

When will I have my Caesarean section?

At your clinic appointment your doctor will advise the optimal gestation for your caesarean section. You will receive a date the week prior to your caesarean. Very rarely we do have to change the date of your caesarean due to unforeseeable reasons within the hospital. Also, since caesarean birth 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 birth. (1 in 10 women (10%) go into labour before this date.

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 a caesarean will be performed once labour is confirmed. If labour is very advanced, or if the labour is preterm (your pregnancy is less than 37 weeks) then VBAC may be more suitable. Your LMC (lead maternity carer) or Obstetrician will discuss this with you.

If you have any further questions discuss these with your midwife.

Reference

NICE (2014) Caesarean section.

<http://www.nice.org.uk/guidance/cg132>

ROCG (2015) Birth After Previous Caesarean Birth. https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_45.pdf

NCT (2010) Vaginal birth after caesarean. <https://www.nct.org.uk/birth/vaginal-birth-after-caesarean-vbac>

RANZCOG (2015) Birth after previous caesarean section. http://www.ranzcog.edu.au/component/docman/doc_view/971-c-obs-38-planned-vaginal-birth-after-caesarean-section-trial-of-labour-.html

 COUNTIES MANUKAU HEALTH	Department: Women's Health Approved by: Director of Midwifery Owner: H.Day, RMO	Updated: Sept. 2016 Review: Sept. 2019
--	--	---



VBAC

Vaginal Birth After Caesarean

Information for Pregnant Women and
Whanau



What is a VBAC?

A 'Vaginal Birth After a Caesarean' birth is usually referred to as a VBAC (pronounced 'vee back'). This term is used when a woman gives birth vaginally, after having had a caesarean in the past. Most women who have one previous caesarean birth can safely have a vaginal birth in a following pregnancy.

Providing there is no particular medical reason not to have a vaginal birth, VBAC is a good option for you and your baby. Vaginal birth after caesarean is considered to be a safe option for most women who have had one previous caesarean birth.

Often women who are pregnant after a previous caesarean birth would like to have a straight forward labour and birth. Vaginal birth can have physical as well as psychological benefits for both mother and baby.

What are my choices for birth after a previous caesarean birth?

Birth options include:

1. Vaginal birth (VBAC)
2. Elective Caesarean section – a planned caesarean section to avoid labour and vaginal birth

Whether you choose to have a vaginal birth or caesarean birth; either choice has benefits and a few small risks.

All women who have had a previous Caesarean section, even if they have had a successful VBAC are offered an appointment with an Obstetrician (specialist doctor). This appointment, usually around 36 weeks, will give the opportunity to discuss your birth options including the risks and benefits of each. This discussion personal wishes and future fertility. Together you and the Obstetrician will choose whether VBAC or elective caesarean birth is the best option for your current pregnancy.

Intravenous Access

We recommend that you have a luer (little plastic tube) put into a vein in the back of your hand or forearm, so that if you should need a caesarean we can quickly attach a 'drip' (intravenous infusion). A blood sample for your blood group and a full blood count would be taken at the same time.

Progress of labour

Women often worry that they will have another long labour, but we would expect you to make good progress once in established labour. If you were not making adequate progress in labour a caesarean section would be considered.

There is no need to stay in hospital any longer than usual if you have a vaginal birth this time.

What happens if I do not go into labour when planning a VBAC?

When you are seen in the Antenatal clinic at around 36/40 to discuss your birth plan the doctor will discuss with you the options for you if your baby has not delivered by your due date.

These are:

- Wait for labour to begin. We advise that all women should deliver their baby by 42 weeks.
- Induction of labour. This means starting your labour artificially rather than waiting for labour to start naturally. The process, risks and chances of success will be discussed with you by your LMC and Obstetrician. This usually will either be done by rupturing your membranes if your cervix is open and starting a hormone (syntocinon) drip or using a Cooks balloon to open the cervix.
- Repeat elective caesarean birth. Some women choose to aim for VBAC if they labour spontaneously, but opt for a repeat caesarean birth rather than induction of labour.

A need for elective caesarean birth in future pregnancies

More scar tissue in the uterus occurs with each caesarean birth. This increases the possibility of the afterbirth (whenau/placenta) growing into the scar making it low in your uterus (placenta praevia). The placenta can grow into an old scar (called placenta accreta) making it very difficult to remove at caesarean section and increase the risks of heavy bleeding and further surgery. The most serious complication in this situation would be the need to remove the uterus (hysterectomy)

If I choose a VBAC what will happen?

