

**Planning your  
next baby after a  
caesarean section**

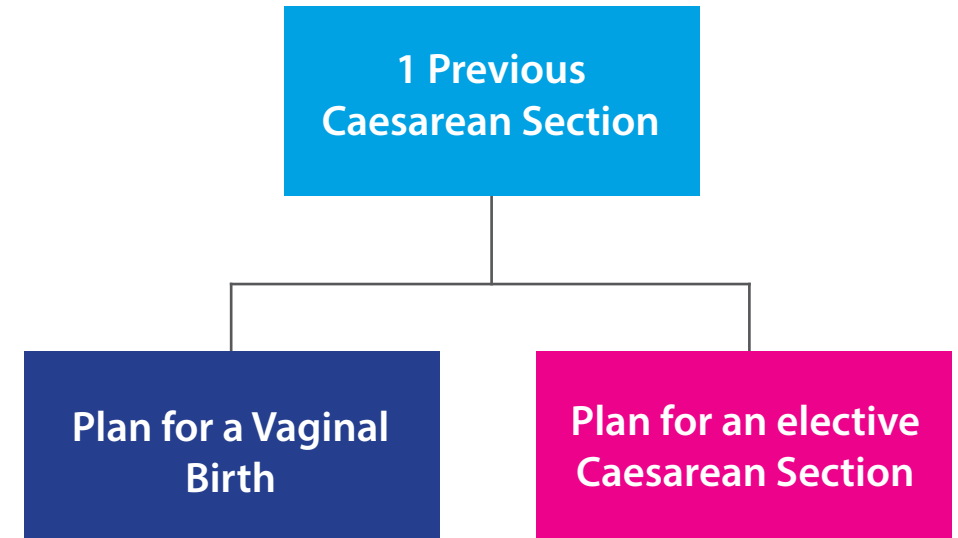
Information for  
pregnant women,  
their partners  
and families

## This leaflet

- Is aimed at women who have had a previous caesarean section, their partners and families.
- Provides information on the option of vaginal birth after a previous caesarean section or planned caesarean section.
- Summarises the risks and benefits of vaginal birth after previous caesarean section.



After one previous caesarean section most women are asked to consider whether they want to try for a vaginal birth or to opt for a planned caesarean section. In NHS Grampian over 30% of babies per year are born by caesarean section, therefore many women may face this decision.

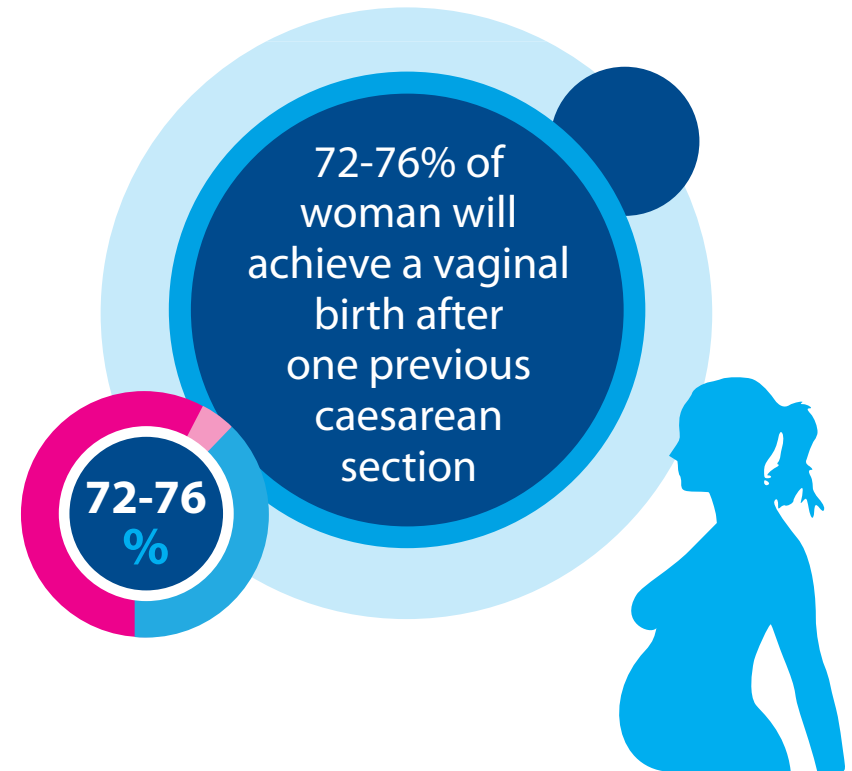


Read this leaflet along with the NHS Grampian information leaflet "Having a planned Caesarean section" to make an informed choice about your wishes for the birth of your baby.

