Manchester University
NHS Foundation Trust

Saint Mary's Hospital
Maternity Service

Information for Patients

Giving birth after one previous caesarean section

Introduction

At Saint Mary's Hospital, most babies are born normally (vaginally), but some (2-3 in 10) are born by a caesarean section. If you have previously had one caesarean section and are having another baby, there are two options for delivering this baby:

1. To plan for a normal (vaginal) delivery. This is called 'vaginal birth after caesarean section' (VBAC).

2. To have a planned (elective) repeat caesarean section (ERCS).

You and your doctor or midwife will need to discuss the advantages and disadvantages of each option.

This leaflet provides information which could assist you in deciding which option is best for you. It also gives some information on what to expect during delivery.

Vaginal Delivery (VBAC)

What are the benefits?

- If you are successful in having a vaginal delivery you are likely to have the fewest complications. You will avoid a major abdominal operation, which has risks to both yourself and your baby and can have implications for future pregnancies. Your recovery after childbirth is also quicker. It is there important for you to consider the chance of VBAC success or failure. Overall the success rate of planned VBAC is 72-75%, however, if you have also previously had a vaginal delivery, there is an increased overall success rate of 85-90% (RCOG, 2015).

- A successful vaginal delivery will mean you can be discharged home earlier (particularly important if you have other children at home) and can get back to a normal lifestyle more quickly.

- Many women cherish the opportunity of experiencing what a natural childbirth feels like.

- Your prospects of having a normal (without complications) birth in the next pregnancy will be higher.

What are the risks?

- The greatest risk for women who plan for a vaginal delivery occurs when VBAC is not successful and an emergency caesarean section is required. This happens in around one in every four women. There is a higher risk of complications (such as bleeding and infection) with an emergency caesarean section compared with a planned caesarean section.

- In one out of 200 women (0.5%), the scar of the previous caesarean section opens up during labour (rupture of the womb). This rupture also happens in two out of 10,000 (0.02%) women planning to have ERCS. If a rupture occurs there is an increased chance of bleeding and requiring more complicated surgery. There is also an increased risk of lack of oxygen to the placenta, which can cause temporary or permanent damage to your baby.

- The risk of your baby dying during VBAC is very low and similar to that of all first-time mothers (RCOG, 2015).

- If a drug is used to start (induce) or speed up labour, the risk of scar rupture is increased about 2-3 times (RCOG, 2015).

- In 8 out of 10,000 women, damage to the baby's brain occurs because of oxygen damage during a planned VBAC. This is similar to the risk for women during their first labour. For ERCS this figure is 1 out of 10,000.

- 2 in 100 women will require blood transfusion because of bleeding (compared to 1 in 100 after ERCS).

- Following vaginal birth there is an increased risk of developing an infection in the womb. There is also a risk of developing a perineal infection if you sustain a perineal tear. Approximately 5 in 100 women will sustain an anal sphincter injury during vaginal birth – this depends on what type of vaginal birth you have. Measures are taken to try and avoid the occurrence of perineal tears during labour.

What precautions can be taken to avoid these risks?

- The decision to induce or speed up your labour by using drugs is made very carefully on an individual basis. If you have had a previous caesarean, section other methods of induction are used whenever possible. You will be actively involved in this decision.

- Your progress in labour will be monitored closely and we would advise that you labour on the consultant led Delivery Unit. This is because it is important that labour progress is maintained during a VBAC.

- The condition of your baby would also be monitored carefully including cardiotocography (CTG), which is used to monitor your baby's heartbeat and

maternal contractions.

- During labour, a needle (venflon) will usually be placed in the back of your hand. This is used to take a blood sample and could also be used to administer fluids and medications in the event that you had to go to theatre quickly. You will only be able to use the birth pool during labour and/or delivery if the facility for wireless continuous monitoring of your baby is available during your labour.

Planned repeat caesarean section (ERCS)

What are the benefits?

- A planned caesarean avoids the risks of VBAC and reduces the chance of having an emergency caesarean section.

- With VBAC, there is a 1 in 1000 risk of stillbirth occurring between 39 weeks of pregnancy and the time of delivery. This risk is avoided because with ERCS, your caesarean section will usually be done at 39 weeks.

- Some women want to have ERCS because they have had a previous difficult labour or because they want to plan the birth.

