



# ASSOCIATION OF ONTARIO MIDWIVES

*Represents Registered Midwives and Promotes the Profession of Midwifery in Ontario*

## Vaginal Birth After Caesarean: Making an Informed Choice

A vaginal birth after cesarean (also called VBAC) is a safe choice for the majority of women who have had a caesarean section (c-section) before. Midwives are experienced in caring for women who choose VBAC.

If you have had a c-section before, your midwife will talk to you about your options for this pregnancy. You have the choice of:

- 1) trying for a VBAC which may end up with a vaginal birth or in another c-section, or
- 2) planning a repeat c-section.

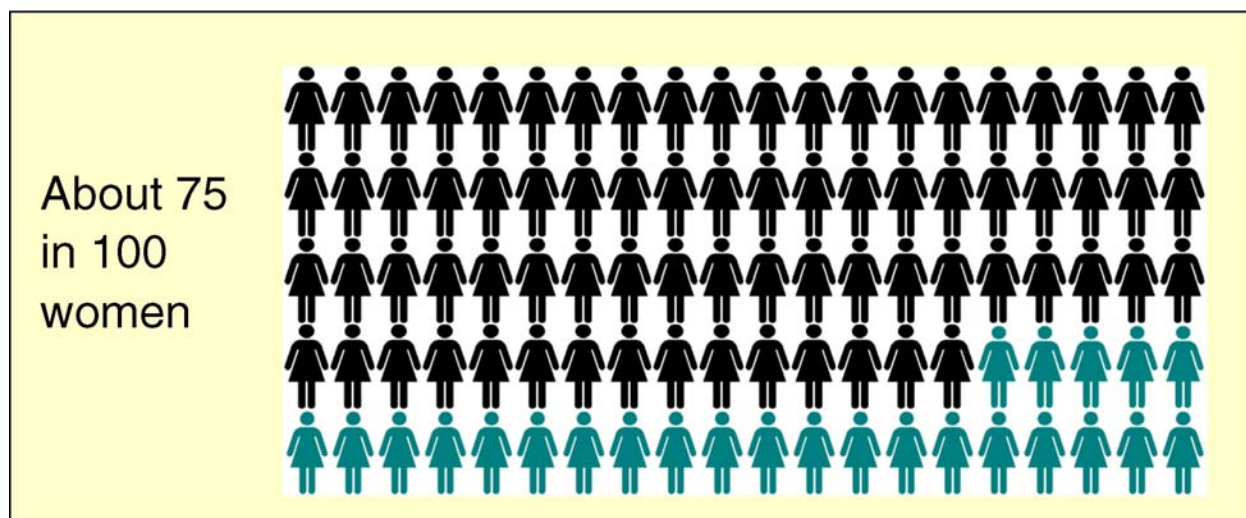
This information is meant to help you make a choice about your next birth. It does not replace advice given to you by your midwife.

In making this decision, you may find it helpful to consider:

1. what are the chances of having a VBAC
2. the benefits and risks of VBAC and of repeat c-section
3. your own personal feelings, desires and concerns
4. the support you have

### **1. What are my chances of having a VBAC?**

Many women who have had a c-section in the past will be able to give birth vaginally. The picture below shows that if 100 women plan a VBAC, overall about 75 will give birth vaginally and 25 will have a repeat c-section.



While studies tell us how likely women will be able to birth vaginally, it is hard to guess what an individual woman's chance is of having a VBAC.

There are a things about your own history that may make it more or less likely that you will be able to give birth vaginally.

<p><b><i>The chance you will have a VBAC may be higher if:</i></b></p> <ul style="list-style-type: none"> <li>▪ you have had a vaginal birth before</li> <li>▪ the reason for your last c-section is not present this time (for example, if your previous c-section was for breech presentation and the baby is head down this time)</li> <li>▪ you do not need drugs to start (induce) or speed up (augment) your labour</li> </ul>	<p><b><i>The chance you will have a VBAC may be lower if:</i></b></p> <ul style="list-style-type: none"> <li>▪ you go too late past your due date</li> <li>▪ your labour does not start on its own (you need to be induced to go into labour)</li> <li>▪ you are very overweight</li> </ul>
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Ask your midwife for more information about these factors and talk about your own personal situation. Just because your chances of having a VBAC may be lower does, not mean that you should not try for a VBAC.

*Your midwife may recommend a planned c-section if you have had surgery on your uterus. This is because some surgeries put you at high risk for having a uterine rupture. This is when*

*part of the uterus tears which can lead to problems for you and your baby. Your midwife will ask for a copy of past surgical records to find out if this is the case for you.*

## **2. Benefits and Risks of VBAC and Planned Repeat C-section**

Having a baby always involves a small amount of risk to the health of you and your baby no matter what kind of birth you have. Every woman views benefits and risks differently. The benefits and risks for VBAC and planned c-section are outlined below.

### ***What are the benefits of a VBAC?***

For you:

- Shorter hospital stay
- Faster recovery
- Lower your chance of risks related to having an operation (some are more rare than others but can be very serious):
  - fever and/or infection
  - heavy bleeding and a need for a blood transfusion
  - an emergency situation leading to the removal of your uterus after birth
  - complications during the surgery such as bowel and bladder injuries
  - a serious illness leading to death
- Many women who have had a VBAC tend to rate their birth experiences more positively than those who have had a c-section. Women who have had a VBAC also report feeling like they had more control than when they had a c-section.

