CONSUMER PILOT

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Birth after previous caesarean : information for you

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What are my choices for birth after a caesarean delivery?

More than 1 in 5 women (20%) in the UK currently give birth by caesarean delivery (a surgical operation where a cut is made in your abdomen and your baby is delivered through that cut). Many women have more than one caesarean delivery.

If you have had one or more caesarean deliveries, you may be considering how to give birth next time. Whether you have a vaginal birth or a caesarean delivery in a future pregnancy, there are risks and benefits for both you and your baby. Overall both are safe choices with only very small risks.

In considering your choices, your obstetrician will ask about your medical and obstetric details. Some key information here is:

- the reason you had the caesarean delivery and what happened – was it an emergency?
- the type of cut that was made in your uterus (womb)
- how you felt about your previous birth. Do you have any concerns?
- whether your current pregnancy is straightforward or are there complications?

You and your obstetrician or midwife will consider your chance of a successful vaginal birth, your personal wishes and future fertility plans when making a decision about vaginal birth or caesarean delivery.

What is VBAC?

VBAC stands for Vaginal Birth After Caesarean. It is the term used when a woman gives birth vaginally having had a caesarean delivery in the past. Vaginal birth includes birth assisted by forceps or ventouse (see RCOG patient information ‘Assisted birth (operative vaginal delivery)-information for you’).

What is an elective repeat caesarean delivery?

An elective caesarean means a planned caesarean. The date is usually arranged at your hospital antenatal visit about one month before your due date. The caesarean delivery usually happens in the seven days before your due date, unless there is a reason why you or your baby need earlier delivery.

What are the advantages of a successful VBAC?

The advantages of a successful VBAC include:

- a shorter stay in hospital
- less abdominal pain after birth
- no restriction on driving a car
- a greater chance of an uncomplicated normal birth in future pregnancies.

What are the disadvantages of VBAC?

The disadvantages of VBAC include:

- **Emergency caesarean delivery**
  There is a chance you will need to have an emergency caesarean delivery during your labour. This happens in 25 out of 100 women (25%). This is only slightly higher then if you were labouring for the first time when the chance of an emergency caesarean delivery is 20 in 100 women (20%). The usual reasons for an emergency caesarean delivery are labour slowing or if there is a concern for the wellbeing of the baby.

- **Blood transfusion and infection in the uterus**
  Women choosing VBAC have a 1 in 100 (1%) higher chance of needing a blood transfusion or having an infection in the uterus compared with women who choose a planned caesarean delivery.

- **Scar weakening or scar rupture**
  There is a small chance that the scar on your womb will weaken and open. This is called scar dehiscence. If you go into labour naturally, the chance of this happening is 1 in 200 (0.5%). If you are induced, the chance of this happening is 3 in 200 (1.5%).

  If the scar opens completely (scar rupture) this may have serious consequences for you and your baby. Fortunately this is very rare and occurs only in 22 to 76 women out of every 10,000 (about 0.005%).

- **Risks to your baby**
  The risk of your baby dying or being brain damaged in labour is very small (22 in 10,000 women or 0.2%). This is no higher than if you were labouring for the first time, but it is higher than if you have an elective repeat caesarean delivery (10 in 10,000 or 0.1%). However, this has to be balanced against the risks to you if you have a caesarean delivery (see below).

When is VBAC not advisable?

There are very few occasions when VBAC is not advisable and repeat caesarean delivery is a safer choice. These are when:

- you have had three or more previous caesarean deliveries
- the uterus has ruptured during labour
- you have a high uterine incision involving the whole length of the uterus (classical caesarean)

What are the advantages of elective repeat caesarean delivery?

The advantages of elective repeat caesarean delivery include:

- virtually no risk of uterine scar rupture
- no risks during labour for the baby, particularly the risk of possible brain damage or stillbirth due to lack of oxygen (10 in 10,000 or 0.1%)
- knowledge of the date of delivery - making it easier to arrange childcare.

However, since caesarean delivery is planned for seven days before the due date, there is a chance that you will go into labour before the date of your caesarean delivery. One in 10 women (10%) go into labour before this date.

What are the disadvantages of elective repeat caesarean delivery?

The disadvantages of elective repeat caesarean delivery include:

- **A longer and possibly more difficult operation**
  A repeat caesarean delivery usually takes longer than the first operation because of scar tissue. Scar tissue may also make the operation more difficult and can occasionally result in damage to the bowel or bladder.

