

BIRTH AFTER PREVIOUS CAESAREAN SECTION



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EASTERN HEALTH MATERNITY SERVICE

A guide for Subsequent Pregnancies

More than 25% of births in Australia are by Caesarean Section. A Caesarean Section is a surgical operation where a cut is made in a pregnant woman's abdomen through which the baby or baby's are delivered.

Many women have a number of Caesarean Sections, whilst others choose to have Vaginal Birth After a Caesarean Section (VBAC). This information handout is designed to give women who have undergone a Caesarean Section, some information regarding their choices for birth in future pregnancies.

The decision whether to attempt a vaginal birth (VBAC) or not, should be made in consultation with your antenatal carers. Ideally you will have had some discussion with the Obstetrician or Registrar who performed the previous Caesarean Section soon after it occurred. Whether or not this happened, you should begin the discussion of this important issue with your maternity carers early in your next pregnancy.

Discussion with the Obstetrician who would be likely to perform any future Caesarean Sections, or provide back-up for a VBAC, should take place early in the second trimester, after your 20 week ultrasound. Through the discussion with the Obstetrician, it will become clear whether your prospects for a successful VBAC are good or otherwise which will help you decide whether you wish to attempt a VBAC or opt for a planned caesarean section.

Factors to be considered:

The reason you had a previous Caesarean Section – what happened and whether that reason is likely to arise again.

1. The type of incision which was made in your uterus. Most uterine incisions in Australia are across the lower part of the uterus but some are different and these are less safe for VBAC.
2. The skin incision does not indicate the direction of the incision in the uterus.
3. Any anatomical abnormalities of your uterus such as a double uterus or the presence of large fibroids.
4. Complications in your current pregnancy, many of which may not become apparent until the later weeks or pregnancy, such as the baby not coming head first or episodes of bleeding.
5. Your age, infertility issues and how many babies' you are planning to have.
6. Your personal preference: whether you feel more inclined to try for a VBAC or for a repeat elective Caesarean Section.

What are the risks of attempting A VBAC?

Common Risks

- You may end up with an emergency Caesarean Section during labour
- Increased risk of major haemorrhage and the need for a blood transfusion compared to planned caesarean section.

Uncommon Risks

- Your uterus may rupture putting you and your baby at serious risk (less than 1% of attempted VBACs)
- Baby being seriously unwell or dying, though the risk is very small (0.1% risk for elective Caesarean Section vs 0.2% for VBAC)

What are the benefits of a successful VBAC?

Greater chance of a normal birth in future pregnancies

- Quicker recovery and a shorter stay in hospital
- Less abdominal pain after birth
- Avoiding the risks of a major operation including anaesthetic complications and risk of damage to abdominal organs
- Many women experience greater personal satisfaction with a successful vaginal delivery

What are the negatives of a successful VBAC?

- You may require an instrumental birth (which is still regarded as a successful VBAC)
- Vaginal discomfort or pain following the birth
- Increased risk of prolapse in the future compared to planned caesarean section (as for any vaginal birth)

Conditions unsuitable for VBAC

- Non-standard uterine incision at previous Caesarean Section
- Previous surgical removal of fibroids from within the uterine wall
- Anatomical abnormalities of your uterus such as a double uterus or the presence of large fibroids
- Baby not presenting head first in current pregnancy
- Previous rupture of the uterus
- Abnormalities of the location or attachments of the placenta

Pre-Requisites for a safe VBAC

- Plans for a VBAC should be discussed with your antenatal carers early in your pregnancy
- At least one year has elapsed between your previous Caesarean Section and this pregnancy
- VBAC should only be undertaken where there is 24 hour access to Emergency Caesarean Section
- To avoid undiagnosed fetal distress and other complications, we strongly recommend continuous electronic fetal heart monitoring (CTG) in labour
- In case intravenous medication or transfusion is suddenly required, we strongly recommend intravenous access (IV Cannula) during labour
- In case it is required, blood should be cross-matched in early labour
- You should advise the hospital by phone when you are in early labour and attend the Birth Suite once labour is established so that we can monitor you and your baby's condition. Labouring at home increases the risks to you and especially your baby

How likely is a VBAC to be successful?