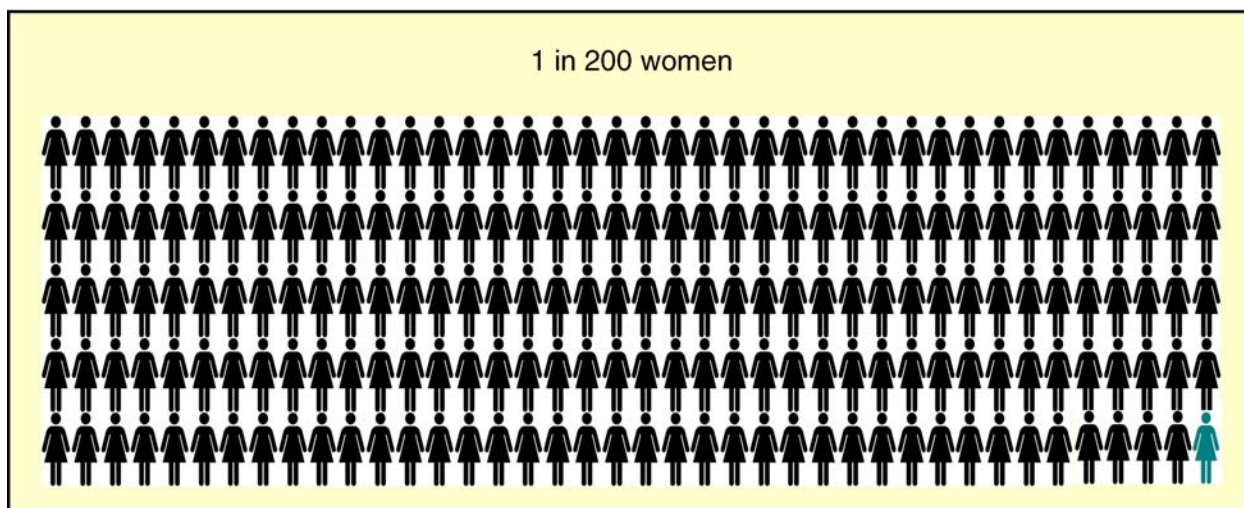
For your baby:

- By being born vaginally, babies are more likely to:
  - breathe more easily (babies born by c-section are more likely to be admitted to a nursery for problems with their breathing)
  - have early skin-to-skin contact
  - begin breastfeeding sooner which can help with the overall success of breastfeeding

### ***What are the risks of a VBAC?***

Risks for you and your baby:

- A cesarean birth leaves a scar in the uterus. This increases the risk of uterine rupture which is when there is a tear in the uterus. A uterine rupture rarely happens during the pregnancy; it happens more commonly during the labour.
- While the risk of uterine rupture increases for women having a VBAC, the risk is 0.5%. This means that out of every 200 VBACs, one results in a uterine rupture. There is no way to know for sure who will have a uterine rupture during labour and birth.



What happens if there is a uterine rupture?

- This is an emergency. You will have immediate surgery to deliver the baby and repair the tear in the uterus. There is also a chance you will have your uterus removed (hysterectomy).
- Most mothers and babies will recover completely after a uterine rupture. If there is a delay it can be dangerous for both you and your baby. Rarely this leads to brain damage for the baby or even death.

### ***What are the benefits of a planned c-section?***

Having a repeat c-section:

- reduces your overall risk of having a uterine rupture from approximately 1 in 200 to 1 in 4000
- avoids the risk of an emergency c-section during a VBAC which can be more dangerous for you and your baby than a planned c-section.

### ***What are the risks of a planned repeat c-section?***

The risks for you and your baby of having a c-section are outlined above when discussing the benefits of a VBAC including infection, bleeding, injury to other organs, etc.

If you are planning to have more than 2 children, planning a VBAC is likely the safest option for you and your baby. The more c-sections you have, the higher the risk you will have problems with your placenta in the next pregnancy. Your midwife can discuss this with you.

Based on a recent large study (1) this table compares how likely some of the more rare complications are.

<b>Complication</b>	<b>Risk for Planned VBAC</b>	<b>Risk for ERCS</b>
Maternal death	4/100,000	13/100,000
Blood transfusion	900/100,000	1200/100,000
Removal of the uterus (hysterectomy)	157/100,000	280/100,000 *

\* risk increases the more c-sections you have

### **3. Personal values, feelings, and concerns**

Women will respond differently to information about their chance of having a VBAC and the related benefits and risks. Other personal factors, such as a past birth experience may also influence the choice you make. It is important to discuss your feelings and any fears you may have with your midwife.

### **4. Support available to you**

Many women are influenced in decision making based on the support they will receive from their midwife, birth partner, family and friends.

#### ***Your Midwife***

Your midwife will describe the care and support you will receive during the labour and birth. This includes talking about:

- monitoring your baby's heart rate;
- monitoring your contractions and overall health;
- under what conditions a repeat c-section would be advised;
- choice of hospital or home birth.

### ***Family and Friends***

You may be worried about other personal factors like what members of your family or friends think, or who will take care of an older child during the time of the labour and birth. Talk about your decision with family and friends who may be able to provide you with support before, during or after the birth. You may want to include those who are supporting you in prenatal discussions with your midwife where concerns can be addressed.

## **Conclusion**

Deciding how to give birth can be difficult. Your midwife can give you the information and support you need to guide you and your family in making a decision.

### **References**

1. Guise J, Denman MA, Emeis C, Marshall N, Walker M, Fu R, et al. Vaginal Birth After Cesarean. ACOG 2010 Jun;115(6):1267-1278.

*We would like to thank Best Birth Clinic at BC Women's Hospital & Health Centre for the use of the graphics.*