



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Vaginal birth after Caesarean Section (VBAC)

Information for patients, relatives and carers

Maternity Services

① For more information, please contact
the Antenatal Clinic:

York Tel: 01904 726730

The York Hospital
Wigginton Road, York, YO31 8HE

or

Scarborough Tel: 01723 342134

Scarborough Hospital
Woodlands Drive, Scarborough, North Yorkshire, YO12 6QL

Contents	Page
Having a baby after you have had a caesarean section delivery before.....	5
What are the benefits of VBAC?	6
What are the chances of a successful vaginal delivery?	8
Are there any risks to VBAC?	9
What happens in labour?.....	12
What can I do to improve my chances of a normal delivery?.....	13
References.....	14
Tell us what you think of this leaflet.....	15
Teaching, training and research.....	15
Patient Advice and Liaison Service (PALS).....	15

Having a baby after you have had a caesarean section delivery before

If you have already had one pregnancy that led to a caesarean section delivery (known as CS), you may wish to know whether you can have a vaginal birth next time. Studies suggest that for many women, the advantages of giving birth vaginally after a previous CS (VBAC) outweigh the disadvantages. Women who have had both a CS and a previous vaginal birth are more likely to give birth vaginally.

There are many reasons why you may have needed a CS delivery in the past. These include:

- A breech presentation
- Your placenta was over your cervix (placenta praevia)
- The baby was in an unusual position
- There was concern about the baby's heartbeat pattern or
- You did not make adequate progress in labour

However, these reasons may not recur in your future pregnancies or deliveries.

What are the benefits of VBAC?

A successful VBAC has the fewest complications and therefore **the chance of VBAC success or failure is an important consideration when choosing the mode of delivery**. The advantages over a caesarean birth include:

- Avoiding another incision in the womb (uterus)
- Less abdominal pain after birth
- A lower risk of infection after childbirth
- A lower risk of blood clots in the legs (deep vein thrombosis) and in the lungs (pulmonary embolism)
- A shorter stay in hospital, after a normal vaginal delivery you may be able to go home earlier
- Greater participation in the birth by you and your birthing partner
- A faster recovery for you. It usually takes less time to recover from a vaginal delivery. This can be helpful if you have older children to care for, especially as you are advised not to drive for at least two weeks following a caesarean section delivery
- You are less likely to have problems conceiving again in the future
- You are less likely to have major complications, such as needing a hysterectomy (removal of the womb) in either this pregnancy or future pregnancies

- Lower risk of damage to your bladder or bowel in this pregnancy or future pregnancies
- More likely to deliver vaginally again in the future
- A vaginal delivery decreases the chances of your baby developing breathing and lung problems at birth. There is a lower risk of your baby needing admission to the neonatal unit with breathing difficulties. After a planned (elective) caesarean performed at 39 weeks 1:100 babies have difficulty breathing and have to be admitted to the neonatal unit. Following VBAC the risk is less than 1:200
- You may bond more easily with your baby
- You may feel a considerable sense of achievement

What are the chances of a successful vaginal delivery?

If you go into labour on your own, you have a three in four (72 - 75%) chance of a successful vaginal delivery.

If you have already had one vaginal delivery the chance of you delivering vaginally increases to 85 - 90%. This lessens if your labour does not start by itself. In this situation, it may be possible for your labour to be induced. This will not be possible for all women. It depends on how low your baby's head is in your pelvis and how dilated and soft the neck of your womb is.

If you have had two previous caesarean sections and should you go into labour spontaneously, your chance of successful vaginal birth is slightly less between 70 – 75%.

Your doctor will discuss this in detail with you by 40 weeks of pregnancy.

Are there any risks to VBAC?

- An attempt at VBAC may be unsuccessful and you may end up with an emergency CS
- The risks of an emergency CS are higher than those of elective. For example, slightly higher risk of infection after an emergency CS, and heavy bleeding need a blood transfusion.

