



Te Whatu Ora
Health New Zealand

Birth options after a previous Caesarean Section

This booklet is for you if you have had a previous Caesarean section and want to know more about your birth options when having another baby. It may also be helpful if you are a relative or friend of someone who is in this situation.

Vaginal Birth after Caesarean (VBAC)

The term used when someone gives birth vaginally, having had a Caesarean section in the past. Vaginal birth includes birth assisted by forceps or ventouse (vacuum cup).

Planned/Elective Repeat Caesarean Section (ERCS)

A planned or elective Caesarean section in someone who has had a previous Caesarean section. You will usually have the operation after 39 weeks of pregnancy. This is because babies born by Caesarean section earlier than this are more likely to be admitted to the neonatal unit for help with their breathing.

How common is it to have a Caesarean section?

Approximately one in four in New Zealand currently give birth by caesarean section. About half of these are as a planned operation and the other half are as an emergency. Many have more than one Caesarean section.

What are my choices for birth after one Caesarean section?

If you have had a Caesarean section, you may be thinking about how to give birth next time. Planning for a vaginal birth after Caesarean (VBAC) or choosing an Elective Repeat Caesarean section (ERCS) have different benefits and risks. In considering your options, your previous pregnancies and medical history are important factors to take into account, including:

- The reason you had your Caesarean section
- Whether you have had a previous vaginal birth
- Whether there were any complications during your recovery

- The type of cut made in your uterus (womb)
- How you felt about your previous birth
- Whether your current pregnancy has been straightforward or whether there have been any problems or complications
- How many more babies you are hoping to have in future. The risks increase with each Caesarean section, so if you plan to have more babies it may be better to avoid another Caesarean section if possible.

Your Lead Maternity Carer (LMC) can refer you to the Positive Birth After Caesarean (PBAC) clinic to discuss your birth options, before 25 weeks. You may find this particularly useful if you are unsure about your choice.

What if I have had more than one Caesarean?

If you are considering a vaginal birth but have had more than one Caesarean section, you should have a detailed discussion with a senior obstetrician about the potential risks, benefits and success rate in your individual situation.

What are my chances of a successful VBAC?

After one Caesarean section, two out of three women who plan a VBAC at National Women's will have a vaginal birth. A number of factors make a successful vaginal birth more likely, including:

- Previous vaginal birth. If you have had a vaginal birth, either before or after your Caesarean section, about 9 out of 10 women can have another vaginal birth.
- your labour starting naturally before 41 weeks gestation
- your body mass index (BMI) at booking being less than 30
- your age (less than 35 years)
- limiting your weight gain during pregnancy (your LMC can advise on healthy weight gain)

What are the advantages of successful VBAC?

Successful VBAC has fewer complications than ERCS. If you do have a vaginal birth, advantages can include:

- Vaginal birth is the most natural way to give birth and you should not underestimate the value of this experience. At least four times more “feel good” hormones accompany vaginal birth. You can choose to give birth in an environment of her choosing, with her own support people in the room.
- A greater chance of vaginal birth in future pregnancies.
- Faster recovery time. You should be able to get back to everyday activities, such as driving, more quickly.
- A shorter hospital stay.
- Skin-to-skin contact with your baby immediately after birth is more likely.
- Breastfeeding can be established more quickly. There are fewer or no drugs in the breast milk so baby is more alert and suckles more readily at the breast.
- Avoiding the risks of an operation such as blood loss and risk of infection.
- Less chance of your baby having mild breathing difficulties.
- For the baby, the vaginal birth process allows intimate bonding and attachment with mum.

What are the disadvantages of VBAC?

You may need to have an emergency Caesarean section during labour

This happens in 1 out of 3 women. This is very similar to the chance of an emergency Caesarean section for women in labour with their first baby.

An emergency Caesarean section carries more risks than a planned Caesarean section. The most common reasons for an emergency Caesarean section are if your labour slows or if there is a concern for the wellbeing of your baby.

You have a higher chance of needing a blood transfusion

You have a slightly higher chance of needing a blood transfusion compared with women who plan a repeat Caesarean section.

Serious consequences of attempting a VBAC are rare

There is a 1 in 200 chance that the scar on your uterus will separate, which is called a uterine (or scar) rupture. This risk is increased if oxytocin (a hormone which stimulates your uterus) is used during your labour. If a uterine rupture occurs, there may be serious consequences.

For all women who attempt VBAC, there is a 1 in 1000 chance that you will require a hysterectomy and a 1 in 1000 chance that your baby will suffer from lack of oxygen. If there are warning signs of scar rupture, your baby will be delivered by emergency Caesarean section.