What are the risks?

- If you have a caesarean section you are more likely to require a longer hospital stay, however, if you and your baby are well and eligible for the enhanced recovery pathway, we will aim to discharge you home the next day.

- After discharge home, walking around, lifting your baby, driving and other physical activities could be difficult. There is generally a longer recovery period following ERCS.

- A repeat caesarean section is a major abdominal operation and the risks should be carefully considered. You should be aware of risks to yourself, risks to your baby and implications for future pregnancies.

Risks to you:

- Damage to organs near the womb, in particular the bladder and the bowel. This is rare but increases with the number of caesarean sections you have had.

- Infections, including infection of the uterus (endometritis), urinary tract and wound occur in about 8 out of 100 women who have had a caesarean section. We use preventative antibiotics during surgery to try to reduce the chance of this happening.

- There is an increased risk of maternal death (13 in 100,000 for ERCS in comparison to 4 in 100,000 for VBAC)

Risks to your baby:

- Your baby is more likely to have temporary breathing problems after a caesarean

section. This can be transient due to retained lung fluid (4-5% following ERCS compared to 2-3% following planned VBAC) or more serious (Respiratory Distress Syndrome 0.5% following ERCS compared to <0.05% for VBAC), (RCOG, 2015) 2015). These risks are higher if the caesarean section is earlier than 39 weeks, so planned caesarean section is not routinely carried out before this gestation.

- In 1-2 of 100 cases the baby's skin could be accidentally cut as the womb is opened during the operation.

Implications for future pregnancies:

- Your next baby is likely to be delivered by a third caesarean section.
- The placenta may implant over the site of the scar on the uterus from a previous caesarean section, causing a low-lying placenta. This is called placenta praevia and is associated with increased risk of bleeding during pregnancy, which may result in premature delivery and increased risk of heavy bleeding during caesarean section.
- There is an increased risk of the placenta becoming firmly stuck to the womb (placenta accreta) in future pregnancies. This risk increases with each caesarean section. If this occurs there will often be substantial bleeding and an increased chance of needing a hysterectomy (removal of the womb) after delivery.

Are there other factors that can help me make decision?

You have a **higher** chance of successful VBAC if:

- You have had a previous vaginal birth - then your chance of a successful VBAC is higher than 3 in 4.
- If you go into labour yourself before your due date.
- Your baby's birth weight is estimated to be under 4kg.

Your chance of successful VBAC is **reduced** if:

- You have never had a vaginal birth.
- You don't go into labour before your due date.
- You are over 40 years old.
- Your previous caesarean section was secondary to a failed induction of labour.
- You are overweight (with a BMI of over 30).
- It is less than 12 months between your last caesarean section delivery and your due date. In this case there is an increased risk of rupture of the womb.

If you have more than one of these factors, it may decrease your chance of success to 40%.

Will I always be able to choose?

It is always your choice. In some cases, however, the doctor may recommend one option or the other, given your circumstances. The reasons for recommending an option will be explained to you.

What support will I have in making a decision?

This booklet has been produced as a decision aid to support you in making an informed choice. Your midwife and doctor are here to support you and will be happy to discuss any questions or concerns you may have. Your options and your choice will be discussed with you at various stages in the pregnancy. Whether your baby is delivered vaginally or by caesarean section, we want it to be a safe, rewarding and satisfying experience.

When do I have to make a decision?

Ideally, you need to have made a choice by 36 weeks of your pregnancy so that we have enough time to plan your option.

What happens if I go into labour before my planned caesarean section?

This question will be discussed with you early in the pregnancy and the doctor will document what has been agreed. You can, however, change your mind before the birth.

Sources:

National Institute for Health and Clinical Excellence (2011) Caesarean Section London: RCOG.

Royal College of Obstetricians and Gynaecologists (October 2015) “Birth after previous caesarean birth” Green Top Guideline No. 45, RCOG: London.

Royal College of Obstetricians and Gynaecologists (July 2016) “Information for you - Birth options after previous caesarean section”, RCOG: London https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-birth-options-after-previous-caesarean-section.pdf.

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to **three key questions** if you are asked to make a choice about your healthcare:

1. What are my options?
2. What are the risks and benefits of each option for me?
3. How do I get support to help me make a decision that is right for me?

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