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.

www.buckshealthcare.nhs.uk
Follow us on Twitter @buckshealthcare

If you require a translation of this leaflet please contact your midwife
Introduction
At Buckinghamshire Healthcare NHS Trust we are committed to promoting and supporting vaginal 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?
For most women and their babies, a vaginal birth after caesarean section is safe.

Vaginal birth is associated with a lower risk of complications for the mother than a repeat caesarean.

Studies show that, on average, nearly 75 out of 100 (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 have a vaginal birth.

Your Care
Because of your previous caesarean your antenatal care will be led by either an obstetrician or you will be 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 next 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
What are the benefits of VBAC?
- May avoid surgery.
- A quicker recovery and shorter stay in hospital. Following a vaginal birth women can return home after a minimum of 6 hours. The usual length of stay following caesarean is 48 hours.
- Less abdominal pain after birth (9 out of 100 women (9%) report pain for more than 3 months after caesarean).
- Baby has a lower risk of developing breathing difficulties at birth (2-3 out of 100 babies (2-3%) born vaginally compared to 4-5 out of 100 (4-5%) babies with planned caesarean).
- Greater chance of successful breastfeeding.
- Greater chance of vaginal birth in a future pregnancy (85-90 out of 100 women (85-90%) will have a vaginal birth in a future pregnancy).
- Reduced risk of placenta covering the cervix or growing into the womb in future pregnancies (this is a serious pregnancy complication that can be discussed with your care giver).
- Less likely to experience heavy bleeding that requires a blood transfusion.
- Less risk of infection.
- Lower risk of stillbirth in future pregnancies.
- Lower risk of infertility in the future.

What happens in a VBAC labour?
- Our guidelines recommend that you give birth to your baby in the Labour Ward based at Stoke Mandeville Hospital. The team providing your care in labour will include midwives and obstetricians.

References
BHNHST (2019) Vaginal birth with uterine scar. MAT LWG Intrapartum 36
NICE Caesarean section clinical guideline 132 (2011)
Useful website: www.nice.org.uk
• We recommend that you 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 your baby’s heartbeat is continuously monitored to ensure he or she remains healthy in labour. This may be offered using Telemetry (wireless monitoring) if it is available.

You will:
• have access to our range of birthing aids to encourage a vaginal 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 that 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.

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 the Consultant Midwife.

Are there any risks of VBAC?
• There is up to a 1 in 4 (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, this is why our guidelines 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.
• The risk of a baby dying during a VBAC labour is extremely low, the same as during vaginal birth for a first time mother.
• The risk of a baby dying with a planned caesarean section is lower at 2 in 1000 (0.02%). 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 risk to your baby, which is:
  ◊ 2 in 100 (2%) babies will have a skin laceration (cut to the skin) during the operation.

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.
• induction of labour
• repeat elective caesarean birth
• continuing to wait for labour

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.