



**Northumbria Healthcare**  
NHS Foundation Trust

# Vaginal birth after caesarean section

Issued by Obstetrics and Gynaecology

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[www.northumbria.nhs.uk](http://www.northumbria.nhs.uk)

## What is VBAC?

A vaginal birth after a previous caesarean birth is usually referred to as a VBAC (pronounced 'vee back').

Often women who are pregnant after a previous caesarean would like to have a straightforward labour and birth. Many women have a strong physical and emotional desire to experience labour and give birth with minimal intervention; it matters to them to have this opportunity if they can. Vaginal birth has physical as well as psychological benefits for both mother and baby. It also avoids the risks associated with anaesthesia and major surgery.

If you are considering a VBAC, you may have some concerns about the process, especially if you have had a difficult birth experience before, leading to the decision for a caesarean birth. Additional restrictions will often be recommended for a VBAC, although evidence shows that the care of a woman in labour after a caesarean with a low horizontal scar on the uterus need not be different from that of any other woman in labour.

Your midwife and doctor will be able to discuss the options with you.

## Vaginal delivery

A vaginal birth is safer than a caesarean and this remains the case even if you have previously had a caesarean delivery.

Approximately 3 out of 4 women who have had caesareans will give birth vaginally following a straight forward pregnancy.

If you have had a vaginal birth, either before or after your caesarean delivery, you have a 9 out of 10 chance of having another vaginal birth.

# Risk factors to consider when having a caesarean section

## Emergency caesarean delivery

There is a chance you will need to have an emergency caesarean delivery (approximately 1 in 4 women). This is however, only slightly higher than if you were laboring for the first time.

The usual reasons for this are either the labour is slow or there is concern for the wellbeing of the baby.

## Scar weakening or scar rupture

There is a rare but increased risk of uterine rupture following caesarean delivery. This is when the scar on your womb from your caesarean opens up during labour. This can cause internal bleeding and can be dangerous for both the mother and the baby. Being induced increases the risk of scar rupture.

As we are aware of these potential risks, we take steps to try to avoid them:

We will:

- think very carefully before inducing labour
- monitor the progress of your labour carefully
- carefully consider the use of any medicines to make your contractions stronger or speed up the labour
- continuously monitor the condition of your baby during labour using an electronic fetal heart monitor
- insert a needle (cannula) in the back of your hand or arm in case we need to connect a drip

If there are any signs of complications your baby will be delivered by emergency caesarean section.

**We do not recommend a home birth or delivery in a midwife led unit after a caesarean delivery. Delivery in our consultant led unit at Wansbeck gives immediate access to operating facilities if needed.**

## **What are the benefits of a vaginal delivery**

- It is safer for you with a lower risk of complications such as bleeding, infection or thrombosis (blood clot).
- There is less risk of your baby having breathing problems.
- You will recover much quicker, and be able to drive and socialize again sooner.
- You will bond better with your baby and breastfeeding is more likely to be successful.
- You can leave hospital sooner, which is especially important if you have other children at home.
- You are at less of a risk of developing postnatal depression.

## **Planned caesarean (elective) delivery**

A caesarean delivery involves major abdominal surgery, so the benefits need to be weighed against the risks in each case. There are a few occasions when vaginal delivery is not advisable following a caesarean delivery.

These may be if:

- you have had two or more previous caesarean deliveries
- the uterus (womb) has ruptured during a previous labour
- you have a high uterine incision (classical caesarean)
- you have other pregnancy complications that require caesarean delivery

## Risk factors to consider

**A longer and possibly more difficult operation** – A repeat caesarean delivery usually takes longer than the first operation because of the scar tissue. Scar tissue may also make the operation more difficult and can result in damage to the bowel or bladder.

**Following a caesarean delivery you are more at risk of health problems** – such as infection of the wound or uterus (womb), heavy bleeding (haemorrhage) and developing blood clots (thrombosis).

**Risks for the baby** – the major risk for the baby is breathing difficulties This is 4 times more likely in a baby born by caesarean than a vaginal birth. In order to reduce this risk, elective caesareans are delayed until the start of 39<sup>th</sup> week, unless there is a good clinical reason for earlier delivery There are also rare incidence of the baby accidentally being cut at caesarean delivery.

**There is a longer recovery period** – you may require a longer hospital stay and may need extra help at home. Using the stairs, lifting and carrying will be difficult and painful at first and you will be unable to drive for about 6 weeks.

**Some women experience a sense of loss or failure following caesarean delivery** – they may take time to recover emotionally as well as physically and ay need extra support. Bonding with the baby and breast feeding may also be more difficult.

**A need for caesarean delivery in the future** – each caesarean delivery you have increases the risk of scar rupture in labour. It is possible to go for a VBAC after two or more previous caesareans, you will be referred for further discussion with your doctor to decide the safest mode of delivery for you. If you have already had 2 caesareans, your doctor will usually recommend an elective caesarean.

**Placenta stuck to the womb** – each caesarean delivery increases the amount of scar tissue on the womb. This increases the risk of the placenta growing over the scar tissue. This makes it difficult and dangerous to remove the placenta at delivery (placenta accrete or percreta) and may cause heavy bleeding.

Occasionally a hysterectomy is needed to control the bleeding.

## **What are the benefits of planned (elective) caesarean delivery?**

- Knowledge of the delivery date
- Avoiding the possibility of an emergency caesarean delivery or difficult labour

Whether your baby is delivered vaginally or by caesarean section we want it to be a safe, rewarding and satisfying experience. Think about your options carefully and discuss them with your midwife and doctor. They are there to support you through the pregnancy and birth and will be happy to answer any questions you may have.

## Sources of information

### Patient UK

[www.patient.co.uk](http://www.patient.co.uk)

## Contact numbers

### The Northumbria Specialist Emergency Care Hospital

Northumbria Way

Cramlington

NE23 6NZ

**Pregnancy assessment unit:** 0191 607 2815

**Birthing centre:** 0191 607 2318

**Ward 16:** 0191 607 2016

### Berwick Midwifery Led Unit

High Green

Berwick-Upon-Tweed

TD15 1LT

01289 356 622

### Hexham Midwifery Led Unit

Corbridge Road

Hexham

NE46 1QJ

01434 655 352

### Hillcrest Midwifery Led Unit

Infirmery Drive

Alnwick

NE66 2NS

01665 626 732

## Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

## Other sources of information

### NHS 111

### NHS Choices

[www.nhs.uk/pages/homepage.aspx](http://www.nhs.uk/pages/homepage.aspx)

### NICE (National Institute for Health and Clinical Excellence)

[www.nice.org.uk](http://www.nice.org.uk)

### Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202

Text: 07815 500015

Email: [northoftynepals@nhct.nhs.uk](mailto:northoftynepals@nhct.nhs.uk)

### Northumbria Healthcare NHS Foundation Trust

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