You will be advised to deliver in hospital (not a primary birthing unit or at home) in case an emergency arises and you need an urgent caesarean section.

Contact the hospital and your LMC as soon as you think you have gone into labour or if your waters break, or you have bleeding or pain. It is important to present early so that you can be assessed and monitored. Sometimes problems occur before your labour is fully established.

Are there any differences in how I am cared for in labour?

Talk with your midwife about some of your wishes whilst in labour. We would aim to accommodate your preferences so long as we were able to safely monitor you and your baby.

Monitoring baby's heart (Electronic monitoring or CTG)

Once you are contracting your baby's heart rate will be monitored continuously with an electronic monitor. This may be via a belt attached to your tummy or directly via a fine clip placed on your baby's head. This will help us to detect any changes in your baby's heart rate which may suggest your baby is distressed as can happen in the event of the uterine scar tearing.

What are my chances of a successful VBAC?

A successful VBAC avoids the risks of surgery and hastens your return to normal activity after the birth of your baby. It also makes future normal births likely. This is particularly important if wanting more than 2 children.

With careful selection and good pregnancy care, about 6 to 9 women out of 10 (60-90%) who try a VBAC will successfully have a vaginal birth.

The majority of women would be considered eligible to try for a VBAC if they prefer and your doctor will confirm whether this also applies to you.

A decision for a VBAC and the chances of success will depend on your medical history and current health, any previous vaginal deliveries, the reason for your previous caesarean and whether there were any complications, as well as the progress of your current pregnancy and your baby's current well-being.

When is VBAC not advisable?

- Women that had a high uterine incision (cut in the womb) – called 'classical scar' or 'inverted T uterine scar'
- If you are not willing to try a VBAC
- Some other previous uterine surgery
- Previous rupture of the uterus
- If you had two or more previous caesarean births
- You have other pregnancy complications that require a caesarean birth

What are the risks of VBAC?

As with any pregnancy there are always some risks involved.

Emergency (urgent) caesarean birth

There is a chance you will need to have an emergency caesarean birth during your labour. Of every 10 women who try for a VBAC, 1 to 4 women (10% - 40%) will need to have a repeat caesarean birth. The usual reasons for an emergency caesarean birth are labour not making adequate progress, or if there is a concern for the wellbeing of your baby or if you have internal bleeding.

The most serious risk for women trying a VBAC is that the uterus (womb) might tear along the scar (called uterine rupture), however this is known to occur in less than 0.5% of cases. If this was thought to be happening during labour an emergency caesarean section would be performed immediately.

Blood transfusion and infection

If there was heavy bleeding, more likely if an emergency caesarean section is required, you might need a blood transfusion. Less than 1% of women do need a blood transfusion.

Also your chances of getting an infection after an emergency caesarean section are higher, about 5 out of 100 women (5%), which may be in the wound, uterus or bladder.

What are the advantages of elective repeat caesarean birth?

The advantages of elective repeat caesarean birth include:

- Almost no risk of uterine scar dehiscence (tearing), although this will rarely occur antenatally.
- Avoid the risks of labour and the very small risk of possible brain damage or stillbirth from lack of oxygen during labour (1-2 babies in 1000 - less than 0.1%)
- Avoids the risks of an emergency caesarean section

What are the disadvantages of elective repeat caesarean birth?

The disadvantages of elective repeat caesarean birth include:

Risk of longer/difficult operation

A repeat caesarean birth 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. In the event of this any damage would be repaired at the time.

There is a small chance of accidental graze of the baby at caesarean birth.

Blood clot (thrombosis)

A blood clot can occur in either the legs, a deep vein thrombosis (DVT), or in the lung, a pulmonary embolus (PE). A pulmonary embolus can be life threatening.

Longer recovery period compared to a vaginal birth

You may need extra help at home and will be unable to drive for about six weeks after birth (check with your insurance company).

Breathing problems for your baby

Breathing problems are quite common after caesarean birth and usually do not last long. Occasionally, the baby will need to go to the special care baby unit. 3 to 4 in 100 babies (3% - 4%) born by planned caesarean birth have breathing problems compared with 2 to 3 in 100 (2% - 3%) following VBAC.

Waiting with a planned caesarean birth until seven days before the due date minimises this problem.