How can I help to reduce healthcare associated infections?
Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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If you require a translation of this leaflet please contact your midwife

Women & Children’s Division

Vaginal Birth after Caesarean Section (VBAC)

Patient information leaflet
If you require an alternative format of this leaflet please contact your Midwife

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Introduction
At Buckinghamshire Healthcare NHS Trust we are committed to promoting and supporting normal birth for women who have previously given birth by caesarean section. This is called a VBAC (pronounced veeback), meaning vaginal birth after caesarean. We hope the information in this leaflet helps answer any questions you may have.

Is it safe to have a vaginal birth if I have already had a caesarean?
It is generally safe to have a vaginal birth after caesarean. Vaginal birth is associated with a lower risk of complications for the mother than a repeat caesarean.

Studies show that, on average, 72-75 out of 100 (72 -75%) women who go into spontaneous labour after a previous caesarean, will give birth vaginally.

If you have had a vaginal birth, either before or after your caesarean delivery, about 85-90 out of 100 (85-90%) go on to a vaginal birth.

Your Care
Because of your previous caesarean your antenatal care will be led by either an obstetrician or on the Midwife led VBAC pathway. You will have opportunities to discuss:

- Your past history, including reasons for your previous caesarean section.
- How you felt about your previous birth.
- Choices for your forthcoming birth, including risks, benefits and management of care.
- Your current pregnancy.

We continually strive to improve the quality of information given to patients. If you have any comments or suggestions regarding this information booklet, please contact:

Head of Midwifery
Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
Tel: 01296 316142
Your options are:

- Continuing to wait for labour
- Induction of labour
- Repeat elective caesarean birth

These options will be discussed with you on an individual basis.

NB: It is important to be aware that induction of labour methods can vary depending on individual circumstances. It is important to discuss your individual plan of care with your care giver.

If you require any further information about the issues in this leaflet please ask your Midwife or obstetrician.

References

BHNNHST (2012) Vaginal birth with uterine scar. MAT LWG Intrapartum 36
NICE Caesarean section clinical guideline 13 (April 2004)
Useful website: www.nice.org.uk
• Contact the Labour Ward as soon as you have signs of labour and we will advise you when to come in to hospital.

• We recommend that you have a small plastic tube (cannula) inserted into a vein in case you require additional intravenous fluids or choose an epidural for pain relief.

• We recommend your baby’s heartbeat is continuously monitored to ensure he or she remains healthy in labour (this can be done by ‘wireless’ monitoring equipment, if it is available when you come in).

You will:

• have access to our range of birthing aids to encourage a normal birth: bean bags, birthing stool, birth balls, mats.

• have access to a range of pain relief methods including aromatherapy fans, entonox (gas and air), pethidine and epidural. Birth pools can be used providing the wireless monitoring is available.

• receive one to one care from a Midwife, once you are in established labour.

• have a higher chance of vaginal birth if you start labour naturally and are not induced.

Are there any risks of VBAC?

• There is up to 25% chance of needing a caesarean in labour.

• There is a small risk of the scar opening (1 in 200 or 0.5%). Although this risk is uncommon, it is why we recommend birth in the Labour Ward where we have immediate access to our operating theatres. The risk of the scar opening increases slightly with induction of labour when cervix softening drugs are used (called prostaglandins) and this should be discussed by you and your obstetrician before planning induction of labour.

• Infant death is rare. The risk of fetal death is 4 in 10,000 (0.04%) during a VBAC, which is the same as the risk for first time mothers. However, this risk has to be balanced with the increased risks to you with caesarean, which are: a longer more difficult operation than your first caesarean; chance of a blood clot; longer recovery; risks to future pregnancies; and the 2% risk of baby having a skin laceration during the operation.

Due to the risks associated with VBAC, Labour Ward is the recommended place for birth. Occasionally some women want to discuss care outside of recommendations. If you wish to discuss this further please talk to your Midwife or obstetrician who may refer you to a Supervisor of Midwives or the Consultant Midwife.

We run a VBAC class once a month. This is a specialist antenatal class for women with a history of previous caesarean section and will provide more information about VBAC labour and birth.

Please speak to your Midwife or the antenatal clinic at Stoke Mandeville to book a class.

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

If labour does not start by 41 weeks the following options will be discussed with you.