Vaginal Birth After Caesarean (VBAC)

What are your options for planning the birth of your next baby?
If you have had one or more caesarean sections, you may be considering your options for birthing your next baby, either by a VBAC or by an elective repeat caesarean.

A VBAC is when a woman has a vaginal birth after having one or more previous caesareans. An elective repeat caesarean is where a woman plans another caesarean to birth her next baby. Whether you choose to have a VBAC or a caesarean in a future pregnancy, either option is safe with different benefits and risks for your individual situation.

You are encouraged to meet with your health care provider to discuss your birth options.

Why do some women plan to have an elective repeat caesarean?
A woman may choose to plan an elective repeat caesarean because she believes that it:
- is the best and safest option in her situation
- is easier to schedule and plan for
- will make it easier to bond with her baby after the birth
- is a birth choice she is comfortable with

Or a woman may have concerns about:
- going into labour then needing to have an emergency caesarean
- not knowing what a vaginal birth will be like
- the pain of a vaginal birth
- not being able to find a local health service or health care provider to support her plan for a VBAC

Which is safer, a VBAC or an elective repeat caesarean?
Both VBAC and elective repeat caesarean have benefits and risks to be considered when deciding the best option for you and your baby. These largely depend on your individual situation. Discuss your situation with your health care provider to help you decide the best option for you and your baby.

How many women who plan to have a VBAC actually have a vaginal birth?
For every 1,000 women who plan to have a VBAC, 600 to 800 women (i.e. 60-80%) will have a vaginal birth. The chance of having a VBAC depends on your individual circumstances.
If you plan a VBAC, which factors make it more likely you will have a vaginal birth?

You are more likely to have a VBAC if you:
- have had a vaginal birth before
- have a younger maternal age

Or if your
- labour starts on its own (i.e. you are not induced) and before 41 weeks of pregnancy
- previous caesarean section was for a reason such as a breech presentation or a low lying placenta, other than obstructed labour or failure to progress
- baby is less than 4 kg at birth
- body mass index (BMI) is less than 30 kg/m²
- ethnic background is Caucasian/white

If you plan a VBAC, what happens when you go into labour?

Contact the hospital as soon as you think you are in labour or your waters break (i.e. membranes rupture). Once you are in labour, it will be recommended:
- you and your baby are monitored continuously, and
- you have a drip placed into your vein

Your health care provider will discuss your labour care with you.

What are your options if you plan for a VBAC and there are complications during your labour?

Similar to any vaginal birth, complications may arise during your labour or birth. Your health care provider will discuss your options and any possible interventions with you.

What is a uterine rupture?

A uterine rupture is a tear in the muscle wall of the uterus that happens during a woman’s pregnancy, labour or birth. An emergency caesarean is required if this occurs.

The chance of having a uterine rupture is small whether you have a VBAC or a repeat caesarean. The chance of a uterine rupture is:
- about 5 in every 1,000 women (i.e. 0.5%) who prepare for a VBAC or
- less than 1 in every 1,000 women (i.e. less than 0.1%) who have a repeat caesarean

It is higher when having a VBAC, because the contractions of labour put pressure on the caesarean scar on your uterus. Other factors, such as having your labour induced can increase the risk of having a uterine rupture.

Is uterine rupture serious?

Although the chance of uterine rupture is very low, the consequences can be serious for you and your baby. Your baby may be at risk of developing a disability (e.g. cerebral palsy) or even very rarely, dying. In some cases a hysterectomy (removal of the uterus) may be required.

Talk to your health care provider about what uterine rupture might mean for both you and your baby.

What are your options if you do not have a local facility that offers a VBAC?

Not all birthing facilities and care providers are able to support and care for women planning a VBAC. If you are in this situation and would still like to have a VBAC you can:
- discuss your concerns and preferences with your health care provider
- ask for a referral to another health care provider that can provide this service (this may include travelling to another hospital or town)
- seek extra information and find local support groups for women in a similar situation

You may find, for a variety of reasons, it is not possible for you to have a VBAC. If you are in this situation and it causes you distress, seek out a local support group, health care provider or someone similar that you can talk to about it.

If you have comments about this parent information sheet please email guidelines@health.qld.gov.au

Figure 1. Pregnant woman and child.