

Patient Education: Birth Choices After a Cesarean Section

(Women's Health & Family Medicine and Jefferson Medical Center)

This document was created by obstetric doctors, midwives, and nurses from hospitals across Northern New England and adapted for our local use at Jefferson Medical Center. It is based upon thorough and thoughtful review of medical studies on vaginal birth after cesarean section (VBAC). It is a collection of everyone's understanding of these studies. Our goal is to give you a fair review of the risks and benefits of attempting vaginal delivery after a cesarean delivery. We believe vaginal birth after a cesarean section is a good choice for many women.

Jefferson Medical Center wants to give you the best care possible. Taking part in choices about your delivery is an important part of this care. Because you had a cesarean birth before, you come to this delivery experience with further choices to make. We will give you information so that you can make choices that are best for you and your family. The goal is a healthy mother and baby, whether the birth is vaginal or cesarean.

VBAC means Vaginal Birth After Cesarean Section.

What are the benefits of VBAC compared to a planned cesarean birth?

- Faster time to heal after birth
- Shorter hospital stay
- Less risk of infection after delivery
- No chance of problems caused by surgery (infection, injury to bowel or urinary tract, or blood loss)
- Less risk that the baby will have breathing problems
- Quicker return to normal activities because there is no pain from surgery.
- Greater chance of having a vaginal birth in later pregnancies
- Less risk of problems with how the placenta attaches in future pregnancies.

Can all women with previous cesarean birth attempt VBAC?

Some women should not try VBAC. If the cesarean scar is in the upper part of the uterus, where contractions occur, the risk of the uterus tearing (also called uterine rupture) is high. These women should have repeat cesarean births and avoid labor. Women with a scar in the lower part of the uterus have a lower risk of the uterus tearing and VBAC is considered safe. The type of scar you have in your skin may not be the same type of scar you have in your uterus. Your doctor or midwife will review the records of your previous birth to find the location of your uterine scar. If you have had three or more cesarean births and no vaginal births, the risk of the uterus tearing during labor may increase and VBAC may not be recommended. Your doctor or midwife will review these risks with you.

What are the risks of VBAC?

- A tear or opening in the uterus (womb) occurs in 5 to 10 women out of every 1,000 low risk women who try VBAC (0.5% to 1.0%).
 - Risks to the mother if there is a tear in the uterus include:
 - Blood loss that may need transfusion
 - Damage to the uterus that may need hysterectomy (removal of the uterus)
 - Damage to the bladder
 - Infection
 - Blood clots
 - Death, which is very rare.
 - Risks to the baby if there is a tear of the uterus are brain damage and death. Not all tears in the uterus harm the baby. About 7% of the time the baby is harmed when the uterus tears. In other words, 5 to 10 babies out of every 10,000 VBAC tries will suffer brain damage or death (0.05% to 0.1%) due to uterine rupture.
- The normal risks of having a vaginal birth are also present for VBAC.
- The risk of your uterus tearing during labor is increased with any of the following:
 - Labor that is induced (does not start on its own)
 - More than 1 cesarean section
 - Less than 18 months since your last cesarean delivery
 - Need for medicine during labor to increase contractions
- If a vaginal birth cannot occur, then a cesarean birth must be done. Overall, 70-80% of attempted VBAC are successful. A cesarean section after attempting vaginal delivery has the same types of risks as a planned cesarean delivery. However, the risk of infection, transfusion, blood clots and needing hysterectomy is increased.

How can I reduce risks to my baby and me?

- Regular prenatal care is very important in reducing all risks in pregnancy.
- Having labor occur naturally, rather than using medications to start labor, brings down the risk of a tear in the uterus. Your doctor or midwife will talk to you about this, taking into account your own situation.
- Having at least 18 months time between the date of your last cesarean birth and the due date of this pregnancy helps insure the strength of the uterus during this pregnancy.

What are the risks of a planned cesarean birth, if that is my choice?

- The risk that the uterus will tear before a planned cesarean birth is very low. Because you have a scar on your uterus from your prior cesarean birth, you will always be at risk for having a tear in your uterus. The tears usually occur during labor. The risks to the baby and you are the same as if the uterus tore during a VBAC.
- Blood loss
- More scars developing on the uterus
- Infection
- Scarring inside the abdomen
- Injury to organs inside the body
- Problems with anesthesia
- Blood clots
- Risk in later pregnancies of problems with the placenta
- Death, which is very rare

If I choose a repeat cesarean birth, what can I expect in my recovery?

Each woman has her own special experience with cesarean delivery and recovery. Many women talk about their recovery from their second cesarean as easier than their recovery from their first cesarean. This may be due to knowing what to expect in a second cesarean and feeling less tired because you did not have labor. Still, recovering from any type of childbirth takes time.

Overall, how do the risks of VBAC compare to repeat cesarean birth without labor?

- The risk of the uterus tearing during a low risk VBAC is 5 in 1,000 (0.5%). Because you have a scar on your uterus from your prior cesarean birth, you will always be at risk for having a tear in your uterus. The tears usually occur during labor. The risk that the uterus will tear before a planned cesarean birth is very low. The risks to the baby and you are the same as if the uterus tore during a VBAC.
- Overall, the risk of blood transfusion, hysterectomy, blood clots and infection are increased in women who attempt vaginal delivery. These increased risks are from the women who are not successful in vaginal delivery.
- The risk of your baby dying or being seriously injured during VBAC is the same as during a first labor. There is a higher risk of the baby dying or being injured with VBAC compared to a planned repeat cesarean birth. The overall risk with VBAC is about 11 out of 10,000 (0.1%) and with a planned repeat cesarean birth 6 out of 10,000 (0.06%).

