Royal United Hospitals Bath NHS
NHS Foundation Trust

# Vaginal Birth after Caesarean Birth

This leaflet is intended to provide information for families who are considering their birth options when a previous baby has been born by caesarean.

Research clearly shows that a vaginal birth after a caesarean birth (VBAC) is safe for the majority of women, and that repeat caesareans may offer no advantage for the mother or baby. However, many women are not aware of the risks and benefits of either way of giving birth.

## Who should consider VBAC?

There is now a lot of international evidence from research to tell us that VBAC is a safe option if you have had one or two previous caesarean births, are a healthy weight, and have no other medical conditions affecting your pregnancy.

If you fall into this category you will have a 76% chance of achieving a successful vaginal birth, and this increases to 90% if you have had a previous vaginal birth at any point. There are some additional factors that may affect these statistics, and if relevant to you these will be discussed individually with you during the course of your pregnancy.

If you are planning more pregnancies in the future, VBAC is a particularly good option.

## The benefits of VBAC

Having a vaginal birth can give you the opportunity for a less 'medicalised' birth, including water birth, and is associated with a lower risk of complications for both mother and baby.

If you have a vaginal birth, you are likely to recover more quickly and return home from hospital much sooner than those who have caesarean births (as early as 3 hours after birth). Everyday activities, such as driving, can be resumed immediately.

Avoiding an additional caesarean birth also means that you will have a smaller risk of life-threatening conditions such as thrombosis (blood clots), haemorrhage and infection; and many mothers report feeling greater satisfaction after a successful

vaginal birth. You are also less likely to experience complications such as ectopic pregnancy, or the need for further caesarean birth in any future pregnancies.

Babies born vaginally are less likely to have breathing difficulties at birth, and are less likely to be separated from their mothers through needing special care. Skin-to-skin can be established immediately after birth, and this can help with bonding and breastfeeding.

## Are there any risks?

The most common risk is that during labour it may become apparent that you need another caesarean section. This happens in approximately 1 in 4 VBACs (only slightly higher than for women labouring for the first time, which is 1 in 5).

There is a very small chance that your previous scar could begin to separate during labour (0.5%). This is a serious problem, and requires immediate delivery of your baby. Because of this we recommend that you give birth in a hospital, and offer continuous monitoring during labour.

The care provided during your pregnancy and birth is specifically designed to minimise these risks, and aims to help you have a positive birth experience.

## How will I be cared for In labour if I choose to have a vaginal birth?

National guidance from the National Institute of Health & care Excellence (NICE) recommends that a VBAC should take place in hospital, rather than at home or in a midwife-led birthing centre. This is to ensure that there is immediate access to caesarean for those who need it, and to minimise the potential risks if VBAC is unsuccessful.

Options in labour are the same as for any other birth, including use of the birthing pool. One-to-one midwife care is provided, with obstetric doctors available if required. The full range of pain-relief options are available, including epidural anaesthesia.

The siting of an intravenous cannula is recommended once labour is established. This is to allow a medicine or fluid ‘drip’ to be quickly attached if another caesarean becomes necessary. The progress of labour and the wellbeing of you and your baby will be closely monitored throughout labour by a midwife.

Progress during labour is expected to be smooth, however, once you reach the second stage (or pushing stage) of labour, specialist VBAC care aims to minimise the amount of strain placed upon you, your baby and your uterine scar.

As part of the plan, one hour is usually allowed for contractions to naturally develop in such a way that may assist the baby to adopt a good position for birth. After this hour, if you have not already begun to experience strong urges to push, the midwife will support you to commence actively pushing. It is hoped that this active pushing stage will be brief, and if there is any concern that this does not appear to be the case, a doctor will be asked to attend.

Because of the need to adopt a cautious approach to this stage of labour, it is slightly more likely that you may need assistance in the final stages of birth, for instance using a suction cup (ventouse), or forceps.

## How will my baby be monitored during VBAC?

The monitoring of babies during a VBAC labour will be regular and performed by a midwife using a handheld dopplex or via continuous electronic fetal monitoring (CEFM).

When deciding which method of fetal monitoring is best, it is important to consider some of the following:

- What will help you to relax, i.e. do you have any anxieties about the baby's wellbeing?
- How important mobility is to you in labour

In Bath, we have a wireless monitor, which can be used safely in the birthing pool.

## How can I increase my chances of a successful VBAC?

Maintaining a healthy weight during pregnancy, as well as addressing any emotional concerns relating to a previous birth experience are important factors in creating a positive approach to birth.

Good support in labour is essential and may affect the length of your labour, which in turn may affect which type of birth you actually have.

It is important to consider who the best people are to nominate as birthing partners, and what plans may be important to help you cope during labour.

## What happens if my estimated day of delivery passes?

From the ‘due date’ onwards, your midwife can offer membrane ‘sweeps’, which may help to encourage labour.

If labour has not started by the fifth day after your due date, your midwife will refer you to an obstetric doctor to discuss your options. These may include induction of labour, or elective caesarean birth.

Inducing labour using pessaries or gels is associated with an increase in scar rupture during VBAC, and successful VBAC is less likely when labour does not begin naturally. However, there are mechanical methods of inducing labour which are not known to be associated with an increase in risk, and these will be discussed with you as appropriate.

## What about repeat caesarean birth?

If you are experiencing a healthy pregnancy following one or two previous caesarean births you will be encouraged to consider VBAC. This is because the risk of complications is higher in planned repeat caesarean than in VBAC, and these risks increase with each caesarean birth.

It is a difficult but important fact that the likelihood of a maternal death is higher in planned caesarean birth (13 in 100,000) than in VBAC (4 in 100,000).

Repeated surgery can have consequences for subsequent pregnancies, such as ectopic pregnancy, or an increased risk of the placenta embedding in the scar tissue, which makes it difficult to remove after birth, and can cause major bleeding.

If abdominal surgery is necessary in later life, it is likely to be more complicated when multiple operations have already taken place.

It is important to consider future family planning when deciding which method of birth is best for you.

In order to reduce the risk of breathing difficulties at birth which may require special care, caesarean births are not usually planned before 39 weeks of pregnancy, unless there is a medical reason. However, 1 in 10 women will go into labour before their planned caesarean date. It is important to have an agreed plan for care if this were to happen.

If labour begins before 37 weeks of pregnancy and you are planning a caesarean birth you may be advised to consider VBAC. This is because babies born prematurely adjust to the outside world more easily when they are born vaginally.

In order to reduce the risks of infection and thrombosis, women undergoing planned caesarean will be offered intravenous antibiotics during the operation, and advised to wear antiembolic stockings afterwards. The minimum recommended stay in hospital following caesarean birth is 24 hours.

If you would like to do so, you can discuss the possibility of planned caesarean with an Obstetrician during your pregnancy.

**Doctors are obliged to consider the potential risks to health, and must be confident that anything they do is likely to result in benefits that outweigh the potential risks.**

## For more information

- Further evidence-based information about VBAC can be found at: https://www.nct.org.uk/birth/vaginal-birth-after-caesarean-vbac

## Contact telephone numbers

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| Bath Birthing Centre: | 01225 824447 or 01225 824847 |
| Trowbridge Community Midwives: | 01225 765840 or 01225 711319 |
| Chippenham Community Midwives: | 01249 456434 |
| Frome Community Midwives: | 01373 454763 |
| Paulton Community Midwives: | 01761 412107 |
| Bath Team Community Midwives | 07872 696160 |

(8.30am-5pm. Outside these hours, please call the Bath Birthing Centre)

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.PatientAdviceandLiaisonService@nhs.net or telephone 01225 825656.