Vaginal Birth After Cesarean Delivery

Vaginal birth after Cesarean delivery (VBAC) is giving birth vaginally after previously delivering a baby by a cesarean. In the past, if a woman had a Cesarean delivery, all births afterwards would be done by Cesarean delivery. This is no longer true. It can be safe for the mother to try a vaginal delivery after having a Cesarean. The final decision to have a VBAC or repeat Cesarean delivery should be between the patient and her caregiver. The risks and benefits can be discussed relative to the reason for, and the type of the previous Cesarean delivery.

WOMEN WHO PLAN TO HAVE A VBAC SHOULD CHECK WITH THEIR DOCTOR TO BE SURE THAT:

- The previous Cesarean was done with a low transverse uterine incision (not a vertical classical incision).
- The birth canal is big enough for the baby.
- There were no other operations on the uterus.
- They will have an electronic fetal monitor (EFM) on at all times during labor.
- An operating room would be available and ready in case an emergency Cesarean is needed.
- A doctor and surgical nursing staff would be available at all times during labor to be ready to do an emergency Cesarean if necessary.
- An anesthesiologist would be present in case an emergency Cesarean is needed.
- The nursery is prepared and has adequate personnel and necessary equipment available to care for the baby in case of an emergency Cesarean.

BENEFITS OF VBAC:

- Shorter stay in the hospital.
- Lower delivery, nursery and hospital costs.
- Less blood loss and need for blood transfusions.
- Less fever and discomfort from major surgery.
- Lower risk of blood clots.
- Lower risk of infection.
- Shorter recovery after going home.
- Lower risk of other surgical complications, such as opening of the incision or hernia in the incision.
- Decreased risk of injury to other organs.
- Decreased risk for having to remove the uterus (*hysterectomy*).
- Decreased risk for the placenta to completely or partially cover the opening of the uterus (*placenta previa*) with a future pregnancy.
- Ability to have a larger family if desired.

RISKS OF A VBAC:

- Rupture of the uterus.
- Having to remove the uterus (*hysterectomy*) if it ruptures.
- All the complications of major surgery and/or injury to other organs.
- Excessive bleeding, blood clots and infection.
- Lower Apgar scores (method to evaluate the newborn based on appearance, pulse, grimace, activity, and respiration) and more risks to the baby.
- There is a higher risk of uterine rupture if you induce or augment labor.
- There is a higher risk of uterine rupture if you use medications to ripen the cervix.

VBAC **SHOULD NOT** BE DONE IF:

- The previous Cesarean was done with a vertical (*classical*) or T-shaped incision, or you do not know what kind of an incision was made.
- You had a ruptured uterus.

- You had surgery on your uterus.
- You have medical or obstetrical problems.
- There are problems with the baby.
- There were two previous Cesarean deliveries and no vaginal deliveries.

OTHER FACTS TO KNOW ABOUT VBAC:

- It is safe to have an epidural anesthetic with VBAC.
- It is safe to turn the baby from a breech position (attempt an *external cephalic version*).
- It is safe to try a VBAC with twins.
- Pregnancies later than 40 weeks have not been successful with VBAC.
- There is an increased failure rate of a VBAC in obese pregnant women.
- There is an increased failure rate with VABC if the baby weighs 8.8 pounds (4000 grams) or more.
- There is an increased failure rate if the time between the Cesarean and VBAC is less than 19 months.
- There is an increased failure rate if pre-eclampsia is present (high blood pressure, protein in the urine and swelling of face and extremities).
- VBAC is very successful if there was a previous vaginal birth.
- VBAC is very successful when the labor starts spontaneously before the due date.
- Delivery of VBAC is similar to having a normal spontaneous vaginal delivery.

It is important to discuss VBAC with your caregiver early in the pregnancy so you can understand the risks, benefits and options. It will give you time to decide what is best in your particular case relevant to the reason for your previous Cesarean delivery. It should be understood that medical changes in the mother or pregnancy may occur during the pregnancy, which make it necessary to change you or your caregiver's initial decision. The counseling, concerns and decisions should be documented in the medical record and signed by all parties.

Document Released: 06/09/2008 Document Re-Released: 10/15/2010
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