- **More chance of a blood clot (thrombosis)**
  A blood clot that occurs in the lung is called a pulmonary embolus. Rarely pulmonary embolus can be life threatening (death occurs in less than 1 in 1000 caesarean deliveries). Thrombosis is more likely if you smoke, are overweight, have had a blood clot before or have a close relative who has had a thrombosis (see RCOG patient information ‘Thrombosis in pregnancy: information for you – in preparation).

- **Post-operative abdominal pain and discomfort**
  You may need extra help at home and will be unable to drive for about six weeks after delivery (check with your insurance company)

- **Breathing problems for your baby**
  Breathing problems are quite common after caesarean delivery and usually short-lived. Occasionally the baby will need to go to the special care baby unit. Between 3-4 in 100 babies (3-4%) born by planned caesarean delivery have breathing problems compared with 2-3 in 100 (2-3%) following VBAC. Waiting until seven days before the due date minimises this problem.

- **A need for elective caesarean delivery in future pregnancies**.
  Third caesarean deliveries have even more scar tissue and carry extra risks such as the possibility of the placenta growing into the scar making it difficult to remove at caesarean (placenta accreta or percreta). This can result in bleeding and may require a hysterectomy. All serious risks increase with every caesarean delivery you have.

When is VBAC likely to be successful?

Overall, about 3 out of 4 women (75%) with a straightforward pregnancy give birth vaginally following one caesarean delivery.

If you have had a vaginal birth, either before or after your caesarean delivery, about 9 out of 10 women (90%) have a vaginal birth.

If you have had two previous uncomplicated caesarean deliveries, the chance of a successful vaginal birth is slightly less than this (between 70-75%).

What are my chances of a successful VBAC?

A number of factors (risk factors) make the chance of a successful vaginal birth less likely. These are if you:

- have never had a vaginal birth
- need to be induced
- did not make progress in labour and needed a caesarean delivery (usually due to the position of the baby)
- are overweight - Body Mass Index (BMI) over 30.

When all of these factors are present, 4 in 10 women (40%) have vaginal birth.

Other factors which make VBAC success slightly less likely are: if you have not gone into labour by 41 weeks, you have a big baby (more than 4 kilograms or 8 pounds 13 ounces), you do not have an epidural, you had a previous caesarean birth before 37 weeks, you are still in early labour when you come into hospital (cervical dilatation less than 4 centimetres), it is less than two years since your last caesarean delivery, or you are older in age.

Can I be induced?

Induction of labour increases the risk of scar dehiscence or scar rupture (3 in 200 women or 1.5%) compared to labour which starts spontaneously (1 in 200 women or 0.5%). The chance of successful VBAC is lower (67 in 100 or 67%). Because of these risks the decision to induce labour should be discussed with you by a consultant obstetrician.

What happens if I go into labour when I'm planning VBAC?

You will be advised to deliver in hospital so that an emergency caesarean delivery can be carried out if necessary. Contact the hospital as soon as you think you have gone into labour or if your waters break.

Once you are in labour, your baby's heartbeat will be monitored continuously to pick up any sign of distress.

The obstetricians and midwives are looking out for the following problems as signs that might indicate that the uterine scar is weakening:

- abnormal heartbeat of the baby
- severe abdominal pain, particularly between the contractions and over the caesarean scar
- chest or shoulder tip pain or sudden onset of shortness of breath
- abnormal vaginal bleeding or blood in the urine
- contractions stop suddenly having been previously normal
- mother's heart racing (tachycardia) and low blood pressure (hypotension)

You should be able to have an epidural if you choose and this can then be used if you need a caesarean delivery as an emergency.

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

Telephone the hospital to let them know what is happening. It is likely that an emergency caesarean will be performed once labour is confirmed. If labour is very advanced, or if the labour is premature, then VBAC may be more suitable. Your obstetrician will discuss this with you.

A glossary of all medical terms is available on the RCOG website at http://www.rcog.org.uk/index.asp?PageID=1107

Sources and acknowledgements

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) guideline Birth After Previous Caesarean Birth (published by the RCOG in February 2007). This information will also be reviewed, and updated if necessary, once the guideline has been reviewed. The guideline contains a full list of the sources of evidence we have used. You can find it online at: http://www.rcog.org.uk/resources/Public/pdf/green_top45_birthafter.pdf

Clinical guidelines are intended to improve care for patients. They are drawn up by teams of medical professionals and consumer representatives who look at the best research evidence available and make recommendations based on this evidence.

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A Final Note
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