

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

Because of the small risk of the previous scar opening during labour, women having a VBAC are closely monitored once labour is established (usually when you are having regular contractions about every 5 minutes and your cervix is about 4cm dilated).

When you arrive at the hospital in labour you will probably have a drip placed in the back of your hand. It is recommended that your baby's heart beat is monitored electronically throughout labour.

The midwife and doctor will regularly assess your progress in labour by abdominal palpation (to assess strength of contractions and monitor baby's position) and vaginal examination (to assess how your cervix is dilating). If your labour progresses slowly it may be possible to use Syntocinon (a hormone drip) to help your contractions. This will be done with care due to the scar from your previous caesarean section.

If the labour does not progress or if the baby shows signs of distress you will be advised to have an emergency caesarean section.



What are my chances of VBAC success?

A number of factors impact on the likelihood of VBAC success. The reason for your previous caesarean section will be taken into consideration when you discuss your options with your doctor and/or midwife, however, national and international research shows that the majority (63-94%) of women who attempt a VBAC are successful.

A VBAC is more likely to be successful if:

- You have previously given birth vaginally
- This pregnancy has been straightforward
- You go into labour spontaneously in this pregnancy
- Have a Body Mass Index (BMI) less than 30
- Your previous caesarean section was for reasons such as a breech presentation, placenta praevia or fetal distress.

Frequently asked questions

Q. Can I have my labour induced if I have had a previous caesarean section?

The risk of the scar opening is increased if labour is induced. Therefore, induction of labour should only be considered on an individual basis and with recommendation and support of an obstetrician.

Q. Can I have an epidural in labour?

Whilst there are advantages to staying upright and moving around in labour, there are no contraindications to having an epidural.

For further information talk to your midwife or obstetrician.

This information leaflet has been written by an Expert Advisory Group of NSW Ministry of Health.



Your Next Birth After Caesarean section

INFORMATION ABOUT YOUR BIRTH OPTIONS



Health

Options for your Next Birth After Caesarean section (NBAC)

If you have had one or more caesarean sections, you may be thinking about how to give birth next 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 VBAC or a caesarean section in a future pregnancy, either option is safe with different benefits and risks. Overall, both are safe options for most women with very small risks.

This information brochure has been designed to provide you with consistent information based on current research and evidence to assist you in deciding about your next type of birth. The information will support the discussions you will have with your midwife and doctor.

When VBAC is not recommended

VBAC is not recommended if you have had:

- A previous complicated caesarean section such as a classical caesarean section (a caesarean section through the upper part of the uterus)
- A previous hysterotomy (an incision through the muscle of the uterus)
- A previous uterine rupture (the uterus tears along your previous caesarean section scar)
- Three or more previous caesarean sections
- Some types of surgery on your uterus, however, a VBAC may still be possible following a discussion with your doctor
- A short duration between pregnancies (less than 18 months).

Vaginal Birth After Caesarean section (VBAC)

Most women who have had a previous lower segment caesarean section can safely give birth vaginally in their next pregnancy. This is called a Vaginal Birth After Caesarean section or VBAC.

The risk of serious harm to your baby is the same risk as having your first baby and is very small (about 2 for every 1000 women attempting a VBAC).

Benefits of a successful VBAC include:

- A greater chance of an uncomplicated birth in future pregnancies
- A shorter recovery time and hospital stay
- Reduced risk of blood clots (deep vein thrombosis)
- Enhanced mother-infant bonding and long term wellbeing of your baby.

Disadvantages of VBAC include:

- An emergency caesarean section if labour slows or if the baby becomes stressed
- A slight increase in the need for a blood transfusion postnatally if you need an emergency caesarean section.
- A weakening or separation (referred to as rupture) of the previous scar. Although rare, if the scar ruptures it can have serious consequences for you and your baby. The chance of your scar rupturing is small (about 1 for every 200 women attempting a VBAC).



Elective Repeat Caesarean Section (ERCS)

If you choose to have an ERCS, and there are no other problems, this will be arranged for you after your 39th week of pregnancy.

Benefits of ERCS include:

- There is virtually no risk of your previous scar rupturing
- A slight reduction in the need for blood transfusion postnatally.

Disadvantages of ERCS include:

- A longer more complicated operation due to scar tissue from your previous caesarean section
- An increased risk of infection postnatally
- A longer recovery time and stay in hospital
- Increased chance of developing blood clots (deep vein thrombosis)
- Breathing problems are more common in babies born by elective caesarean section
- Increased risk of problems in future pregnancies, for example placenta praevia (placenta close to or overlying the cervix).