This is very individual and depends on a number of factors, many of which will have been discussed with your Obstetrician during the pregnancy. Positive factors include:

- A previous successful vaginal birth of a normal sized baby either before or after your Caesarean Section is a very good indicator of high chance of success (around 90%)
- A well documented, care plan for your labour which all clinicians involved in your care agree to follow
- Good support during labour

Overall, about one in two women with a straight forward pregnancy who attempt a first VBAC will succeed

Factors which reduce the chance of a successful VBAC include:

- Previous Caesarean Section was for failure to progress or obstructed labour
- Induction of labour
- Obesity: a body mass index (BMI) over 30 at booking

What are Benefits of a Planned Caesarean Section?

- Lower risk of haemorrhage requiring transfusion
- Less risk of infection of the uterus
- Less risk of injury to baby or mother
- Less risk of emergency hysterectomy, though the risk is very small either way
- Reduces incidence of prolapse in the future
- Greatly reduces risk of rupture of the uterine scar which is < 1%
- Halves the risk of the baby dying or suffering brain damage compared to VBAC though the risk is very small either way (0.1% risk for elective Caesarean Section vs 0.2% for VBAC)
- Ability to predict day of birth and make arrangements

What are the Negatives of a planned Caesarean Section?

- Breathing problems for your baby. Your doctor will try to organise your operation for around 39 weeks in order to reduce the risk of birthing difficulties. However even at this gestation, some baby's may require nursery care for some hours or even a day or two of oxygen therapy
- Longer recovery period compared to successful VBAC resulting in longer hospital stay (typically 1 or 2 extra days)
- The need for further Caesarean Sections. VBAC is generally not advised after 2 or more Caesarean Sections due to increased risk of uterine rupture
- The more Caesarean sections a woman has, the greater the likelihood of difficulties in the operation resulting in a longer operation and risk of injury to adjacent organs such as the bladder and bowel.
- Adherent placenta. This risk increases with each Caesarean Section and if the placenta is abnormally adherent to the uterus, may very occasionally result in increased blood loss, the need for a blood transfusion and rarely a hysterectomy at the time of birth.

What if I do not go into labour when planning a VBAC?

If labour does not start by 41 weeks, your birthing options will be discussed with you by your Obstetrician or Obstetric Registrar, your options include:

- Waiting for labour to begin, however, it is safer for your baby to birth by one means or another prior to 41+3 weeks
- Induction of labour. There may be an attempt to induce labour, in some cases, however induction increase the risk of scar rupture and reduces the likelihood of successful VBAC
- Changing plan to Caesarean Section. This may be done by booking an Caesarean Section prior to 41+3 weeks but allowing labour to continue if it occurs in the interim
- Where the pregnancy goes beyond 41 weeks, your antenatal carers will organize monitoring of your baby's well being by CTG (electronic fetal heart monitoring), ultrasound and monitoring of your baby's movements.
- If at any time before labour your baby's movements decrease or slow down you should contact the hospital and speak to a midwife who may ask you to come in for a CTG.

What if I labour before my planned Caesarean Section?

If you go into labour before your planned caesarean section date, you should contact the hospital without delay to let the birth suite know that you will be coming in.

Depending on the reason for your planned caesarean section, this may afford an opportunity to briefly reconsider your choice of planned caesarean section rather than VBAC. However, if the decision has been taken with appropriate discussion and information, usually the planned caesarean section should proceed and will be arranged without delay.

Sources and Acknowledgements

The information in this handout has been prepared with reference to the Eastern Health Birth After Previous Caesarean Section CPG, the RCOG Patient Information Handout entitled "Birth After Previous Caesarean – information for you" and the RANZCOG Patient Information Handout entitled "Vaginal Birth After Caesarean Section".

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