



whittington health maternity voices  
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# Birth After a Caesarean (VBAC)

## Patient Information Leaflet

**Congratulations on your pregnancy. We look forward to taking care of you and your baby.**

Some babies are born by unplanned caesarean. There are many reasons for a caesarean birth and around 25-30% of babies are born this way in the UK.

If you have already had one or more caesarean births, this leaflet will help you to think about what you would like to do next time.

Your midwife and obstetrician can discuss vaginal birth with you and help you to think about what you would like and what might be the best options for you and your baby.

### What is a VBAC?

This is when you are planning a vaginal birth after having had a caesarean birth before. We recommend that you come to the labour ward when having a VBAC as you can access extra support if you need it, although this is your choice. Please discuss this with your health professional so that you have all the information you need.

### When is a VBAC likely to be successful?

- If you have had a vaginal birth, either before or after your caesarean birth, you have a 90% (9 in 10) chance of having another vaginal birth.
- After one caesarean birth, 75% (3 in 4) women who go into labour will have a successful vaginal birth.

### When is a VBAC not advisable?

- You have had two or more previous caesarean births.
- Your womb ruptured during a previous labour.
- You have a high/vertical cut to your womb (classical caesarean).
- You have other pregnancy complications that require a caesarean birth.



### **Advantages of a VBAC**

- You are more likely to have a shorter recovery and hospital stay, with less pain after birth.
- You have a greater chance of an uncomplicated vaginal birth in future pregnancies.
- You are more likely to be able to breastfeed effectively.
- You will avoid the risks of a major operation.
- Your baby will have less chance of initial breathing problems which need admission to the Baby Unit.

### **Disadvantages of a VBAC**

#### **Needing an emergency caesarean birth:**

- There is a 1 in 4 (25%) chance of needing an emergency caesarean during labour compared to a 1 in 6 (15%) chance if this was your first labour. This is most commonly due to slow progress of labour or there are concerns about your baby.

#### **Scar rupture**

- There is a chance the scar on your womb may weaken and open in labour, which can be life threatening for you and your baby. This is extremely rare and happens in 1 in 200 (0.5%) women aiming for a vaginal birth. The doctors and midwives will monitor you and your baby closely. Your baby's heartbeat should ideally be monitored during labour with electronic fetal monitoring, as this may show early signs of the scar opening. We advise you to have your birth on the labour ward, where electronic monitoring of the baby is available. If there are signs of scar rupture your baby will be delivered by emergency caesarean birth.

#### **Blood transfusion and infection**

- There is a higher chance of needing a blood transfusion or having an infection compared with women having a planned caesarean birth.

#### **Risk of brain damage to baby**

- The risk of permanent brain damage to the baby is small (8 in 10,000) but this risk is higher than that after elective caesarean sections (1 in 10,000).



### What is an elective caesarean birth?

This is a planned caesarean birth. The date is usually planned in advance at your hospital antenatal visit. The caesarean birth usually happens in the seven days before your due date, unless there is a reason to be delivered earlier.

#### Advantages

- Avoid risks of labour including uterine scar rupture and emergency caesarean birth
- Having a planned date for the birth of your baby helps with planning.

#### Disadvantages

- A longer and possibly more difficult operation.
- Scar tissue may have formed after your first caesarean birth. This may make the operation more difficult and can result in injury to the bowel or bladder.

#### Blood clots

- A blood clot in the leg is called a deep vein thrombosis, and one in the lung is called a pulmonary embolus – this can be life threatening.
- You will be given compression stockings to wear in hospital, and will be sent home with injections to help thin the blood.

#### Longer recovery

- No heavy lifting or driving for 6 weeks post-op.
- Breathing problems for your baby
- 3 to 4 in100 (3-4%) babies born by caesarean births will have breathing problems. This is compared with 2 to 3 in100 (2-3%) babies born by VBAC.
- If this happens the baby will need to go to the special care baby unit. Waiting until seven days before the due date (after 39 weeks of pregnancy) minimises this problem.

Overall the rate of maternal complications associated with planned repeat CS is higher than successful VBAC.



## What happens if:

### I go into labour when I'm planning a VBAC?

- Please call maternity triage on **0207 288 5880** and speak to a midwife who will advise you on what to do, or call labour ward on **0207 288 5502**.

### I have an elective caesarean birth planned and I go into labour?

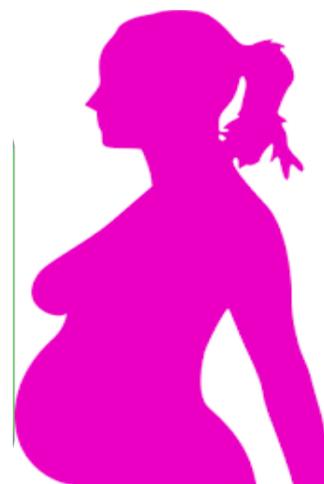
- Please contact triage as above and speak with a midwife. Or attend the maternity unit. We will offer you a caesarean birth as soon as possible.

### I do not go into labour when planning a VBAC?

- If labour does not start by 41 weeks, your obstetrician will offer different choices, such as an induction of labour or having a caesarean birth.

For more information, please do not hesitate to contact your midwife or obstetrician. We also hold a VBAC workshop every month. Please speak to your midwife to book into a workshop or call **0207 288 5586** to book yourself into a workshop.

Please book early as workshops are in demand.



#### Acknowledgments:

Royal College of Obstetricians and Gynaecologists information: Birth Options After Previous Caesarean Birth (2016) RCOG

NICE Clinical Guideline Caesarean Section (2004) National Institute for Clinical Excellence

#### Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or [whh-tr.whitthealthPALS@nhs.net](mailto:whh-tr.whitthealthPALS@nhs.net)

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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**Whittington Health NHS Trust**

Magdala Avenue

London

N19 5NF

Phone: 020 7272 3070

[www.whittington.nhs.uk](http://www.whittington.nhs.uk)

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