

Options for Birth After Cesarean

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

Yes. If you had your baby by cesarean birth (sometimes called “cesarean delivery”, “c-section”, or “CS”) you can still have a vaginal birth in your next pregnancy. This is called a Trial of Labour after Cesarean (TOLAC) or a Vaginal Birth after Cesarean (VBAC). In Nova Scotia 60 to 80% of women have a safe VBAC. Among women who plan a VBAC in Nova Scotia (and later give birth on or after 37 weeks gestation)*:

- › 79% of women will have the vaginal birth they planned.
- › 21% of women will need another cesarean during labour.

(*Reproductive Care Program of Nova Scotia, 2014)

What helps make VBAC safe and successful?

- You have had a vaginal birth before.
- Your labour starts naturally (is not induced) and progresses normally.
- You have a baby whose birth weight is less than 4 kilograms (8.8 pounds).
- You had your previous cesarean birth for a reason that is not happening with this baby (For example, your baby born by cesarean was breech, but this baby is not breech).
- Your previous cesarean birth was more than 24 months (2 years) ago.
- You are a normal weight for this point in your pregnancy (normal maternal body weight).
- You have had only 1 cesarean birth before.
- You are younger than 36 years of age.

You can plan for VBAC if:

- › You and your unborn baby are medically stable.
- › You have not had any complicated surgeries affecting your uterus or past cesarean births (if you have 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 1 uncomplicated cesarean birth in the past.

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

- › The likelihood of a vaginal delivery with large babies is lower (about 60%).
- › It is safe to try vaginal birth. If you try VBAC, you and your baby are not at a higher risk for problems.

What are the benefits of VBAC compared to cesarean?

- › 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.
- › 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 during labour.

If a rupture happens, you will need an **emergency cesarean delivery**. This means you have a higher chance of needing a general anesthetic (medication to put you to sleep during surgery) or a blood transfusion. Surgery raises your risk of infection, and of hurting a nearby body part (such as the bladder). Rarely, hysterectomy (removal of all or part of the uterus) is 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.

If you need to have another cesarean birth, you will be at a higher risk of infection and more bleeding than normal (compared to women who choose to have another (elective) 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.
- Your baby's heart will be closely monitored.
- We will check how dilated your cervix is and how far down your baby's head is (the descent) more often.
- To continue in labour, your cervix must dilate and your baby must move through the birth canal within a certain amount of time.
- If your contractions are too weak, you may be offered a medication called oxytocin to help strengthen them. This medication is given through your IV line.