

Gentle Beginnings Midwifery
Educational Handout
Vaginal Birth after C-section (VBAC)

Definition of VBAC: Vaginal birth after cesarean section. Most women who have had a c-section can still safely give birth to a baby through a normal vaginal delivery. Choosing to have a vaginal birth after a c-section has a high success rate and many benefits.

The Success rate of VBAC: The chance of having a successful vaginal birth after having one previous lower transverse incision (C-section) is 82%. The chances of having a successful vaginal birth after one c-section is the same as the chances of having a vaginal birth in women with no previous vaginal or c-section birth. Women who have already had a successful VBAC have a 95% chance of vaginal delivery in future births.

Benefits to vaginal birth compared to a repeat c-section:

1. less blood loss
2. less injury and risk of infection
3. no complications with surgery
4. shorter stay in hospital
5. faster recovery
6. less painful
7. babies have less breathing problems

Risks of VBAC

1. The biggest risk of having a VBAC is uterine rupture. A c-section leaves a scar on the uterus and this weaker area can tear during labour. This tearing is called a uterine rupture. The chance of uterine rupture in a woman who has had one previous c-section is 0.5 to 1.5 women out of 100. (meaning 98.5- 99.5 % of the time this will not occur).
2. If the uterus ruptures, the blood flow to the baby is reduced and can lead to lack of oxygen to the baby resulting in possible brain damage or death. It's important to remember that there is a low risk of complete uterine rupture (0.5%) and that the risk of serious fetal or maternal complications if uterus does rupture is low (1.14-1.3/1000) therefore the risk of adverse outcome as a result of attempting a VBAC is very low.
3. Sometimes a trial of a labour (TOL) does not work and a repeat c-section is done.

Due to these small risks, it is recommended by the Society of Obstetrician and Gynecologist of Canada (SOGC) and by our practice (due to large rural area served, level 1 hospital and potential distance to hospital) that you have your baby at the hospital where a c-section can be readily available. It is also recommended by hospital protocols and the SOGC that your midwife monitors your baby closely with continuous electronic fetal monitoring (the first sign of uterine rupture is a drop in the baby's heart rate which can be determined by EFM). Finally, it is recommended by hospital protocols that you have an IV (intravenous) to help get medication and fluids to you quickly should any complications arise.

Risks of having a repeat c-section

- 1- Hemorrhage (blood loss greater than 2 cups)
- 2- Infection in the abdomen
- 3- Fever and general infection
- 4- Blood clotting problems
- 5- 6 out of 100 babies will have severe breathing irregularity such as transient tachypnea of the newborn (TTN) (very rapid breathing)
- 6- Increased need for babies to be in a special care nursery or transferred to more specialized hospital (more separation between mom and baby)
- 7- More difficult recovery

- 8- Breastfeeding difficulties
- 9- Bladder injuries
- 10- 4x more likely to die
- 11- Increased risk of adhesion
- 12- Increased risk of miscarriage, placenta previa/accreta (abnormally implanted placenta), and stillbirth in future pregnancies

Due to the small likelihood of complications with VBAC and the risks associated with repeat c-sections, the Association of Ontario Midwives (AOM) and the SOGC recommend that women be offered the choice of VBAC (in the absence of risk factors-see below).

A few reasons a VBAC may not be recommended and a repeat c-section will be advised are:

- 1- Malpresentation (baby not in an optimal birthing position)
- 2- Dystocia (when the baby is not the right fit in the pelvis due to size or presentation)
- 3- Non reassuring fetal heart (a baby heart rate that is either too low (below 110bpm) or too high (above 160 bpm))
- 4- Your first C-section was less than 24 months (2years) from the due date of this baby
- 5- You have had 2 or more c-sections
- 6- The kind of incision (cut) that was made for your first c-section was not done on the lower segment of your uterus.

At **Winchester District Memorial Hospital (WDMH)** a 1st attempt VBAC is a temporary transfer of care to an Obstetrician at 34 weeks pregnant until labour occurs and for the delivery. Your Midwife will remain involved in your care until labour occurs and act in a supportive role during the labour. After the baby is born your Midwife will assume the postpartum care of you and baby for the following six weeks.

If a woman has had a successful VBAC and this pregnancy is a 2nd VBAC the care remains with your Midwife for the duration of the pregnancy, labour and delivery.

A trial of labour after a previous c-section should be considered in women who have had a past c-section. At times a VBAC may be not recommended, but in most cases, a successful vaginal birth can safely be achieved.

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