You may need assistance with ventouse or forceps

As with any woman planning a vaginal birth, you may need assistance with either ventouse or forceps. Having an instrumental birth is associated with an increased risk of an episiotomy or a significant perineal tear.

You may need an episiotomy

You may need an episiotomy or experience a tear that may involve the muscle that controls the anus or rectum (third or fourth degree tear). These risks are the same as for a first-time mother having a vaginal birth.

When is VBAC not advisable?

VBAC is normally an option for most women but it is not advisable when:

- You have had three or more previous Caesarean deliveries
- Your uterus has ruptured during a previous labour

- Your previous Caesarean section was ‘classical’, i.e. where the incision involved the upper part of your uterus
- You have other pregnancy complications that require a planned Caesarean section e.g.. breech presentation or placenta praevia
- You have had other uterine surgery and have been advised not to labour

What are the advantages of planned repeat Caesarean section?

- You may have had a difficult or traumatic labour previously and want to avoid labour altogether
- There is a much smaller risk of uterine scar rupture
- It avoids the risks of labour and the rare serious risks to your baby
- Tubal ligation can be performed at same time as Caesarean if permanent contraception is desired.

What are the disadvantages of elective repeat Caesarean section?

- A repeat Caesarean section usually takes longer than the first operation because of internal scar tissue. Scar tissue may also make the operation more difficult and can result in damage to your bowel or bladder.
- You can get a wound infection that can take several weeks to heal.
- You may need a blood transfusion.
- You have a higher risk of developing a blood clot (thrombosis) in the legs (deep vein thrombosis) or lungs (pulmonary embolism).
- You may have a longer recovery period and need extra help at home.
- You are more likely to need a planned Caesarean section in future pregnancies. More scar tissue occurs with each Caesarean section. This increases the possibility of the placenta growing into the scar, making it difficult to remove during any future deliveries (placenta accreta or percreta). This occurs in 3 in 1000 women, can result in bleeding and

may require a hysterectomy. All serious risks increase with every Caesarean section you have.

- Your baby's skin may be cut at the time of Caesarean section. This happens in 2 out of every 100 babies delivered by caesarean section, but usually heals without any further harm.
- Breathing problems for your baby are more common after planned Caesarean section but usually do not last long.
- Between 4 and 5 in every 100 babies born by planned Caesarean section at or after 39 weeks have breathing problems compared with 2 to 3 in 100 following VBAC. There is a higher risk if you have a planned Caesarean section earlier than 39 weeks (6 in 100 babies at 38 weeks).

What happens when I go into labour if I am planning a VBAC?

You will be advised to give birth in hospital so that an emergency Caesarean section can be carried out if necessary. Contact your LMC as soon as you think you have gone into labour or if your waters break.

In early labour

You can usually stay at home. Stay relaxed and well supported, hydrated and mobile (move around).

Once you start having regular contractions

You will be advised to have your baby's heartbeat monitored continuously during labour, and an IV cannula. This is to ensure your baby's wellbeing, since changes in the heartbeat pattern can be an early sign of problems with your previous Caesarean scar. You can choose various options for pain relief, including an epidural. Your progress in labour will be reviewed regularly, in consultation with the medical (obstetric) team.

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

If labour does not start by 41 completed weeks, your LMC will discuss your birth options again with you. These may include:

- Continuing to wait for labour to start naturally
- Induction of labour with a balloon and/or artificial rupture of membranes
- Planned repeat caesarean section

What happens when I go into labour if I am planning a ERCS?

Let your LMC know what is happening. You may wish to reconsider the option of VBAC. Going into labour naturally reduces the risk of scar rupture and increases the chance of a successful VBAC. If you do not want to try for a vaginal birth, once labour is confirmed the hospital team will arrange a Caesarean section as soon as possible. If labour is very advanced, it may be safer for you and your baby to have a vaginal birth. Your maternity team will discuss this with you.

Key Points

- If you are fit and well, both VBAC and ERCS are safe choices with very low risks. Most recover well from both and have healthy babies
- 2 out of 3 who plan a VBAC at National Women's Hospital will have a vaginal birth
- 9 out of 10 will have a successful VBAC if they have ever given birth vaginally. Successful VBAC has the fewest complications
- If you have a successful vaginal birth, future labours are less complicated with fewer risks to you and your baby
- There is a small risk of uterine rupture with a planned VBAC, and this can have serious consequences for you and your baby
- Having a Caesarean section makes future births more complicated





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