There is a table at the end of this paper that shows these risks.

What is the chance that trying a VBAC will result in a vaginal birth?

- 60%-80% of women who try a VBAC have a vaginal birth. There is no perfect way to say who will deliver vaginally. A number of factors increase the chance of success. However, even if none of these factors are present, the chance of vaginal delivery is at least 50%. Factors that predict success are:
 - Cesarean birth for a reason that is not likely to happen again (i.e. breech presentation)
 - Having a vaginal birth in the past
 - Labor that occurs naturally
 - The length of the pregnancy is less than 40 weeks
 - A cervix that is at least 2 cm dilated and very thin when admitted to the hospital

How do women make a choice about a VBAC?

- Having a vaginal birth is very important to some women. For many women, the benefits of trying a vaginal birth outweigh the risks. Women who deliver vaginally have less postpartum discomfort, shorter hospital stays, and describe a feeling of wellness sooner than women recovering from cesarean section.
- Other women choose cesarean birth because they do not want to go through labor. They may be more concerned about the risk of the uterus tearing and the risks of vaginal delivery than the risks of cesarean birth.
- There may be added benefits and risks, some of them emotional, with either choice. We want you to discuss these with your provider and family.
- **Future Child Bearing:** If a woman is very certain in her desire to have no more children, then the VBAC benefit of less uterine scarring and a better place for the placenta to attach is not present and a repeat cesarean section may be best. However, if there is even a small chance of another pregnancy, a low risk VBAC may be the better choice.
- The purpose of this pamphlet is to help you make the choice that is best for YOU.

If I select VBAC, what can I expect during prenatal care and at the hospital?

- You will be asked to sign a consent form showing that you understand the risks and benefits of your choice. The form will ask you to give your choice.
- Your doctor or midwife will talk with you when to call or come in for labor.
- You may meet with an anesthesiologist before your labor.
- Constant fetal heart rate and contraction monitoring during active labor (when your cervix is 4-5 cm dilated).
- You will have an IV so that fluids and medications may be given to you if needed.
- Blood samples will be taken.
- Your options for pain medication during labor are not affected by your prior cesarean section.

- A doctor able to perform a cesarean birth will be on the hospital grounds during the active phase of labor.

What is my hospital's experience with VBAC?

Jefferson Medical Center has been performing VBAC for many years. Overall, woman with a previous cesarean delivery have approximately a 60-80% chance of a successful VBAC. **Jefferson Medical Center** has anesthesia staff, a doctor for the baby and operating room services available 24 hours per day. Your risk of a tear in the uterus and how far along you are in labor determine if all these people are present in the hospital. In cases of tear in the uterus, injury to the baby may occur. The risk of injury to the baby increases with the time it takes to deliver the baby and the damage to the placenta. We have specific plans to respond once a problem is detected. However, there is risk associated with every pregnancy. Risk can never be completely removed. We share the same goal as you: a healthy baby delivered to a healthy mom. We will make every effort to ensure this.

You also have the choice of having your birth at a hospital where anesthesia, operating room staff and doctors for the baby are always present in the hospital. This may lower the risk to the baby if there is a tear in the uterus, but not in all cases. However, delivery at another hospital may mean travel during labor and having your baby away from your local community and support system. You may want to talk to your doctor or midwife about the risks and benefits of planning to deliver at such a hospital. Changing care from one hospital to another during labor may be of little benefit and may increase the risk of harm to you and your baby.

What if I change my mind?

If during the VBAC process you have questions about continuing, we encourage you to talk with your doctor or midwife. You may change your mind about VBAC. However, if delivery is about to happen, a cesarean section may not be possible.

Am I comfortable with making the decision?

Each woman's decision is personal. Your doctor or midwife is your best source of information. She or he will guide you and your family in deciding how you have your baby. The overall goal is a healthy mother and baby, whether the delivery is by vaginal or cesarean birth.

Complication Rates Associated With VBAC and Planned Cesarean Birth

(Includes Preterm and Term Births).

Complication	VBAC Attempt	Planned Cesarean Birth
Uterine Rupture	468/100,000 (0.5%)	26/100,000 (0.026%)
Maternal Death	4/100,000 (.004%)	13/100,000 (0.013%)
Hysterectomy	No significant difference	No significant difference
Blood Transfusion	No significant difference	No significant difference
Maternal Infection	No significant difference	No significant difference
Infant Infection	Insufficient information	Insufficient information
Infant breathing problems requiring immediate interventions	5,400/100,000 (5.4%)	2,500/100,000 (2.5%)
Infant breathing problems which last 6-48 hours	3,600/100,000 (3.6%)	4,200/100,000 (4.2%)
Infant with Brain Injury	Insufficient information	Insufficient information
Fetal/Infant Death during pregnancy or the first 7 days after birth	130/100,000 (0.13%)	50/100,000 (0.05%)
Infant death within 30 days of birth	110/100,000 (0.11%)	60/100,000 (0.06%)

Guise JM, Denman MA, Emis C, Marshall N, Walker M, Fu R, Janik R, et al. Vaginal birth after cesarean. New insights on maternal and neonatal outcomes. *Obstetrics and Gynecology* June 2010; 115:1267

Source: NNEPQIN VBAC patient education. NNEPQIN- Northern New England's Perinatal Quality Information Network/Guidelines/Trial of labor after cesarean delivery (VBAC).

http://www.nnepqin.org/documentUpload/NNEPQIN_VBAC_Patient_Education_revised_2011.docx.(10/13/2011).Retrieved 6/13/2012, from <http://www.nnepqin.org/Guidelines.asp#tabs-6>