

Vaginal Birth after Caesarean Section (VBAC)

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 you 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 you 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 another vaginal birth.

Your care

Because of your previous caesarean your antenatal care will be led by either an obstetrician or a midwife. You will have opportunities to discuss:

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

What are the benefits of VBAC?

A Vaginal Birth after Caesarean Section, may mean:

- You avoid surgery
- A quicker recovery and shorter stay in hospital
 - following 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 likelihood of 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 at Stoke Mandeville Hospital. The team providing your care in labour will include midwives and obstetricians.
- We recommend that you contact the labour ward as soon as you have signs of labour and we will advise you when to come into 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, gas and air (entonox), 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 our recommended guidelines. 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 you 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 or hormones are used (called prostaglandins) and this should be discussed by you and your obstetrician before planning induction of labour. An alternative to prostaglandins can be offered known as Foley catheter (or balloon) method of induction; this reduces the risk of scar opening, you can discuss this with your midwife or obstetrician.
- The risk of a baby dying during a VBAC labour is extremely low, it is the same as during vaginal birth for a first-time mother.
- The risk of a baby dying with a planned caesarean section is lower. However, you need to balance this risk 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 cut to their skin (laceration) during the operation.

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

If your 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.

References

RCOG (2015) Birth after previous caesarean birth. Green top Guideline No. 45.

BHNSHT (2019) Vaginal birth with uterine scar. MAT LWG Intrapartum 36

NICE Caesarean section clinical guideline 132 (2011)

Useful website: www.nice.org.uk

Helpful links:

National Institute of Health and Care Excellence (NICE) Intrapartum care for healthy women and babies, Clinical guideline [CG190] Published date: 03 December 2014 Last updated: 21 February 2017, available at:

- <https://www.nice.org.uk/guidance/cg190/ifp/chapter/Care-of-women-and-their-babies-during-labour-and-birth>
- http://www.nhs.uk/Conditions/pregnancy-and-baby/Documents/Birth_place_decision_support_Generic_2_.pdf
- <http://www.homebirth.org.uk/>
- <http://www.which.co.uk/birth-choice/environments/home-birth>

Useful Contact Numbers

Aylesbury Birth Centre 01296 316103

Wycombe Birth Centre 01494 425520/13

How can you help reduce healthcare associated infections?

Infection prevention and control is important to the well-being of our patients and for that reason we have infection prevention and control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections.

Approvals:

Maternity Guidelines Group: Sep 2011, V2 Sep 2012, V3 Dec 2015, V4 Nov 2018, V5 Nov 2020

MSLC: January 2011, V2 Nov 2012, V3 Jan 2016, V4 Mar 2019, V5 Nov 2020

SDU Lead: Jan 2021

Divisional Board/O&G SDU: Mar 2011, V2 Sep 2012, V3 Feb 2016, V4 Dec 2018, V5 Jan 2021

Equality Impact Assessment: V1 May 2011, V3 Sep 2015, V4 Apr 2019, V5 Dec 2020

Patient Experience Group: August 2011, V3 May 2016, V5 Jul 2021

Division of Women, Children & Sexual Health Services