## Vaginal birth after a Caesarean section (VBAC)

Vaginal birth after caesarean section is also known as VBAC. The Royal College of Obstetricians and Gynaecologists report that if you have a straightforward pregnancy and go into labour naturally, approximately 75% (3 in 4) women will have a successful VBAC. If you have had a previous vaginal birth (either before or after your caesarean section), the chances of having a successful VBAC can be as high as 80-90% (8-9 in 10). You are also more likely to have a successful VBAC if your body mass index at the start of your pregnancy is less than 30.

You will be invited to attend the midwife assessment clinic when you are around 22-26 weeks pregnant to discuss your previous birth and birth options for this pregnancy. They will use an online calculator which uses information about you (like your age, body mass index and previous birth outcomes) to estimate your chance of having a successful VBAC. You will also be asked to have an ultrasound scan and attend a Consultant-led clinic at around 34-36 weeks to discuss your wishes and make ongoing care plans.



## What are the advantages of having a uncomplicated VBAC?

- You may avoid having a major operation.
- Quicker recovery and you can return to normal activities sooner, such as driving.
- You have a better chance of vaginal birth in future pregnancies.

## What are the benefits for my baby?

- There is slightly less chance of initial breathing problems for your baby compared to if your baby is born by planned caesarean section.

## What are the risks for me if I aim for a VBAC?

The risk associated with aiming for a VBAC is the chance of the scar on your womb from your previous caesarean section giving way. This is called uterine scar rupture. This is thought to happen to 0.5% of women (1 in 200) with a labour which starts naturally. The most common time for this to happen is during labour. Uterine scar rupture can be dangerous for you and your baby, but serious complications for you or your baby are rare. Should these complications arise however there is a risk of hysterectomy (surgical removal of your womb) and injury to your organs such as the bladder and bowel. If the doctors and midwives suspect that you have a uterine scar rupture you will normally be recommended to have an emergency caesarean section.

25 in 100 women who aim for a VBAC need an emergency caesarean section in labour. This is slightly higher than for women who are labouring for the first time (20 in 100 require emergency caesarean section). An emergency caesarean section carries more risks than a planned caesarean section including risk of injury to your bladder or bowel.

You have a slightly higher risk of requiring a blood transfusion compared to at a planned caesarean section.

Vaginal birth can include birth assisted by ventouse (suction cup) or forceps.