Uterine rupture or dehiscence

- The main worry during VBAC is that the scar on your womb will become weak and may partially or completely give way during labour. This is called a uterine dehiscence (partial) or rupture (complete)
- If you start in labour by yourself the chance of a dehiscence happening is less than 0.5% or one case for every 200 women who labour
- You may require urgent delivery by caesarean section
- We will monitor you and your baby closely in labour using continuous fetal monitoring with a cardiotocograph (CTG) monitor. The risk of your baby dying in labour is extremely low and is the same as the risk for any first time mother

It is important that you remember that the majority of women end up with a vaginal delivery without any problems.

How can the risk of uterine rupture be minimised?

- By labouring and delivering in a maternity unit where immediate attention can be received
- By waiting for spontaneous labour
- By monitoring you very closely through your labour to watch for early signs of this problem and deliver you if needed
- By monitoring your baby's heartbeat continuously once labour is established
- By avoiding a long labour and a long period of pushing

What are the risks if I have a CS instead?

Whilst there are disadvantages of VBAC, please remember that there are also risks with having a CS; a longer and possibly more difficult operation which can result in:

- Anaesthetic problems
- Bleeding
- Infection
- Damage to organs in the pelvis during CS, particularly the bladder and bowel; due to scar tissue forming from previous operations
- Deep vein thrombosis (DVT), which is blood clots in the veins in the legs and pulmonary embolism (clots in the lungs)
- Increased risk of maternal morbidity associated with multiple caesarean sections

What happens in labour?

- If you start to contract or think your waters have gone then you should ring:
Scarborough Labour Ward on 01723 342124 or
York Labour Ward on 01904 726004 / Triage 725924.
- Usually you will be asked to come in for review
- If you are not in labour you will be able to go home
- Once in active labour both you and your baby will be monitored closely. Your pulse, blood pressure and temperature will be checked at regular intervals. The baby's heart beat will be monitored continuously by continuous fetal monitoring. In York we have two wireless machines which allow for mobility and the use of water in established labour
- You will be assessed vaginally at regular intervals during the labour by your midwife
- Bloods will be taken once you are in labour.
- If your progress is slow a doctor will assess you; this may well include a vaginal examination (VE). If you are at The York Hospital, we may discuss using a drip to make your contractions stronger
- You can have an epidural if you wish

- The length of time that you push for will also be watched closely
- If progress is slow while you are pushing you will be seen by a doctor
- If you require a forceps or ventouse delivery this may be performed in theatre
- You will be kept fully informed of how your labour is going. A midwife and a doctor will be available to talk over how your labour is going

What can I do to improve my chances of a normal delivery?

- Use a birthing ball if you have one after 36 weeks
- Attend antenatal classes on labour and delivery
- Keep as mobile as possible in labour
- Await spontaneous labour
- Stay positive

References

RCOG Green-top guideline No. 45 on Birth after Caesarean Section 2015.

National Institute for Clinical Excellence (NICE) CG132: Caesarean Section, 2019

National Institute for Clinical Excellence (NICE) July 2008 Induction of Labour

National Institute for Clinical Excellence (NICE) 2019 Intrapartum care for women with existing medical conditions.

National Institute for Clinical Excellence (NICE) March 2013 Caesarean Section Evidence Update

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Patient Leaflet Team, Healthcare Governance,
98 Union Terrace, The York Hospital, Wigginton Road,
York, YO31 8HE, telephone 01904 721045 or 725230 or
email us at patient.information2@york.nhs.uk.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

Please telephone or email if you require this information in a different language or format, for example Braille, large print or audio.

如果你要求本資 不同的 或式提供，電
或發電

Jeżeli niniejsze informacje potrzebne są w innym języku lub formie, należy zadzwonić lub wysłać wiadomość e-mail

Bu bilgileri değişik bir lisanda ya da formatta istiyorsanız lütfen telefon ediniz ya da e-posta gönderiniz

Telephone: 01904 725566

Email: access@york.nhs.uk

Owner	Midwives Sharon Pratt, Debbie Scott, Jane Mcfee & Lois Bennett
Date first issued	October 2007
Review Date	March 2025
Version	6 (issued March 2022)
Approved by	Obstetrics and Gynaecology Clinical Governance Group
Document Reference	PIL 445 v6
© 2022 York and Scarborough Teaching Hospitals NHS Foundation Trust. All Rights reserved.	