

# Vaginal Birth After Cesarean Section

What are the benefits of vaginal delivery after cesarean section?

For Women

* More involvement in the birthing process
* Less discomfort
* Quicker recovery time
* Less risk of hysterectomy, infection, blood clots, blood transfusion

For Babies

* Fewer respiratory complications
* Early breastfeeding and bonding

Women who have a vaginal birth after a prior cesarean section have fewer complications when compared to women having repeat cesarean sections. There is an increased incidence of complication for women who have labour and then require a cesarean section.

What is the success rate for VBAC?

The success rate for VBAC is between 50- 85%, depending on the reason for the initial cesarean section. Women whose section was for a non-recurring reason have a greater success rate of delivering vaginally. Examples of nonrecurring conditions are things like baby being in a sub optimal position or hypertension. Women who have had a prior vaginal delivery have a greater success rate of VBAC. Women who have an interval of 18-24 months between deliveries also have a greater chance of successful VBAC. It is recommended that women attempting VBAC should have had a low transverse uterine incision.

Women who had a cesarean section for “failure to progress” or “labour dystocia” have a decreased success rate for VBAC. Suspected large baby, diabetes, or multiple gestation are not indications for repeat cesarean sections.

What are the Risks of VBAC?

There are risks associated with labour and birth after a previous cesarean section for both the woman and her baby. There is a slightly increased risk of fetal death. This is due to the risk of uterine rupture, meaning the uterine muscle separates during pregnancy or delivery. This is an acute emergency that is associated with severe complications. Maternal complications can be hemorrhage, shock, hysterectomy, infection, death and need for a blood transfusion. Possible fetal complications can include infection, decreased delivery of oxygen to baby and death.

The risk of uterine rupture for women who have had 1 previous transverse lower segment cesarean section is between .2-1.5%, or 2-15 women in 1000. Successful VBAC reduces the risk of uterine rupture in subsequent pregnancies and deliveries.

Women who are having labour induced with oxytocin and breaking the waters may have an increased chance of uterine rupture but it is not contra indicated.

What are the benefits of having a repeat cesarean section?

* Decreased chance of uterine rupture (.6 % or 1.6 in 1000)
* Fewer complications than if cesarean resulted from a failed trial of labour

What are the risks of repeat cesarean section?

* Increased risk of hysterectomy, blood loss, anesthesia complications, fever
* Longer post partum recovery
* Increased risk of respiratory distress in baby
* Future pregnancies more likely to be complicated by ectopic pregnancy, placental problems

The Society of Obstetricians and Gynecologists of Canada recommend that all women attempting VBAC should do so in a hospital with emergency c-section capabilities and having continuous electronic fetal monitoring in place to detect the first sign of uterine rupture. At Lakeridge Health Oshawa and Northumberland Hills Hospital the VBAC protocol recommends having an intravenous in place during active labour as well as the electronic fetal monitoring. Both hospitals have emergency c-section capabilities.

Choice of Birthplace

Women attempting a VBAC at home should understand that the risk of uterine rupture is an acute emergency that requires an immediate cesarean section. In emergencies, transport time may be a factor in timely treatment.

When is VBAC not recommended?

* in women who have had a classical or T shaped uterine incision
* induction of labour with prostaglandins
* previous uterine rupture
* previous uterine surgery
* contraindications to labour and vaginal delivery, like placenta previa
* woman chooses to have a repeat cesarean section