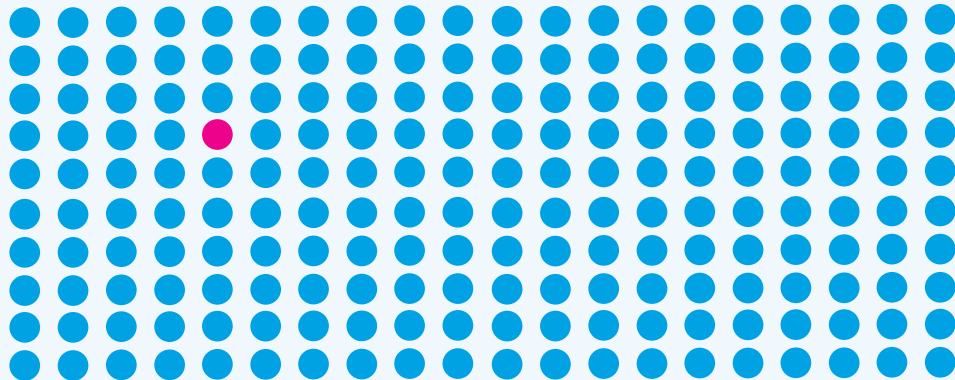
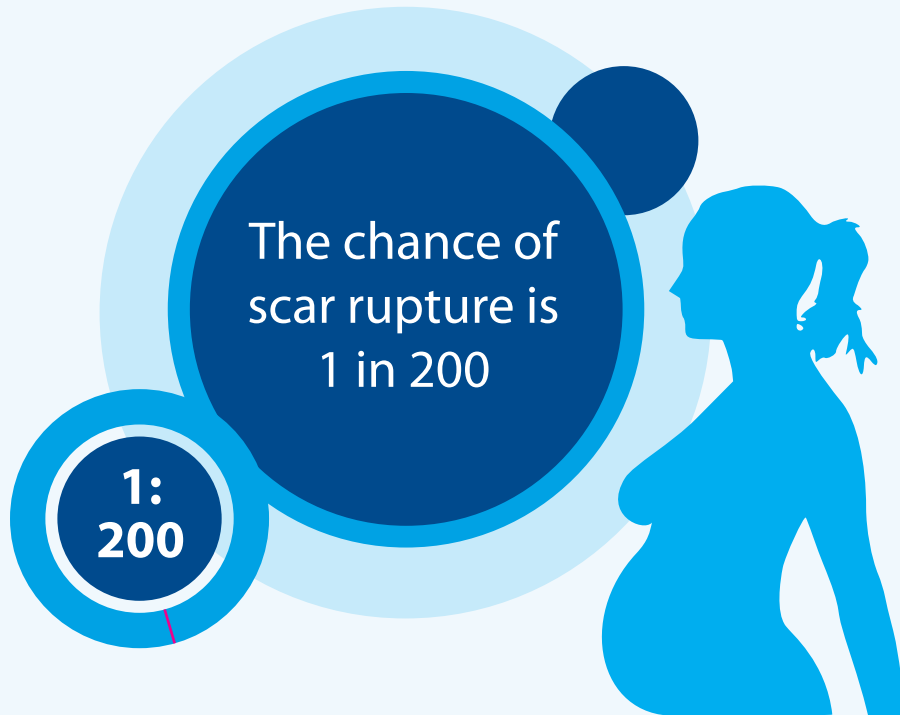
Vaginal birth also carries the risk of vaginal and perineal tears including tears of the muscles around and the back passage itself (third and fourth degree tears).

## What are the risks to my baby if I aim for a VBAC?

If the scar on your womb ruptures there is a risk your baby could become distressed. There is also a risk your baby could die or suffer brain damage however these events are rare (serious risk to baby are estimated at 2 in 1000).

There is also a risk of stillbirth and brain damage due to lack of oxygen to the baby during labour if you aim for a VBAC. This risk is the same for women who are labouring with their first baby. However the risk is slightly higher than if you opt for planned caesarean section.





## Are there any advantages to having another Caesarean section?

- There is a smaller risk of uterine scar rupture (1 in 1000 women).
- It avoids the risks of labour and the associated risks for your baby.
- Having a planned caesarean section may be preferable to some families as the date of caesarean section can be planned.
- We now practice 'Enhanced Recovery' for planned caesarean sections. This means many women spend less time in hospital and steps are taken to reduce recovery time such as using carbohydrate supplements, provide skin to skin contact with your baby in theatre, and mobilising soon after birth.

## What are the risks to me if I have a planned Caesarean section?

Please read the information in the NHS Grampian information leaflet "Having a planned caesarean section" for additional information.

A caesarean section is a major operation. Repeat caesarean sections can take longer than the first operation due to scar tissue. The risks of caesarean section include: haemorrhage (bleeding), infection, increased risk of blood clots to the legs and lungs, injury to other organs such as bladder or bowel, a scar and pain after you have your baby.

Having one or more caesarean sections has implications for future pregnancies. There is a risk of internal scarring with each caesarean section. You may require a blood transfusion.

Having repeat caesarean sections is associated with a slightly higher risk of placental complications such as a low-lying placenta or placenta which grows into the wall of the womb (placenta accreta) in future pregnancies. These problems are rare but important as they can cause life-threatening bleeding and women with this condition often spend many weeks in hospital during pregnancy.

### What are the risks of planned Caesarean section for my baby?

Having a planned caesarean section carries a risk of a temporary breathing difficulty for your baby. The risk is lower when caesarean sections are planned for your 39th week when approximately 4-5 in 100 babies born by planned caesarean section will be affected (the risk is 2-3 in 100 babies following uncomplicated VBAC). Occasionally it is advisable for women to have a planned caesarean section prior to 39 weeks. If that is the case your obstetric doctor will discuss with you a course of steroids to reduce the risk of breathing problems for your baby.

There is also a risk of accidental cuts to baby at the time of your caesarean section (2 in 100 babies).

