Vaginal birth after caesarean (VBAC)

This information sheet aims to answer some commonly asked questions about vaginal birth after caesarean

IMPORTANT: This is general information only.
Ask your doctor or midwife about what care is right for you.

What are your options for the birth of your next baby?

If you have had one or more caesarean births, you may be thinking about how to give birth next time. Most women who have had a caesarean can safely have a vaginal birth next time.

Some women who plan a vaginal birth after caesarean (VBAC) still end up needing another caesarean. This is called an emergency caesarean. You can also plan to have another caesarean. This is called a repeat (elective) caesarean.

A VBAC or a repeat caesarean are both safe ways to give birth for most women.

Talk with your healthcare provider about what is best for you. It is important to talk about:

- the reason you had your caesarean(s)
- how long ago your last caesarean was
- whether or not you have had a vaginal birth before
- whether there were complications in your previous birth or pregnancy
- the type of cut (incision) that was made in your uterus (womb)
- whether or not you have any complications in your current pregnancy
- how you feel about your previous birth
- how many children you are hoping to have in the future

How do you decide if a VBAC is right for you?

Different things are important to different women. Reasons to plan a VBAC might include:

- personal satisfaction from having a vaginal birth
- a shorter recovery, and time in hospital after birth
- an increased chance you will be able to have a vaginal birth in the future
- avoiding risks of multiple caesareans
- increased likelihood of breastfeeding

Other considerations about VBAC

You might also want to think about the following:

- about 1 in 4 women who plan a VBAC will need an emergency caesarean
- emergency caesareans have a higher rate of complications compared to repeat caesareans
- there is a higher chance during a VBAC (although still very rare) of a uterine scar rupture
- there is a higher chance of uterine rupture with induction of labour

Image: *Mother and baby*

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Why might you choose a repeat caesarean?

Reasons women might prefer a repeat caesarean:

- a lower chance of uterine rupture
- being able to plan the date for your caesarean (although this could change according to your or the hospital's circumstances)
- if you have not had a previous vaginal birth, there is less chance of pelvic floor problems, such as urinary incontinence (leaking urine) and pelvic organ prolapse (bladder, uterus or back passage dropping into your vagina)
- less chance of your baby being stillborn compared to VBAC

Other considerations about a repeat caesarean

Having a repeat caesarean also means you are more likely to need a caesarean with your next babies.

There is also more chance of complications with each future caesarean such as:

- placenta praevia (the placenta attaches to a low section of your uterus and may cover your cervix)
- placenta accreta (the placenta attaches directly onto the muscle of the uterus and may cause significant bleeding after your baby is born)
- hysterectomy (needing to remove your uterus)
- haemorrhage (heavy and uncontrolled bleeding) and need to have a blood transfusion
- surgical injuries (e.g. injury to the bladder or bowel)
- adhesions (bands of scar-like tissue which can cause tissues and organs to stick together)

Which is safer, VBAC or repeat caesarean?

There is no one right answer for every woman. It depends on your circumstances. VBAC and repeat caesarean are both safe ways to have a baby. Talk with your healthcare provider about your own situation and what is important to you. They can help explain the risks and benefits for your own situation so that you can decide what is right for you and your baby.

What is a uterine rupture?

A uterine rupture is a tear in the muscle wall of the uterus that can happen at any time during a pregnancy, but most commonly during labour. Most uterine ruptures involve a caesarean scar on the uterus. If uterine rupture occurs, you will need an emergency caesarean

Is uterine rupture common?

It does not happen very often. The chance of a uterine rupture is:

- about 1 in 3000 women (0.03%) who plan for a repeat caesarean
- about **1** in every 200 women (0.5%) who plan for a VBAC (and **199** women who plan a VBAC will not have a rupture)

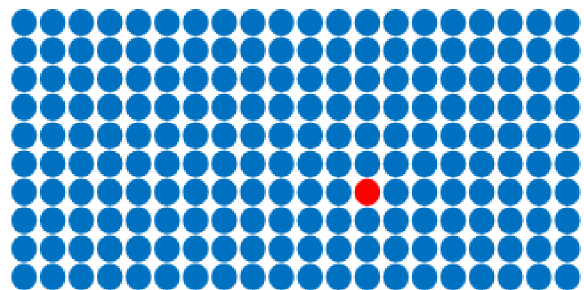

Image: *Chance of uterine rupture for planned VBAC*

There is a greater risk with VBAC, because during your contractions, pressure is increased on the caesarean scar on your uterus. Other factors, such as having your labour induced can also increase the risk of having a uterine rupture.

What might happen if you have a uterine rupture?

Although the chance of uterine rupture is very low, the outcome can be serious for you and your baby. In some cases, the mother needs a blood transfusion and hysterectomy (removal of the uterus). The baby might be very sick and survive with brain damage, develop a disability (e.g. cerebral palsy) or even very rarely, die.

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When is a VBAC not recommended?

A VBAC is not recommended if you have:

- previously had a ruptured uterus
- had a classical caesarean before (straight up and down incision into the uterus)
- pregnancy complications that mean a vaginal birth is not safe this time (for example, if your placenta is very low in your uterus, covering your cervix)

If you have had more than one previous caesarean or have had a "T" or "J" incision for your previous caesarean, the risks from a VBAC are increased. Talk about this with an obstetrician.

What if you have had two or more caesareans?

If you have had two or more caesareans and are thinking about a VBAC, talk with the senior doctor looking after you. They will look carefully at your situation and discuss with you the risks and the advantages of having a VBAC compared to having another caesarean.

If you plan to have a VBAC, what happens in labour?

Contact the hospital if you think you are in labour, or if your waters break. Once you are in labour, it is recommended that your contractions and your baby's heart rate are monitored continuously with a CTG (monitor). This helps to detect any problems early.

You can choose to have any of the usual pain relief methods offered during labour. This may include using water, nitrous oxide and oxygen (gas), an epidural or an injection. The pain relief option available will depend on your circumstances and the facility where you are giving birth.

What is your chance of having a VBAC?

The rates of VBAC vary according to your individual circumstances. Around **75** out of every 100 women who plan to have a VBAC have a vaginal birth and **25** women will have a caesarean

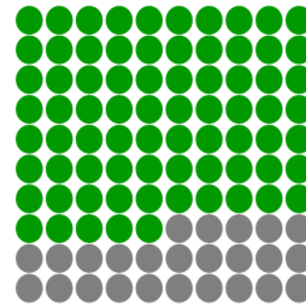

Image: *Chance of vaginal birth for planned VBAC*

You are more likely to have a VBAC if:

- you have had a vaginal birth before
- you go into labour naturally (without being induced)
- you have an uncomplicated low risk pregnancy
- the reason for your previous caesarean was related to your baby's position at the time of birth (e.g. breech)
- your weight is within a normal range
- your baby is an average size (likely to be less than 4 kg at birth)

What are your options if your local hospital doesn't offer VBAC?

Not all birth facilities are able to safely support and care for women planning a VBAC. If you are in this situation and would still like to have a VBAC you can:

- talk with your health care provider
- ask your local health care provider to arrange for you to have your baby at another hospital or town

Support & Information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public. www.qld.gov.au/health/contacts/advice/13health

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care www.health.gov.au/pregnancyhelpline

Women's Health Queensland Wide 1800 017 676 (free call) offers health promotion, information and education service for women and health professionals throughout Queensland. www.womhealth.org.au

Australian Breastfeeding Association 1800 686268 (breastfeeding helpline). Community based self-help group offers information, counselling, and support services, on breastfeeding issues www.breastfeeding.asn.au

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone www.lifeline.org.au

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