

Options for Birth After Cesarean

Can I have a vaginal birth after I have had a cesarean birth?

Women who have had a baby by cesarean birth (sometimes called “cesarean delivery”, “c-section” or “CS”) often give birth vaginally in their next pregnancy. This may be referred to as Trial of Labour after Cesarean (TOLAC) or Vaginal Birth after Cesarean (VBAC). Data from Nova Scotian women shows that a VBAC happens safely in 60% to 80% of women who try it. Among women who plan a VBAC in Nova Scotia (and later give birth on or after 37 weeks gestation)*:

- › 79% (8 out of 10 women) will have the vaginal birth (VBAC) they planned
- › 21% will need a repeat cesarean during labour

(*Data is from the Reproductive Care Program of Nova Scotia, 2014)

What helps make VBAC safe and successful?

- You have had a vaginal birth before.
- You have a spontaneous (not induced) onset of labour which progresses normally.
- You have a baby whose birth weight is less than 4 kilograms (8.8 pounds).
- You had your prior cesarean birth for a reason that is not happening with this baby (e.g., your baby born by cesarean was breech, but this baby is not breech).
- Your prior cesarean birth was more than 24 months ago.
- You have a normal maternal body weight (a normal weight for this point in your pregnancy).
- You have had only one cesarean birth before.
- You are younger than 36 years of age.

When can I plan for VBAC?

- If you and your unborn baby are medically stable.
- If you have not had any complicated uterine surgeries or cesarean births. (If you’ve had surgeries, your doctor or midwife will review any notes with you.)

You may plan for VBAC, even if:

- › You have, or had, a pregnancy with twins
- › You need an early delivery
- › You have had more than one uncomplicated cesarean birth in the past

If your baby is large, you can still plan for VBAC – but you should know that:

- › The likelihood of a vaginal delivery with large babies is lower (about 60%)
- › It is safe to try vaginal birth (if VBAC is attempted, mothers having large babies are not at an increased risk of maternal or fetal problems)

What are the benefits of VBAC?

Compared with having surgery (cesarean), VBAC has these benefits:

- › You usually have a faster recovery
- › You usually feel less pain after delivery
- › Your hospital stay may be shorter
- › Your baby may have fewer breathing problems
- › You avoid possible surgical complications
- › You will have less blood loss
- › Your baby's father (or your support person) can participate more
- › You may have a lower risk of problems in future pregnancies

What are the risks of VBAC?

The most serious possible complication of VBAC is uterine rupture. A cesarean birth leaves a scar on the wall of the uterus. That part of the wall is then weaker than the rest of the uterus. It may tear apart during labour.

If a rupture happens, you will need an **emergency cesarean delivery**. This urgent surgery means you have a higher chance of needing a general anesthetic or a blood transfusion. Surgery also raises your risk of infection, or hurting a nearby body part (such as the bladder). Rarely, hysterectomy (removal of all or part of the uterus) would be needed. If a uterine rupture happens, your baby could have serious complications such as the need for blood transfusions and resuscitation. Please ask your health care provider for more information.

A 2014 review of the experience of women in Nova Scotia by the Reproductive Care Program of Nova Scotia shows that for every 1000 women who planned a VBAC, 1.7 had a uterine rupture.

If you need to have a repeat cesarean birth after labouring, you will be at a higher risk of infection and excessive (more than normal) bleeding (compared to women who have an elective repeat cesarean birth without labour).

Will my care be different during my labour?

While you are in labour, some of the ways we care for you may be a bit different than the time(s) before. For example:

- You will have an intravenous (IV) line inserted in your arm.
- You can choose an epidural for pain control in labour. Other options for pain relief are also available.
- Continuously monitoring the fetal heart is strongly recommended.
- We will assess the progress in your cervical dilation and the descent of your baby's head more often.
- To continue in labour, cervical dilation and descent of your baby through the birth canal must happen in a timely manner.
- If your contractions are too weak, we may improve your labour with oxytocin (a medication given through the IV line).