chance that the placenta will attach to the uterus abnormally in subsequent pregnancies.
- Your baby's skin may be cut at the time of the caesarean section. This happens in two out of every 100 caesarean births, but usually heals without any further harm.
- Between four and five in 100 babies born by planned caesarean section at or after 39 weeks have breathing problems compared with two to three in 100 following VBAC.
- All serious risks increase with every caesarean section you have, so if you plan on having a large family, a caesarean section may not be the best option.

## **What are the advantages of birth by caesarean section?**

- There is a smaller risk of scar rupture (one in 1000).
- It avoids the risks associated with labour.
- You will know the date of a planned birth. occasionally, the date may also be changed at short notice by the Trust However, one in 10 women go into labour before this date.

## What happens if I have an elective caesarean planned but I go into labour?

It is likely that an emergency caesarean will be performed, but if labour is very advanced, it may be safer for you and your baby to have a vaginal birth.

## What are the risks associated with a VBAC?

Successful VBAC has the fewest complications and is considered the safer option for women, however, there are some risks associated with a VBAC to consider:

- 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 one in 200.
  - For a vaginal delivery when there has been no previous caesarean, the risk is one in 10,000.
- You may need to have an emergency caesarean section during labour, which carries more risks than an elective caesarean.
- A serious risk to your baby, such as brain injury and stillbirth is higher than for a planned caesarean section, but the same as if you were labouring for the first time.

## 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. You will be encouraged by your midwife to remain upright and mobile while safely monitoring your baby.

If there are concerns about the wellbeing of your baby, or progress during labour, the team caring for you will discuss and implement the most appropriate plan to ensure a safe birth. These may include an instrumental birth (assisted vaginal birth using forceps or ventouse) or a caesarean section.

## **What are the advantages of VBAC?**

- You will avoid the risks of an operation.
- Your baby will have less chance of breathing difficulties.
- Your recovery is likely to be quicker, and you should be able to drive sooner.
- Prolonged and uninterrupted skin to skin may be easier after VBAC, however staff will support you with skin-to-skin whichever birth you choose
- You will have a greater chance of a vaginal birth in subsequent pregnancies.

## **What happens if I opt for a VBAC but do not go into labour?**

When you are approaching your due date, your midwife or doctor will offer you a membrane sweep, a vaginal examination which can encourage your body to go into labour naturally.

If labour does not start naturally by 41 weeks gestation, you will be invited to discuss your birth options again.

These may include:

- Continuing to wait for labour to start naturally.
- Induction of labour. This can increase the risk of scar rupture and lowers the chance of successful VBAC.
- Elective caesarean section.

## 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 a caesarean section 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.

## Birth after caesarean clinic

You will be invited to a birth after caesarean clinic to discuss your options and preferences in more detail with a senior midwife.

You will have the opportunity to discuss your previous labour/birth events to ensure you are able to make the right choice for you and your family. You are encouraged to attend this appointment even if you feel you have made your final decision, as you will be given lots of information on each type of birth and have plenty of time to ask any questions that you may have.

## References

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

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

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

Royal College of Obstetricians and Gynaecologists (2015) *Green-top Guideline No.45: Birth after Previous Caesarean Birth* [online]. Available at: < <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg45/>>

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.

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dgft.nhs.uk/services-and-wards/maternity/maternity-information-leaflets/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

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