

# Vaginal Birth after Caesarean Section (VBAC)

## Your options for care

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**Royal Infirmary of Edinburgh (RIE)**  
**St John's Hospital Livingston (SJH)**

### Introduction

The doctors and midwives want to make the birth of your baby a safe and satisfying experience, whether your baby is born vaginally or by Caesarean section. This information leaflet provides information and advice when considering your choices for birth. You may have lots of questions. If you wish to know more, please ask your Community Midwife or Obstetrician and we will do our best to help you.



### What is VBAC?

VBAC is when a woman gives birth vaginally after having a Caesarean birth in the past. Vaginal birth includes birth assisted by forceps or ventouse. You will be offered a consultation with your consultant obstetrician after 20 weeks of pregnancy to discuss things further with you. The advantages and disadvantages to you as an individual will be discussed in detail when considering your choices for birth. What happened to you during your last pregnancy, the reason you had a previous Caesarean section, how things are in this pregnancy and your thoughts and feelings will all be taken into consideration.

### What are the advantages of having a VBAC?

- Not having major abdominal surgery
- An uncomplicated vaginal birth is safer for the mother than an uncomplicated Caesarean section
- Less abdominal pain after birth
- A shorter recovery and a shorter stay in hospital, which means you can get back to caring for your older child/children more quickly
- Get back to driving, shopping and socialising more quickly
- Skin to skin contact is more easily achieved and breastfeeding may be started sooner
- A baby who is born vaginally is less likely to have short-term breathing difficulties and so is much less likely to be admitted to the special care baby unit
- Fewer complications in future pregnancies.

### What are the disadvantages of having a VBAC?

- There is a very small (1:200 - 1:500) risk of the scar on the womb from the previous Caesarean opening up during your labour. This is called a uterine rupture the vast majority of women will not experience a uterine rupture, however if it is suspected during your labour, for the safety of you and your baby, an

emergency Caesarean will be advised immediately. Although a rare outcome, uterine rupture is associated with significant maternal illness and fetal death.

- The risk of your baby dying or being brain damaged if you undergo VBAC is no higher than if you were labouring for the first time

As with all labours, a midwife will monitor the wellbeing of both you and your baby and it may become apparent that you require an emergency Caesarean section. About 3 in 4 women attempting VBAC will be successful. Just over 1 in 4 will not.

### **What are the advantages of having an elective repeat Caesarean delivery?**

- There is virtually no risk of uterine scar rupture
- Avoids the unpredictability of labour.

### **What are the disadvantages of having an elective repeat Caesarean delivery?**

- 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 result in damage to the bowel or bladder
- There is a longer recovery period than with VBAC. You may need extra help at home and will be unable to drive for 4-6 weeks after delivery (You must inform your insurance company)
- Breathing problems for your baby. Occasionally, the baby will need to go to the special care baby unit. Between three to four in 100 babies (3–4%) born by planned Caesarean delivery have breathing problems compared with two to three in 100 (2–3%) following VBAC. Waiting until seven days before the due date for elective Caesarean section minimises this.

You are more likely to need an elective Caesarean delivery in future pregnancies. More scar tissue occurs with each Caesarean delivery. This increases 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.

## **Your Care in Labour**

We strongly recommend that women planning VBAC give birth on the Labour Ward, where full facilities for you and your baby are available in case of an emergency. We recommend that once you are in established labour your baby's heartbeat is monitored continuously with an electronic monitor called a cardiotograph (CTG). This will help us to detect any changes in your baby's heart rate that could be related to problems with the scar on the uterus. This can be done by wireless telemetry (using radio technology to remotely monitor your baby's heart), so you can continue to be active if you wish, or use the pool.

If you would like to remain mobile and try the water during labour, please ask the midwife caring for you if telemetry CTG is available. In the following situations, we advise you to come into hospital for observation:

1. If your waters break
2. If you notice any bleeding from your vagina
3. If you have any pain that is not related to your contractions (e.g. shoulder tip pain, chest pain, pain over your Caesarean Section wound)
4. If you have any worries about your baby's movements.

You are able to speak to a midwife at the hospital at any time by telephoning Obstetric Triage for advice. The number for the RIE is 0131 242 2657 and the number for St John's is 01506 524 125.

If all observations are normal we may advise you to return home until labour establishes. For most women we recommend waiting at home until your contractions are in a regular pattern: approximately 3 minutes apart, and lasting for up to a minute. It is important that you feel supported during labour.

Many forms of pain relief can be used safely by mothers attempting VBAC. Adopting upright positions in labour can help, for example, kneeling, all fours, standing, walking, or rocking.

It is recommended that you have a cannula (a small plastic tube) placed in the back of your hand once you are in labour, in case you need a drip or need to go into theatre. From this a blood sample is also taken to check your blood count and blood group.

## **Contact Telephone Numbers**

Royal Infirmary of Edinburgh (RIE) **0131 242 2657**  
St John's Hospital Livingston (SJH) **01506 524 125**

## **Public Transport and Travel Information**

Bus details available from:

Lothian Buses on 0131 555 6363 [www.lothianbuses.co.uk](http://www.lothianbuses.co.uk)

Traveline Scotland on 08712002233 or [www.travelinescotland.com](http://www.travelinescotland.com)

Train details available from:

National Rail Enquiries on 03457 484 950 or [www.nationalrail.co.uk](http://www.nationalrail.co.uk)

## **Interpretation and Translation**

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

## **Further Information**

The NHS has a “shared-decision making” website specifically for women considering birth options after caesarean section, which you may find helpful.

<http://sdm.rightcare.nhs.uk/pda/birth-options-after-previous-caesarean/>