**1 in 10 women labour before the date of their planned caesarean section. If you are in advanced labour you may be advised it is safer to continue to vaginal birth.**

### Vaginal birth after a Caesarean section is not advised if:

- You have had a uterine scar rupture in the past (the scar on your womb gave way).
- You had a vertical incision or a high incision in your womb (sometimes called a classical incision) for your previous caesarean section or previous surgery which involved an incision into your womb.
- Your placenta is low lying (called placenta praevia) or there are other complications that require a planned caesarean section.
- If your baby is not in the cephalic (head down) position.
- There may also be other individual reasons which your consultant obstetrician will discuss with you which may mean you would be advised not to aim for a VBAC.



## What if I have had more than one previous Caesarean section?

If you have had two or more caesarean sections and wish to try for a vaginal birth, please make an appointment to discuss this further with a consultant Obstetrician at the maternity hospital so that they can advise you regarding your individual circumstances.

It should be noted that the scientific evidence is limited due to the small numbers of women who have aimed for VBAC after 2 or more caesarean sections.

VBAC is strongly not recommended if you have had 3 or more caesarean sections.



## What happens if I want to aim for VBAC?

### When you go into labour:

If you aim for a VBAC then you will await signs of spontaneous labour. We advise you to contact the maternity hospital if you think you are going into labour.

We recommend that you have your baby in a consultant led maternity hospital and you have continuous monitoring of your baby's heartbeat during labour. This is because of the risk of your baby becoming distressed and the potential need for an emergency caesarean section.

We advise you to have an intravenous cannula (a small plastic tube) placed into a vein to allow us to give medicine or fluids to you quickly in an emergency.

**Constant pain across your previous caesarean scar or vaginal bleeding are worrying signs. You must seek urgent help from the maternity hospital if this happens.**

### Can I have a VBAC at home?

Because of the risks of uterine scar rupture and your baby becoming distressed we recommend that you do not have your baby at home. We recommend that your baby is monitored continuously during labour in the Consultant-led maternity unit.

## What happens if I do not go into labour?

- We offer many pregnant women the option of being induced if they do not go into labour spontaneously by 41 weeks due to the risks of being overdue.
- However if your labour is induced after a previous caesarean section there is a 1.5 times higher risk that you would need an emergency caesarean section.
- The risk of uterine scar rupture is two to three times higher if your labour is induced.
- You are more likely to have a successful VBAC if you go into labour by yourself without being induced.
- The induction process may involve a prostaglandin pessary, breaking your waters and using a hormone drip (oxytocin). Please see the NHS Grampian "Induction of Labour" leaflet for more information.
- You will be reviewed at the Consultant-led antenatal clinic around your due date to discuss your wishes in case you do not go into labour spontaneously.
  - Some women with a previous caesarean section will opt for an induction if they become post-dates (over 41 weeks).
  - Some women will decide that if they do not go into labour by themselves that they will have a planned caesarean section.
  - Some women may be advised that if they do not go into labour by themselves that induction of labour is not recommended for them after their individual circumstances are considered. A planned caesarean section would be advised.

## After either a VBAC or a planned Caesarean section:

Women can have skin-to-skin contact with their baby and initiate breast feeding. At a caesarean section there may be a slight delay to initiation of breast feeding due to your position in the operating theatre.

## What if I am not sure what to do?

Speak to your community midwife, your consultant and attend the midwife assessment clinic to discuss your options further. Speak to your partner, friends and family. It may help to share this leaflet with your family and friends to discuss what you think the best option for you and your baby is.

### Useful contact details

Maternity Triage, Aberdeen Maternity Hospital, Cornhill Road, Aberdeen, AB25 2ZL  
Tel: (01224) 553604

Ward 3, Dr Gray's Hospital, Elgin, IV30 1SN  
Tel: (01343) 567220

### Further sources of information

Royal College of Obstetricians and Gynaecologists Patient Information leaflet.

Birth Options after previous caesarean  
[www.rcog.org.uk/en/patients/patient-leaflets/birth-after-previous-caesarean/](http://www.rcog.org.uk/en/patients/patient-leaflets/birth-after-previous-caesarean/)

NHS Choices. – Caesarean section  
[www.nhs.uk/Conditions/Caesarean-section/Pages/Risks.aspx](http://www.nhs.uk/Conditions/Caesarean-section/Pages/Risks.aspx)



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